



**D.C. Government
Child and Family Services Agency**

**Pandemic
Preparedness Plan**

October 2009

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CFSA Pandemic Influenza Preparedness Plan

I. Pandemic/Influenza Overview

The Senior Management Team at the Child and Family Services Agency (CFSA) understands that pandemic outbreaks can have a devastating effect on children, youth and their families. As a result, the Agency has made pandemic preparedness a high priority.

One of the most dangerous pandemic disease potentials and serious biological threats comes from the influenza virus which has a unique ability to cause sudden, pervasive infection in all age groups on a global scale. With the increase in global transport, as well as urbanization and overcrowded conditions, humans are particularly susceptible to infection by the influenza virus.

Preparing for a Pandemic Influenza Outbreak

The national response to an influenza outbreak will largely depend upon the coordinated and collaborative efforts of federal, state, and local agencies to effectively preplan regional strategies. It is essential for local social service agencies to be prepared to confront difficulties and creatively invest the time and resources needed to increase overall response capacity for pandemic preparedness.

In the case of the District's child welfare system, CFSA has drawn closely from the experience and expertise of The World Health Organization (WHO), the DC Homeland Security and Emergency Management Agency (HSEMA), and the DC Department of Health to develop its Pandemic Preparedness Plan. The plan carefully incorporates procedures for collaborating with other District government agencies, as well as the local governments of Virginia and Maryland, in order to fully protect children, youth, families, and foster parents served by and working within the child welfare system.

II. Phases of Pandemic Alert

The World Health Organization has devised a six-phased strategy for incorporating pandemic preparedness recommendations and approaches into existing national and local preparedness and response plans. Phases 1–3 correlate with preparedness, including capacity development and response planning activities, while Phases 4–6 clearly signal the need for response and mitigation efforts. Activities especially designed for post-pandemic recovery are also included. The CFSA Pandemic Plan focuses on the crucial phases 4-6. All phase definitions in this document are fully consistent with the World Health Organization (WHO) globally and nationally accepted definitions.

Phase 1

The first phase is defined by a lack of circulation of viruses from animals to humans. Influenza viruses naturally circulate continuously among animals, especially birds, with an ongoing potential to develop into pandemic viruses. In Phase I, however, no viruses circulating among animals have been reported to cause infections in humans.

Phase 2

This second phase is defined by an animal influenza virus that has been discovered to have circulated among domesticated or wild animals and known to have caused infection in humans. It therefore is considered a potential pandemic threat.

Phase 3

During the third phase, an animal influenza virus or the genetic mixing of a human and animal influenza virus (known as “reassortment”) has caused sporadic cases or small clusters of disease in people. These sporadic cases have not yet gained a level of human-to-human transmission that would sustain community-level outbreaks or be considered pandemic.

Phase 4

The fourth phase of a pandemic alert is characterized by verified human-to-human transmission of an animal or human-animal influenza virus that is capable of causing “community-level outbreaks”. Although this phase indicates a significant increase in risk of a pandemic outbreak, it does not necessarily mean that a pandemic outbreak is a foregone conclusion.

Phase 5

Phase 5 is characterized by human-to-human spread of the virus into at least two countries in one WHO region. While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic outbreak is imminent and that the time frame is shortened for finalizing the organization, communication, and implementation of the planned mitigation measures.

Phase 6

The last and sixth pandemic alert phase is characterized by community-level outbreaks in at least one other country in a different WHO region, in addition to the criteria defined in Phase 5. Designation of this phase will indicate that a global pandemic outbreak is under way.

Post-Peak Period

Pandemic disease levels in most countries are characterized by waves of activity spread over months. Once a peak level of disease activity drops, officials have a critical communications task to balance this information with the possibility of another wave. Even though countries might report surveillance results that indicate activity dropping below peak levels, it is still uncertain whether pandemic activity is actually decreasing, or whether additional waves will occur, or whether countries will need to be prepared for a second wave. Pandemic waves can be separated by months and an immediate “at-ease” signal may be premature.

Post-Pandemic Period

At this stage, influenza disease activity will have returned to levels normally seen for seasonal influenza. It is still important to maintain surveillance and update pandemic preparedness and response plans accordingly. An intensive phase of recovery and evaluation may be required.

III. Prevention

The following simple guidelines can be followed for prevention of the spread of contagious diseases, including potential pandemic outbreaks of various influenza viruses:

- Wash hands frequently with soap and water for at least 20 seconds - one of the best ways to prevent the spread of disease.
- Avoid touching eyes, mouth, and nose – even with freshly-washed hands.
- Cover sneezes and coughs with a sleeve or a tissue. (Influenza is spread from person to person by inhalation of another’s sneezes and coughs.)
- Avoid contact with those who are already ill.
- Anyone with a fever and/or respiratory illness should stay home from work or school to avoid spreading infections, including influenza and other respiratory illnesses.
- If you are ill and must leave your house, avoid crowds as much as possible and keep a 6-foot distance between yourself and others.

- For more information, please refer to the DC Department of Health website (www.doh.dc.gov) for specific information on the latest information on the influenza virus, available vaccines and flu treatment and prevention.

IV. Pandemic Influenza and the CFSA Workforce and Providers

Unlike natural disasters or terrorist events, an influenza pandemic will be widespread, affecting multiple areas of the United States and other countries at the same time. A pandemic outbreak will likely be an extended event with multiple waves of outbreaks; each outbreak could last from 6-to-8 weeks. Waves of outbreaks may occur for over a year or more, and may cluster in the same geographic locations.

Any of the last three phases of pandemic outbreaks (i.e., Phase 4, 5, or 6) may alter CFSA's normal response time to the public. CFSA employees, as well as the general public, may experience the following disruptions in their place of work and/or community in the event of a pandemic outbreak:

- **Absenteeism** - A pandemic outbreak can impact as much as 40% of the workforce during periods of peak influenza illness. Employees may be absent because they are sick, or because they are caring for sick family members. Absenteeism may also occur as a result of school and daycare closings. Workers may be afraid to come to work or may be unable to secure alternate daycare arrangements.
- **Interrupted supply and/or delivery** - Shipments of items from those geographic areas severely affected by the pandemic outbreak may be delayed or cancelled. Ordinary delivery or supplies of prescription medications and food may also be interrupted.

Preparedness Training

In order to maximize CFSA's capability for executing the pandemic phases, implementation of proper training is essential. Human Resources Administration and the Office of Planning Policy and Program Support will introduce training in FY 2009 on fundamental areas for the continuity of operations planning (COOP). Accordingly, supervisors and managers shall be carefully prepared to perform the following fundamental functions during an emergency:

- Address immediate staff needs.
- Encourage staff to plan for their families' safety and security.
- Allow staff scheduling flexibility and opportunities to stagger their work times so they can address personal needs—especially when doing stressful, demanding work at an alternate worksite for an extended period.
- Ensure continuity of work functions and communication.

Employees will also be trained in and become familiar with all essential functions that must continue in an emergency.

V. CFSA Preparedness Plan in the Event of a Pandemic Outbreak

As noted above, CFSA will not likely ever need to respond to any of the first three phases of a pandemic outbreak. The Agency's responsibilities will take effect when it is announced that our region is responding to a Phase 4 outbreak.

A. Designated CFSA Responsibilities at Phase 5

Within 72 hours of an identified Phase 5 pandemic outbreak, CFSA leadership will take the following actions:

- CFSA's Agency Director or designee will convene the leadership team to review the Pandemic Preparedness Plan.
- The Public Information Officer, Risk Manager, and Deputy Director for Clinical Practice will communicate this plan developed cooperatively for notifying the staff, foster parents, and contracted agencies of the Phase 4 outbreak.
- The Human Resources Administrator will assure and test the Agency management supervisory services (MSS) and essential employee telephone tree.¹
- The Deputy Director for Program Operations will assemble previously cross-trained CPS employees to support Child Protective Services (CPS) functions if necessary. To the extent possible, other CFSA functions and specializations shall also be cross-trained.
- Each CFSA Office and Administration will review their individual administration's plans for sustaining critical functions for a prolonged period of time, taking into account the possibility of staff shortages or the need to work from remote locations. The plan should identify tasks that staff can complete from home.
- Each CFSA office and administration will have an updated and verified phone listing of staff to activate a phone tree if necessary. The phone list must be kept confidential and will not be shared with other staff or non-staff members. Each office or administration will have also ensured that MSS staff within the unit can contact one another, if necessary. The Deputy Director, in collaboration with the Office of Training Services, will ensure that refresher training is provided on an annual basis.

With the shared support of other designated District resources, CFSA staff will continue to perform essential functions either from the Agency's headquarters or from a designated alternate work location. All activities shall be accomplished in coordination with the contact person designated by the Mayor to lead the District of Columbia's overall Pandemic Preparedness Plan.

B. CFSA-Designated Responsibilities at Phases 6

Within 24-48 hours of an identified Phase 6 pandemic outbreak, CFSA leadership will assume the following functions or actions:

Agency Director

- Serves as the principal CFSA representative to external groups and District Officials.
- Ensures that staff phone tree is tested, and if needed, implemented
- Convenes the leadership team to determine whether and when to suspend non-critical functions.
- Ensures essential functions continue from the Agency's headquarters or from a designated alternate location as soon as reasonably possible.
- Gives authorization for non-essential personnel to remain at home.
- Ensures MSS employees are prepared to support pandemic efforts.
- Receives and takes home a copy of the back-up disk containing Agency client contact information.
- Begins to restore CFSA operations in consultation with the Human Resources Administrator, the Deputy Director for Program Operations, the Deputy Director for Clinical Practice, and the assigned CFSA General Counsel.

¹ The Risk Manager will ensure that the MSS phone tree is updated and verified on a quarterly basis and will ensure that annual notification is sent to essential employees of their designation and responsibilities.

Chief of Staff

- Serves as successor to the Director and any Deputy Director requiring support
- Ensures coordination of the plan with other states and District agencies
- Ensures the phone tree is tested and if needed implemented for Chief of Staff's area of supervision

Deputy Director for Program Operations

- Provides policy direction and guidance during implementation of the Agency's Pandemic Influenza Preparedness Plan.
- Ensures that staff phone tree is tested, and if needed, implemented
- Notifies all essential personnel within program operations of the need to continue with critical functions from alternate work locations.
- Notifies all employees within program operations of the need to suspend non-critical functions.
- Ensures that appropriate communication reaches staff co-located in the community.
- Ensures that critical information is communicated to foster parents and other placement resources.
- Ensures that the list of cross-trained staff is sufficient to the needs at hand and provides proper substitution if necessary.
- Ensures that Agency operations are returned to normal as quickly as possible.
- Ensures that personnel time records and other related information are prepared and submitted.

Deputy Director for Community Services

- Provides guidance during implementation of the Agency's Pandemic Preparedness Plan with respect to community services and contracted agencies.
- Ensures that staff phone tree is tested, and if needed, implemented
- Ensures that contracted agencies are aware of alternative work locations.
- Notifies all contracted-agency administrators of the need to inform their essential personnel of the need to continue with critical functions.
- Notifies all contracted-agency administrators of the need to suspend non-critical functions.
- Ensures that contracted-agency administrators are notified when operations are able to return to normal.

Deputy Director for Clinical Practice

- In conjunction with HR & Facilities and Contracts, provide safety kits for staff.
- Ensures that staff phone tree is tested, and if needed, implemented
- Provide pre-placement and re-placement onsite screening for children as needed.
- Consults with the Placement Administration re: placement of children
- Coordinate and facilitate community Family Team Meetings (FTMs).
- Provide remote consultation for instances of substance abuse and domestic violence.
- Connect with identified on-call managers in Program Operations and contracted providers regarding needs of CFSA wards.
- Field calls and questions from foster parents, social workers, group homes, etc. as needed.
- Collaborate with area hospitals regarding foster children requiring hospital services.
- Respond to inquiries regarding the *Administrative Issuance for Communicable Disease Containment and Prevention*.
- Notify Residential Treatment Centers (RTCs) to call the hotline and the OCP on-call phone to alert of any pandemic-related situations.

- Monitor effect of pandemic impact on school systems in jurisdictions where children served by CFSA are placed.

Agency Risk Management Representative

- Serves as primary point of contact for the Agency for the purpose of conveying information and updates on pandemic status.
- Coordinates implementation of the plan in regards to risk management.

Deputy Director for Planning, Policy and Program Support (OPPPS)

- Coordinates implementation of the Pandemic Preparedness Plan in regard to program support functions.
- Ensures that the OPPPS staff phone tree is implemented.
- Coordinates activities with Administration for Children and Families (ACF).
- Assures the ongoing operations of the Child Protection Register (CPR).
- Develops administrative issuances (AI) as required.

Human Resources (HR) Administrator

- Coordinates implementation of the Pandemic Preparedness Plan in regard to HR and any related personnel matters.
- Ensures that HR staff phone tree is implemented.
- Ensures availability of an emergency personnel roster with telephone numbers for all MSS employees, including home numbers.
- Notifies essential personnel of their designation and need for continuation of essential duties.
- Assists with notifying employees of the need for additional support or volunteers.
- Activates the CFSA 800- number containing information on the status of the pandemic or emergency instructions for MSS staff and essential personnel, including general instructions for non-essential personnel, and notices concerning when and where staff should report to work.
- In coordination with the Deputy Director for Clinical Practice, determines if employees' emotional or psychological needs may require services provided by COPE, Inc., the vendor contracted with the District's Employee Assistance Program. If necessary, arranges for service delivery.

Facilities Management Administration (FMA) Administration (FMA) Manager

- Coordinates implementation of the Pandemic Preparedness Plan in regards to managing CFSA facilities.
- Reports to the Unified Command Center on behalf of CFSA.
- Ensures that the FMA phone tree is implemented to inform FMA of CFSA status.
- Facilitates smooth transition of operations from CFSA site to alternate location, if necessary.
- Coordinates the re-directing of CFSA's Hotline staff to alternate work site(s).
- Arranges for continuation of pertinent contractual services under FMA's authority, e.g., shuttle and fleet services, security, housekeeping, supplies, etc.
- Provides support for transportation of office equipment, vital records, and other emergency preparedness items.
- Designates personnel to assist in securing office equipment and files at impacted site(s), as required.

- In the event that personnel are unable to retrieve personal vehicles and/or other belongings from the building and/or garage, the FMA administrator will arrange for building security to safeguard the items until they can be retrieved.
- If appropriate, ensure that all CFSA buildings and facilities are cleaned (sterilized) using the appropriate and recommended cleaning procedures.
- Acquisition of safety items in coordination with the Contracts and Procurement Administration, and Fiscal Operations.

Public Information Officer

- Ensures that staff phone tree is tested, and if needed, implemented
- Co-locates at the District Joint Information Center to coordinate incident -related public information activities, as requested.
- Coordinates information with CFSA's Computer Information Systems Administrator to be posted and updated on CFSA Internet site every 24 hours.
- Maintains a current hardcopy media list at the office and at home for immediate access during the pandemic outbreak announcement.
- Serves as primary media contact and representative of the Agency.

Computer Information Systems Administrator

- Ensures that staff phone tree is tested, and if needed, implemented
- Plans and coordinates with the District's Office of the Chief Technology Officer (OCTO) to ensure that staff is available to support the critical information technology (IT) functions of the Agency, including FACES.NET and the Hotline system.
- Coordinates the re-directing of CFSA's 671-Safe Hotline number to alternate work site(s), if necessary.
- Coordinates posting of information on CFSA's Internet site with the Public Information Officer, and the DC Office of Chief Technology Officer (OCTO), if required.
- Provides emergency contact information for all clients in placement (if required).
- Coordinates access to back-up client information.

Essential or Emergency Personnel

- Upon notification of need, reports to CFSA's current or alternative location, if appropriate and necessary.
- Continues to perform essential functions until normal operations are restored.

Non - Essential Personnel

- Remain in contact with supervisor and regularly monitors the media for updates.
- Notify clients of emergency and need for temporary location.
- Remain at home until cleared for return, as indicated by the media or the District of Columbia government website.

MSS or Mass Care Personnel

- Identifies, supervises, and performs essential functions as needed.

C. Implementation of Pandemic Plan

Pursuant to the District Personnel Manual, §1270.2, the Mayor has the authority to declare an emergency whenever it is deemed appropriate. Upon such declaration, implementation of the CFSA Pandemic Preparedness Plan will begin with notification of the pandemic (or other) emergency to all CFSA employees, including those on duty, off duty, in the field or at off-site locations.

Providing consistent, timely, and accurate information will be one of CFSA's highest priorities. The Agency Director will instruct the CFSA Public Information Officer to coordinate and distribute information to the Mayor's Office of Communications for dissemination to the public, the media, and other community stakeholders. The Public Information Officer is also responsible for providing updates to staff, parents, and CFSA-contracted private agencies. Communications will include but not be limited to the following information:

- Availability of critical CFSA services and estimated recovery times
- Location of alternate sites for delivery of services

The Agency Director may authorize early dismissal of non-essential personnel according to Agency policy. Essential and MSS personnel will remain onsite to continue necessary CFSA services and to provide support to other agencies or related District-wide functions as required by the District Personnel Manual (DPM). Depending on the extent and duration of the emergency, non-essential personnel may also be requested by their immediate supervisor or the Human Resources Administrator to serve in a professional capacity.

Management staff will use the internal CFSA Telephone Directory (accessible through the CFSA Intranet), or individual administration's telephone trees and/or email to inform staff of any necessary actions. *Note:* Each CFSA office or administration is responsible for maintaining a phone tree for their staff. The CFSA Telephone Directory can also be requested by contacting the Human Resources Administrator or the designated Human Resources Manager.

The following contact lists complement the phone tree database:

- Telephone Tree Protocol (**see Appendix A**)
- Essential Personnel List (**see Appendix B**)

Employees are encouraged to sign up for the DC Alert System (202-727-6161) to receive rapid text notification and real time updates via email, cell phone, pager, Blackberry, or wireless PDA. The DC Alerts will provide instructions on where to go, what to do, (or what not to do), whom to contact, and other important information during a major crisis or emergency.²

The Leadership team is equipped with Blackberry/Smart Phones which are furnished with 'Pin to Pin' messaging technology. ('Pin to Pin' contact list Instructions are located in Appendix C

The recording may include updates on the status of the pandemic or emergency situation, including instructions for MSS staff and essential personnel, notices concerning when and where staff should report to work, and general instructions for non-essential personnel.

Although non-essential personnel are expected to keep themselves informed on the status of any pandemic or emergency situation via the media and the District of Columbia government website, it is highly encouraged for

² An employee's subscriber may be charged, as set forth in their wireless provider's contract, for messages delivered to their wireless devices.

these employees to also keep in close contact with their assigned supervisors, or manager. Managers and supervisors should ensure that their contact information is made available to staff.

Given the possibility that communication lines may be overwhelmed or inoperable, employees should consider use of a battery-powered radio to tune in to the following stations, which have agreed to broadcast official information and instructions from the District of Columbia Government:

- WMAL 630 AM
- WTOP 103.5 FM
- WPRS 104.1 FM
- WJZW 105.9 FM
- WKYS 93.9 FM
- WPGC 95.5 FM

NOTE: At the end of the emergency, non-essential personnel must return to their regular tour of duty.

D. Leadership Decision Making

Delegation of authority ensures rapid response to an emergency. Accordingly, the Pandemic Preparedness Plan establishes *orders of succession* to ensure CFSA’s ability to continue performing essential functions from an alternate work site. The following table identifies which authorities can and should be delegated; describes circumstances under which authorities would be exercised, including when they would become effective or terminated; and identifies limitations of the delegation and which authorities should be delegated. As soon as reasonably possible, the following senior staff will plan the restoration of operations: Agency Director; Deputy Director for Program Operations; Deputy Director for Planning, Policy, and Program Support; Deputy Director for Clinical Practice; and the CFSA-assigned General Counsel.

Table 1: Successor and Delegation of Authority Plan				
Key Position	Back-up Manager	Level of Authority	Circumstances	Effective
Agency Director	Deputy Director, Program Operations	Program Operations	All emergencies	Immediately upon discovery that the Agency Director may be unavailable for at least 24 hours or more
Agency Director	Chief of Staff	Program Operations	All emergencies	Immediately upon discovery that the Agency Director may be unavailable for at least 24 hours
Deputy Director for Program Operations	Program Administrator (Assigned)	Program Operations	All emergencies	Immediately upon discovery that the Deputy Director may be unavailable for at least 24 hours

Deputy Director for Community Services	Program Administrator (Assigned)	Program Operations	All emergencies	Immediately upon discovery that the Deputy Director may be unavailable for at least 24 hours
Deputy Director for the Office of Clinical Practice (OCP)	OCP Administrator	Clinical Services	All emergencies	Immediately upon discovery that Deputy Director may be unavailable for at least 24 hours
CPS Administrator	Program Manager of Division One, Program Manager of Division Two, Program Manager of Division Three	CPS	When CPS Administrator is unavailable	Immediately upon discovery that the CPS Administrator may be unavailable for at least 24 hours
Placement Administrator	Placement Program Manager or Supervisor	Program Operations	When Administrator is unavailable	Immediately upon discovery that the Placement Administrator may be unavailable for at least 24 hours
Facilities Management Administration (FMA) Administration	Facilities Manager or Supervisor	Building Operations	When Facilities Manager is unavailable	Immediately upon discovery that Facilities Management Administration (FMA) Manager may be unavailable for at least 24 hours
Risk Management Representative	Employee/Labor Relations Manager	Full	When Risk Management Administrator is unavailable	Immediately upon discovery that Risk Management Administrator may be unavailable for at least 24 hours
Contract &	Agency Director	Full	When purchasing	Immediately

Procurement Administrator			authority is needed	upon discovery that Contract & Procurement Administrator may be unavailable for at least 24 hours
General Counsel	Designated Assistant General Counsel	Full	When General Counsel is unavailable	Immediately upon discovery that General Counsel may be unavailable for at least 24 hours
Director of Information Systems	Information Technical Manager	Child Information Systems Administration (CISA)	When the Director of CISA is unavailable	Immediately upon discovery that the CISA Director may be unavailable for at least 24 hours

E. Essential Functions

In the event that severe staff shortages occur, essential functions may be suspended for a brief period of time. Within 24 hours of the emergency, essential functions must be resumed and sustained until the emergency terminates.

The following table outlines essential program functions that must continue from CFSA’s main building (or the alternate work location), depending on the extent of the emergency.

Table 2: Essential CFSA Program Operations Functions	
Function	
Child Protective Services Administration	
<ul style="list-style-type: none"> Maintain child abuse/neglect Hotline. 	
<ul style="list-style-type: none"> Investigate allegations of child abuse/neglect. 	
<ul style="list-style-type: none"> Remove children from unsafe environments. 	
<ul style="list-style-type: none"> Take children for medical screening. 	
<ul style="list-style-type: none"> Place children in safe, temporary emergency settings. 	

Placement Services Administration
<ul style="list-style-type: none"> • Identify out-of-home placements for children. • The Interstate Compact for the Placement of Children (ICPC) will increase CFSA’s resources by providing information to national child welfare agencies nationwide in the event that further assistance is needed to locate parents or to place children in safe homes during the emergency. • Diligent Search Unit (DSU) will search for parents and/or relatives of missing or lost children.

Administrative and Support: Table 3 lists essential program support and administrative functions that must be ready to aid program operations at the main building or the alternate work location within 24 hours of a pandemic alert.

Table 3: Essential CFSA Program Support and Administrative Functions
Function
Office of the Attorney General
<ul style="list-style-type: none"> • Attend initial Family Court hearings for children. • Attend trials.
Child Information Systems Administration
<ul style="list-style-type: none"> • Backup, shutdown, and restoration of servers.
Contracting & Procurement Administration
<ul style="list-style-type: none"> • Procure emergency food (for CFSA staff in case of a shelter-in-place or quarantine situation).
Facilities Management Administration (FMA) Administration
<ul style="list-style-type: none"> • Dispatch agency vehicles. • Operate shuttle bus. • Allocate space. • Procure emergency vehicles. • Procure emergency cell phones.
Human Resources Administration
<ul style="list-style-type: none"> • Notify essential personnel of need for their services. • Respond to inquiries regarding District personnel or human resources matters.
Office of Policy, Planning and Program Support
<ul style="list-style-type: none"> • Conduct CPR checks as needed to facilitate child placement. • Develop and promulgate Administrative Issuances (AIs) as needed to facilitate emergency operations.
Office of Risk Management

- Point of contact for conveying information and updates on pandemic status.
- Coordinates implementation of plan in regards to risk management.

F. Back-Up Disks

Once the Pandemic Preparedness Plan is implemented, back-up disks containing client information should be distributed to the Placement Administrator and the Deputy Directors for Program Operations, Community Services, and the Office of Clinical Practice. The back-up disks should be kept at the staff members' homes.

G. Working from Home

During an influenza outbreak or pandemic alert, CFSA may determine that a situation requires employees to report for, or remain at work during the emergency, even if those employees are not designated as essential personnel. In such a case, it will be the responsibility of the Agency Director or designee to notify the appropriate Deputy Directors who will in turn notify the identified employees.

Pursuant to the District Personnel Manual (DPM) § 1211.2, the Mayor and the Director of CFSA have the discretion to allow telecommuting in the event that employees are requested to stay at home. Such decisions shall be "based on the needs of the organization, and to the maximum extent possible without diminishing employee performance, each agency is authorized to establish telecommuting for eligible employees of the agency."

In addition, DMP §1266.6 states "when a District government facility is closed or a group of employees is excused from work for various purposes," use of administrative leave is appropriate.

H. Alternate Work Location

In rare cases, CFSA staff may be required to temporarily relocate due to the widespread impact of the flu at regular worksites. The transition of essential personnel to the designated alternate location shall include the following steps:

Facilities Management Administration (FMA) - Communication Regarding Change in Work Location: The Agency Director will instruct all Deputy Directors to notify essential personnel within their administrations to work from an alternate location or to work from home in order for Agency functions to continue.

- The Agency Director will also notify District officials when the relocation is complete.
- The Public Information Officer will notify the media when CFSA has restored operations, and will provide contact and address information as appropriate.
- Social workers will notify clients that CFSA has temporarily relocated and will continue with critical functions.
- The Deputy for Community Services will ensure that contracted providers are notified.
- The Chief of Staff will notify all government agencies, general counsel and stakeholders.

- **Transition Logistics to Alternate Work Site:** Within one hour of notification by the Deputy Director for Program Operations that CFSA will transition employees to an alternate location, the Facilities Management Administration (FMA) will coordinate employee access.

- **Staffing:** In the event that employees need to be deployed to other locations, program administrators will coordinate the effort. Appendix L contains a Deployment Checklist of personal and CFSA-based items to support a deployment of 30 days or more. Under the guidance of the Deputy Director for Program Operations, program administrators will coordinate the work schedules for essential personnel supporting the emergency at the alternate locations.

. Depending on the event and duration of the outbreak, non-essential personnel who have been cross-trained in Child Protection Services (CPS) operations (see Appendix D) will be assigned to support the CPS program services until full restoration of CFSA operations can be achieved.

- **Contractual Services:** Immediately upon relocation to an alternate location, the Facilities Management Administration (FMA) and the Contracts and Procurement Administrator will contact service providers under contractual agreement with CFSA to restore delivery of services at alternate locations.

I. Legal Issues

Below are the contact numbers for the General Counsel for CFSA and the Deputy Attorney General, both of whom will be assigned to support CFSA until full restoration of operations:

- ❖ General Counsel, CFSA
(202) 442-4238
- ❖ Deputy Attorney General, OAG
(202) 724-7835

VI. Resources for Foster and Other Resource Parents

All CFSA foster parents are required to be trained in emergency preparedness. To further assist foster parents and youth in care, copies of the District's Family Preparedness Guide are available at CFSA. The Guide is regularly distributed at emergency preparedness training for foster parents to reinforce the steps needed to protect children in CFSA's care:

- Learn what to do before, during, and after an emergency.
- Create an emergency plan.
- Prepare an emergency go kit.
- How to contact specific District agencies for help.

VII. Responding to New Cases

During a pandemic outbreak, child abuse or neglect information shall be reported through CFSA's 800 - toll free number (1-877-671-SAFE). The lead intake worker shall retrieve messages from the toll free number every 30 minutes. Every attempt shall be made by the assigned Hotline worker to contact callers reporting alleged abuse

or neglect. Information obtained from the caller shall be forwarded to the Child Protection Services Administrator for immediate action.

For all new cases, the Agency will staff its primary Intake Center located at 400 6th Street. Should this site become uninhabitable, intake services will be performed at pre-identified alternate work locations. The Child Protective Services Administration will allocate staff members to provide child protective services in the event of a pandemic alert, including Hotline staff and investigators.

A. Placement Services

During a pandemic outbreak, CFSA will locate placement resources for new cases that come to the Agency's attention, as well of those cases involving children separated from their parent (s) or guardian.

The Emergency Placement Form (see Appendix E) shall be used to obtain information regarding available emergency placement options. Placement workers shall use the current pool of placement resources for children who come to the Agency's attention or are in need of re-placement services due to the pandemic, *e.g.*, in cases where foster parents are impacted by the pandemic and are unable to care for the children. As cited earlier, the Interstate Compact for the Placement of Children (ICPC) will increase CFSA's resources by providing information to national child welfare agencies nationwide in the event that further assistance is needed to locate parents or to place children in safe homes during the emergency. Further, the Diligent Search Unit (DSU) will have immediate access to specialized software to search for parents and/or relatives of missing or lost children. DSU will also conduct searches using the most effective methods currently available.

B. Emergency Placement and Sheltering Options.

Emergency placement and sheltering requirements include identification of short-term care placement options for children or youth who are brought to the Agency because their caregivers are impacted by the pandemic and are unable to provide care. Every effort will be made to place sibling groups together.

Placement will be determined based on specific needs, *i.e.*, the child's age, ability to communicate, and circumstances that led to the separation of the child from the caretaker. Any medical conditions will also be considered when recommending a placement for a child.

Emergency Medical Services: During an influenza outbreak, identified CFSA clients may require immediate medical service. Appendix F lists information on surrounding area hospitals in Maryland and DC that accept DC Medicaid and should be considered as appropriate treatment locations for children served by CFSA.

The District of Columbia's Department of Health (DOH) will request and coordinate the delivery of health and medical services on an as-needed basis. DOH is the lead agency for ensuring the provision of emergency health and medical services for District of Columbia residents.

VIII. Continuation of Services

Out-of-Home Care Providers

The Deputy Director for Program Operations will ensure that foster care providers are provided with all pertinent communication regarding the outbreak, including letters or fact sheets. As noted earlier, CFSA's foster parents are required to have an emergency plan that includes planning for shelter-in-place in the event that the family needs to be quarantined. Foster parents are also instructed that the following items need to be considered

when planning to remain at home for extended periods of time when attempting to reduce public exposure and possible contamination:

- **Required medications** - sufficient medications need to be in stock in the event that the delivery of supplies is delayed to local pharmacies.
- **Water** - a shelter-in-place room that has access to water should be selected or at least 1 gallon per person per day for 3 days should be stored in the shelter-in-place location.
- **Food** - a 3-day supply of food for the family should be kept in the pantry at all times, or a 3-day supply of non-perishables should be kept in a covered container in the shelter-in-place location.
- **First aid supplies** - including prescription and non-prescription drugs and sanitation supplies, all supplies should be taken to the shelter-in-place location or stored there with other supplies.
- **Special items** - infants and elderly or disabled persons may have need for special requirements which should be included in the emergency supply items. Books or games can also be included to help pass the time and make it more enjoyable for everyone.

In the event that a child or youth in foster care is impacted by the pandemic, the foster parent must also contact their CFSA social worker to provide information of the health status of the child or youth.

Case Management Services / Out-of-Home and In-Home

Special Social Worker Items-A car equipment kit (backpack) will be supplied to each social worker prior to home visits that will include basic protective supplies as mentioned above

In the event of an emergency that prohibits the social worker from visiting the children in out-of-home or in-home care, the social workers shall make bi-weekly phone calls to the foster or biological parents to monitor the well-being of the child(ren). During this discussion, the social worker shall ask a series of questions that will identify any current challenges and/or immediate needs.

Congregate Care Services

Chapters 62 and 63 of the District of Columbia Municipal Regulations (DCMR) establish emergency preparedness criteria and procedures for non-CSA contracted youth shelters, emergency care facilities, group homes, and independent living facilities. Sections within each chapter detail the regulations for the development of emergency medical plans for each of these providers. Copies of Congregate Care Disaster Plans will be updated annually by the monitoring department at CFSA.

IX: Distribution of the Pandemic Influenza Preparedness Plan

To promote a high level of readiness among all employees, CFSA Risk Management will use a variety of distribution methods, including the Intranet, a bi-weekly employee e-bulletin, special e-bulletins, and all-staff memoranda. Due to the confidential nature of some information, distribution of the entire plan will be limited to Senior Management and those staff members who may be required to perform in a support capacity during emergencies or in the event of a pandemic outbreak.

APPENDICES

A - TELEPHONE TREE

DC Emergency Management Agency, Department of Human Services (ESF 6, 11) and/or Department of Health (ESF 8) initiates Alert information to:

CFSA Director and/or Risk Manager

Director and/or Risk Manager contacts Emergency Liaison Officers (ELOs) to report to the Unified Command Center at 2720 Martin Luther King, Jr. Ave, SE

Director, who contacts:

1. General Counsel, who contacts:
 - i. Deputy General Counsel, who contacts:
 1. AGCs/AAGs, who contact:
 - a. General Counsel/Attorney General Staff
2. Chief Financial Officer, who contacts:
 - a. Fiscal Managers/Supervisors, who contact:
 - i. Fiscal staff
3. Deputy Director for the Office of Clinical Practice, who contacts:
 - a. Clinical/Health Administrators/Manager, who contact:
 - i. Clinical/Health/FTM Managers/Supervisors, who contact:
 1. FTM/Clinical/Health Staff
4. Deputy Director for Planning, Policy and Program Support, who contacts:
 - a. Planning Managers/Supervisors, who contact:
 - i. Planning Staff
5. Deputy Director for Program Operations, who contacts:
 - a. Program Operations Administrators (CPS, IHRI, IHR II, PSA, OYD, PFRA, L&M)), who contact:
 - i. Program Operations Managers/Supervisors, who contact:
 1. Program Operations Staff
 6. Deputy Director for Organizational Development and Practice Improvement (ODPI), who contacts:
 - a. ODPI Administrators (QI, Training), who contact:
 - i. ODPI Managers/Supervisors, who contact

1. ODPI staff

7. Deputy Director for Administration, contacts
 - a. Program Administrators (HRA, FMA, CPA, BSU, RM), who contact
 - i. Program Managers/Supervisors, who contact
 1. Program Administration Staff

8. Public Information Officer, who contacts
 - a. PIO Staff

9. Volunteer Services, who contacts
 - a. Volunteer Services Staff

B - ESSENTIAL PERSONNEL

INTENTIONALLY OMITTED FROM ONLINE VERSION

C- BLACKBERRY PIN TO PIN INSTRUCTIONS

Instructions for Blackberry PIN to PIN Messaging:

Step 1: Send your Blackberry PIN to Recipient:

- a) From **Options**, then **Status**, then **PIN** (Press **Menu** Button & **Copy PIN**)
- b) Compose an email and paste PIN (send it to recipient)

Step 2: Add Recipient's PIN to Address Book entry:

- a) Copy Recipient's PIN from the email
- b) Go to Address Book, then Select Recipient's Name (Press **Menu** Button, then **Edit**)
- c) Scroll down to **PIN** (Press **Menu** Button, then **Paste**)
- d) Save the changes (Press **Menu** Button, then **Save**)

Step 3: Compose Blackberry PIN Message

- a) From **Email**, then Select **Compose PIN** (Press **Menu** Button, then **Compose PIN**)
- b) Select the Recipients name from the Address Book
- c) Type and send the message.

D- CPS DETAILED STAFF

INTENTIONALLY OMITTED

E - EMERGENCY PLACEMENT



INTENTIONALLY OMITTED FROM ONLINE VERSION

F - AREA HOSPITALS

Hospital Name	Street Address	City	ST	Zip
WASHINGTON, DC HOSPITALS				
CHILDREN'S NATIONAL MEDICAL CENTER	111 MICHIGAN AVENUE, NW	WASHINGTON	DC	20010
GEORGETOWN HOSPITAL	3800 RESERVOIR ROAD	WASHINGTON	DC	20007
GEORGE WASHINGTON HOSPITAL	900 23 RD STREET, NW	WASHINGTON	DC	20037
GREATER S.E.	1310 SOUTHERN AVE, SE	WASHINGTON	DC	20032
PROVIDENCE HOSPITAL	1150 VARNUM STREET	WASHINGTON	DC	
SIBLEY HOSPITAL	5255 LOUGHBORO	WASHINGTON	DC	20016
WASHINGTON HOSPITAL CENTER	110 IRVING STREET, NW	WASHINGTON	DC	20010
MARYLAND HOSPITALS				
FORT WASHINGTON HOSPITAL	11711 LIVINGSTON ROAD	FT. WASHINGTON	MD	20744
HOLY CROSS HOSPITAL	1500 FOREST GLENN ROAD	SILVER SPRING	MD	20910
PG COUNTY HOSPITAL	3001 HOSPITAL DRIVE	CHEVERLY	MD	20785
SHADY GROVE HOSPITAL	9901 MEDICAL CENTER DRIVE	ROCKVILLE	MD	20805
SOUTHERN MARYLAND HOSPITAL	7503 SURRATTS ROAD	CLINTON	MD	20032
SUBURBAN HOSPITAL HEALTHCARE SYSTEM	8600 OLD GEORGETOWN ROAD	BETHESDA	MD	20814
WASHINGTON ADVENTIST	7600 CARROLL AVENUE	TAKOMA	MD	20912
VIRGINIA HOSPITALS				
BON SECOURS RICHMOND COMM HOSPITAL	1500 NORTH 28TH ST	RICHMOND	VA	23323
BON SECOURS ST. MARY'S HOSPITAL	5801 BREMO ROAD	RICHMOND	VA	23226
BUCHANAN GENERAL HOSPITAL	HOSPITAL LANE RT. 83	GRUNDY	VA	24614
CARILION MEDICAL CENTER	101 ELM STREET	ROANOKE	VA	24029
CARILION ROANOKE MEMORIAL HOSPITAL	BELLEVIEW AT JEFFERSON ST.	ROANOKE	VA	24012
CHESAPEAKE GENERAL HOSPITAL	736 BATTLEFIELD BLVD. N	CHESAPEAKE	VA	23320
CHILDRENS HOSP/KINGS DAUGHTER	601 CHILDREN'S LANE	NORFOLK	VA	23507
CHIPPENHAM JOHNSTON MEDICAL CTR.	1401 JOHNSTON-WILLIS DR	RICHMOND	VA	23235
CULPEPER REGIONAL HOSPITAL	501 SUNSET LANE	CULPEPER	VA	22701
CUMBERLAND HOSPITAL	9407 CUMBERLAND ROAD	NEW KENT	VA	23124
DEPAUL MEDICAL CENTER	150 KINGSLEY LANE	NORFOLK	VA	23505
HALIFAX REGIONAL HOSPITAL	2204 WILBORN AVE	SOUTH BOSTON	VA	24592
INOVA ALEXANDRIA HOSPITAL	4320 SEMINARY ROAD	ALEXANDRIA	VA	22304

INOVA FAIR OAKS HOSPITAL	3600 JOSEPH SIEWICK DRIVE	FAIRFAX	VA	22033
INOVA FAIRFAX HOSPITAL	3300 GALLOWS ROAD	FALLS CHURCH	VA	22042
INOVA HEALTH SYSTEM	2900 TELESTAR COURT	FALLS CHURCH	VA	22042
INOVA MOUNT VERNON HOSPITAL	2501 PARKER'S LANE	ALEXANDRIA	VA	22306
LOUDOUN HOSPITAL CENTER	44045 RIVERSIDE PKWY	LEESBURG	VA	20176
LYNCHBURG GENERAL HOSPITAL	1901 TATE SPRINGS RD.	LYNCHBURG	VA	24501
MARY IMMACULATE HOSPITAL	2 BERNARDINE DRIVE	NEWPORT NEWS	VA	23602
MARY WASHINGTON HOSPITAL INPT	1001 SAM PERRY BLVD	FREDERICKSBURG	VA	22401
MARYVIEW MEDICAL CENTER	3636 HIGH STREET	PORTSMOUTH	VA	23707
MEMORIAL REGIONAL MEDICAL CENTER	8260 ATLEE RD.	MECHANICSVILLE	VA	23116
MONTGOMERY REGIONAL HOSPITAL	3700 SOUTH MAIN STREET	BLACKSBURG	VA	24060
NEWPORT NEWS GEN. HOSPITAL	5100 MARSHALL AVE.,	NEWPORT NEWS	VA	23605
NORTHERN VIRGINIA COMMUNITY HOSP	601 SOUTH CARLIN SPRINGS RD	ARLINGTON	VA	22204
RESTON HOSPITAL CENTER	1850 TOWN CENTER PARKWAY	RESTON	VA	20190
RIVERSIDE REGIONAL MEDICAL CENTER	500 J. CLYDE MORRIS BLVD.	NEWSPORT NEWS	VA	23601
RIVERSIDE TAPPAHANNOCK HOSPITAL,INC	6180 HOSPITAL ROAD	TAPPAHANNOCK	VA	22560
SENTARA BAYSIDE HOSPITAL	800 INDEPENDENCE BOULEVARD	VIRGINIA BEACH	VA	23455
SENTARA LEIGH HOSPITAL	830 KEMPSVILLE ROAD	NORFOLK	VA	23501
SENTARA NORFOLK GENERAL HOSPITAL	600 GRESHAM DRIVE	NORFOLK	VA	23507
SENTARA WILLIAMSBURG COMMUNITY HOSP	301 MONTICELLO AVENUE	WILLIAMSBURG	VA	23185
SO. VA REGIONAL MEDICAL CENTER	727 N. MAIN STREET	EMPORIA	VA	23847
SOUTHSIDE COMMUNITY HOSPITAL	800 OAK STREET	FARMVILLE	VA	23901
UNIVERSITY OF VIRGINIA HEALTH SCIEN	1400 JEFFERSON PARK AVENUE	CHARLOTTESVILLE	VA	22908
VIRGINIA HOSPITAL CENTER	1701 NORTH GEORGE MASON DRIV	ARLINGTON	VA	22205