

Missouri Department
of Social Services

Children's Division

Emergency Operations Plan

Children's Division Emergency Operations Plan

I. PURPOSE

This document is designed to serve as an all-hazards plan for the Children's Division (CD) of the Department of Social Services. The plan is designed to help us provide the best response possible in emergency situations, with the goal of providing all services needed by the children and families we serve.

The Children's Division has a role to play in all four phases of emergency management. However, during an emergency event, the division's focus is on three areas:

- Locating and ensuring well-being of children in the division's custody;
- Providing services to children displaced from their families by the emergency;
- Continuing the operation of child protection services, as needed, during the emergency.

In addition to these duties, Children's Division employees provide support services in the Department of Social Services' mandate under the State Emergency Operations Plan to coordinate mass care and evacuation management for emergency victims.

The actions outlined in this plan to assure the safety and well-being of children are taken by our staff as a matter of course on a daily basis. This plan serves to commit the responsiveness of our staff to the needs of Missouri's children to a permanent document that can be used as a guide by others.

II. SITUATION AND ASSUMPTIONS

A. SITUATION

1. One of the most important duties of the Missouri Children's Division is serving the more than 13,000 children placed into our custody by the juvenile and family courts or under court-ordered supervision in out-of-home placements. In this role, we must ensure the safety and well-being of the children in our care around the clock and in all situations, including emergency and disaster situations.
2. Some 4,000 foster families, relatives and residential facilities work with the division to provide needed care and services to these children. As a

Division, it is also our responsibility to assist them in the protection of the children in their care. Our goal is the best possible service to these families and children, no matter the circumstances.

3. Natural or manmade disasters and emergencies can occur without warning anywhere in the State of Missouri.
4. Governmental agencies (including the Children's Division), public and private institutions, businesses and citizens (including out-of-home care providers) may be impacted by these events.
5. Depending on the location and nature of the event, the number of children and families impacted and requiring assistance may be small and within their own capacity to respond. However, in the occurrence of a large-scale event, intervention and assistance from the Children's Division and its employees may be necessary to ensure safety and well-being of the children and families.
6. A lack of communication resources – land-line and cell phones, computers, etc. -- will hinder the efforts of CD staff in locating children and families, as well as communicating needs up the chain of command. It will be imperative that CD staff have contact with the Family Support Division (FSD) county and regional managers, as those managers have a presence at local Emergency Operations Centers (EOC.) It may become necessary to temporarily locate staff at the local EOC, or another response location (law enforcement office, State Area Command Center, etc.) for communication purposes or to relay information through the local EOC to the Children's Division/DSS representative at the state EOC.
7. Children's Division staff will assist Family Support Division with the Department of Social Services' identified mission of providing mass care. This will occur after the safety of children in state custody and their resource families has been assured and any identified needs have been met.

B. RISK ASSESSMENT

1. Thorough planning prior to the onset of a disaster can help to reduce the impact of the disaster. In every disaster situation, the primary goal is to protect human life. Preventing loss of and damage to property is secondary.

2. Through mitigation activities, we can reduce the loss of life and property. Mitigation is done before a disaster strikes and involves risk assessment, planning, training and exercising.
3. Each circuit and county should assess their area's and office's risk level for all types of disasters:
 - a. Natural
 - I. Tornadoes and other weather emergencies – In addition to tornadoes, Missouri is prone to other types of weather emergencies that can cause significant damage.
 - A. High-velocity straight-line winds can cause as much damage as tornadoes
 - B. Severe thunderstorms produce heavy rains resulting in flash flooding, hail, lightning strikes that can cause injury or fires, microbursts
 - II. Flooding – prolonged rain in your area or upstream can result in significant flooding
 - III. Extreme heat and cold – Missouri's climate can include prolonged periods of high or low temperatures. Either condition can prove dangerous, or even deadly, for those subject to the elements or at greater risk, such as children and the elderly.
 - IV. Winter storms – Winter ice and snow storms can result in an inability to travel, loss of utilities and danger from the cold. The effects of a winter storm in Southwest Missouri were a loss of utilities for more than two weeks in some areas and debris clean-up for months.
 - V. Wildfire – Controlled burning is a relatively common practice in Missouri and can easily get out of hand, especially in the spring when low humidity and high winds can add to the danger.
 - VI. Earthquake – Eight of the United States' earthquake source zones are in the central section of the country, with two located in the State of Missouri. The most active zone is the New Madrid Fault, which runs from northern Arkansas through southeast Missouri and western Tennessee and Kentucky to the Illinois side of the Ohio River Valley. It was the site of a significant series of earthquakes in 1811 and 1812, and makes earthquake planning a necessity in our state.

Other zones affect Missouri because of their close proximity – including the Wabash Valley Fault, Illinois Basin, and the Nemaha Uplift, which runs parallel to the Missouri-Kansas border from Lincoln, Nebraska to Oklahoma City, Oklahoma. Its earthquakes are not as

severe as those in the historic New Madrid fault zone but several have affected Missouri in the past.

VII. Epidemics – These are serious outbreaks of disease that could sicken and kill thousands of people across the country and around the globe. The flu and COVID are particularly dangerous because they spread through the air. Other diseases of concern in this area include Smallpox, St. Louis encephalitis, Meningitis, Lime Disease, West Nile Virus, and SARS (Severe Acute Respiratory Syndrome).

b. Accidental

- I. Nuclear Power Plant Incidents – Four nuclear facilities or reactors are in a position to pose threats to the public in Missouri under extreme circumstances. Commercial Nuclear Power Reactors threaten a worst-case scenario of significant radioactive material release that could force evacuation of the general population within a 10-mile radius of the facility. A release of this magnitude could also contaminate food sources out to a 50-mile radius. Reactors are regulated by federal agencies and must ensure the health and safety of the general population within the 10-mile Emergency Planning Zone (EPZ). DSS offices in these areas are generally involved in incident planning.
- II. Radioactive Materials Incidents/Chemical Spills – These events can occur during transportation of hazardous materials through the State of Missouri, often by truck or rail. In addition, approximately 20 flights each day from Lambert Airport in St. Louis carry nuclear medicines.
- III. Utility Outages – Utility interruptions and failures most prominently, they affect the very young or elderly at greater risk from loss of heating and cooling systems and those dependent upon medical equipment requiring a power source. Loss of communications can also adversely affect provision of emergency services, increasing the difficulty of contacting the services for emergency assistance.
- IV. Urban Fire – Structural fires can represent a hazard to any size community, but pose significant planning concerns to those who must be concerned with evacuation of a great number of people housed in a single structure.
- V. Transportation Accident – A mass transportation accident, or even a multi-car pile-up accident, can burden a local jurisdiction's available medical services and could involve

hazardous materials or a fire, compounding the incident. Severe weather also could hamper response efforts.

VI. Dam Failure -- When a dam fails, the pent-up water can be unleashed suddenly and catastrophically affect life and property downstream. Homes, bridges, and roads can be demolished in minutes. Loss of the reservoir can impact water supply.

c. Civil/Political, Terrorist and Security Events: The State of Missouri mitigates against attacks from terrorists – be they bombings, cyberterrorism attacks, agroterrorism, chemical weapons, etc. The state also mitigates for civil or political unrest that might cause riots, as well as the effects of any hazard at large-scale events. Examples include inaugurations, concerts, or 4th of July celebrations, where the proximity of large numbers of people create the possibility of greater danger for those involved.

C. ASSUMPTIONS

1. While the basic concepts of operations will remain the same at any level of disaster, the ways staff will be able to accomplish them will change as the severity of the event increases.
2. This document assumes at Level I the impact of the disaster is contained to a relatively small geographic area (or several geographic locations). This can include severe damage within the area, but assumes that assistance is readily available from the surrounding area. Examples would be touchdowns of tornados in one or more locations, local hazardous materials spills, structural fires, power outages, etc.
3. At Level II, impact of the disaster is spread to a broad region or regions of the state. This can include severe damage within the region. Assistance is available, but will have to come from farther away – another area of the state, for example. Examples would be weather events that cut a wide swath through the state, such as ice storms or widespread flooding along the Missouri or Mississippi rivers.
4. At Level III, impact of the disaster is statewide and likely affects adjacent states, as well. This assumes that all areas of the state are impacted to a greater or lesser degree. Assistance may be available from other areas of the country. Examples would be an earthquake in the New Madrid Seismic Zone, widespread terrorist activities, flooding at 500-year flood levels or a pandemic flu event.

5. Additional information may be added under each concept to address specific actions taken at Level II or Level III.
6. Life and safety issues are absolutely the top priority at all levels and decisions that will need to be made will reflect those priorities. This is especially important at Level III.
7. This plan represents action steps that would apply to a situation under normal, or best-available, circumstances. For example, the plan outlines steps that optimally would be taken by particular staff members, listed by title. In any disaster, but especially at Level II and Level III when great numbers of staff will be personally affected, the steps will need to be taken by anyone who is available to take them. Staff members should not be deterred from taking action based on the job titles listed.

III. CONCEPT OF OPERATIONS

A. MITIGATION

1. It is important for each circuit/county/office to conduct a risk assessment to determine what events pose a threat to their distinct locations. For example, if the office is located near railroad tracks, you should mitigate for the possibility of a derailment that might involve a fire or chemical spill.
2. Ensure that the plan addresses how the office would respond to the needs of children and families, staff and their families, and the general public.
 - a. If you need help in planning for, or responding to, any of these emergency situations, conduct research and explore training opportunities to help you.
 - b. A plan to test the lines of communication to clients
 - c. Maintaining up to date emergency contact information for all service recipients.
3. Staff also need to reach out to our partners to understand their emergency plans and determine the ways in which we need to work together.
 - a. For example: Can residential treatment facilities in your area be used as temporary shelters for foster children during an emergency? Is your local court prepared with a plan for how children will be placed into custody in a disaster?
 - b. Consider the need to establish memorandums of understanding prior to a disaster so that when disaster strikes, you and your partners will know what to expect from one another.
4. Once the plan is in place:
 - a. Communicate it to staff and anyone else impacted by the plan (such as

resource providers, residential facilities, interns, practicum students etc.)

- b. Exercise it periodically so that staff are familiar with the plan and can react appropriately when an event occurs.
 - c. Most importantly, update the plan periodically to ensure that it still meets the needs of those who will be putting it into action in the event of a disaster.
5. Take basic mitigation steps like establishing, updating, and testing phone trees, working with other agencies to establish relationships and memorandums of understanding to assist one another in times of disaster, and ensuring that necessary equipment is available including:
- a. Medical:
 - I. Masks
 - II. Gloves
 - III. Hand sanitizer
 - IV. First-aid kits or supplies
 - V. A first-aid manual
 - VI. Cleaning supplies (including disinfectant, toilet paper, food, maintenance supplies, batteries, etc.)
 - VII. A readily available communication device
 - VIII. Poison control information
 - IX. Maintaining up to date emergency contact information for all staff
 - X. Developing a plan for program lines due to increased staff absences from illness.
 - b. Suicide response:
 - I. Procedures for managing information about the death
 - II. Coordination of internal or external resources
 - III. Supports for those impacted
 - IV. Commemoration of the deceased (should this be in here? If so, why?)
 - V. Follow-up with anyone at elevated risk for suicide (is this covered by points 2 and 3?)
 - c. Response to public health emergencies
 - d. Response to natural disasters: Coordination with local, state, and federal governmental authorities and emergency responders including:
 - Identifying staff that will communicate with these authorities and emergency responders at each program location (What does program location mean?)
 - Participation with community partners and stakeholders in community recovery efforts as appropriate
6. Consider how you would continue operations in various emergency situations. Ask yourselves questions like these:

- a. How will we access necessary information if computer systems are unavailable?
- b. Do we have agreements in place with other agencies or other CD offices to use their facilities if ours are unavailable?
- c. Does staff know where the alternate work site is, so they can report there if our building is uninhabitable?
- d. Do we know how to locate foster families in the event of a disaster to ensure their well-being and offer assistance to them?
- e. Have we helped our foster families and staff become individually prepared for a disaster or emergency?
- f. Is our emergency plan up-to-date?
- g. Is all staff aware of the plan?
- h. Have they been a part of an exercise of the plan to determine its viability and to ensure they know their role in the plan?
- i. Is all staff in the office individually and family-prepared so they can respond to work when needed?

B. PREPAREDNESS

1. Each circuit in the Children's Division is required to prepare an emergency plan for all of the offices in their circuit. These planning documents can go a long way toward making us ready and able to respond to the various types of emergencies that might occur in our state. These plans must include response to emergencies such as:
 - a. Accidents
 - b. Fire (including annual fire drills)
 - c. Flooding
 - d. Hostage situations
 - e. Bomb threats
 - f. Active Shooter
 - g. Unlawful intrusion
 - h. Physical assault
 - i. Other life threatening situations deemed necessary

2. In order to meet our goals of locating and ensuring the well-being of children, as well as continuing our statutorily mandated functions, we must be prepared at all levels – individually, locally and as a state-wide organization.
 - a. Maintaining service continuity includes:
 - I. Ongoing mission-critical functions in the event of disruption of normal services
 - II. Identifies temporary administrative and service delivery sites in the event of facility closure
 - III. Addresses the temporary delegation of decision-making authority when normal channels have been disrupted (this may be addressed in the end, do we need to keep this point here?)

- IV. Establishes alternative methods of communication with staff and stakeholders during periods of disruption
 - V. Ensures uninterrupted continuity of critical IT operations.
 - VI. Includes plan for resumption of normal agency operations.
 - b. Coordination with the public and media (as appropriate), including a plan of how to test lines of communications to the public.
- 3. Personal Preparedness for staff and families is critically important. In our society, many people expect that in a disaster situation, “someone” will come to rescue them and after the disaster, their lives will return to “normal.”
 - a. The truth is that only 1 percent of the population is emergency responders – e.g., law enforcement officers, firefighters, emergency medical technicians, etc.
 - b. Even when you factor in those trained as emergency management responders, there are significantly too few people to “rescue” everyone impacted by disasters.
 - c. Emergency responders will be triaging needs for assistance and responding first to situations that might result in the loss of human life.
 - d. For this reason personal preparedness is critical. Your disaster response plan and supply kit should allow you and your family to be self-sustaining for at least 96 hours.
- 4. As part of the State Emergency Operations Plan, the Department of Social Services is tasked with providing mass care and sheltering services for disaster victims. You will be asked to respond to assist other department personnel with these critical services as you are able and based upon your own level of impact from the disaster.
 - a. In order to provide these critical services to others, you must feel assured that your own family is safe and able to maintain without your presence. This is another reason to take steps to prepare your family.
 - b. There are a number of resources available to help families create their own disaster plans, including:
 - I. The Missouri Department of Health and Senior Services has a “Ready in 3” program that can help you with planning for disasters. For more information, go to: <http://health.mo.gov/emergencies/readyin3/>
 - II. The American Red Cross offers preparedness information at: http://www.redcross.org/services/prepare/0,1082,0_256_00.html
 - III. The Federal Emergency Management Agency has readiness information on their website at <http://www.ready.gov>. Everyone should view the “Ready America” link. Of particular interest for families is the “Ready Kids” link that has fun activities that help kids understand disasters and also

help prepare the family disaster kit, etc.

- c. You should extend your personal preparedness to cover the time when you are in the workplace or traveling: A “go-kit” that has basic essentials like a flashlight, first aid kit, battery-operated radio and non-perishable food can be, literally, a life-saver. You should consider keeping a change of clothes, including sturdy, practical shoes or boots, at work, especially if you think you may be called upon to respond.
5. Encouraging personal preparedness for providers – foster families, residential treatment facilities, child care facilities or others – helps ensure the safety of children in our care. Like our staff, the children, families and the public in general is relying upon them to provide critical services. However, they will not be able to respond appropriately if worried about their own families and homes.
 6. Many residential treatment facility plans currently lack detail in emergency preparedness. We must ensure that our facilities have appropriate and current emergency plans.
 - a. Sheltering In Place – In many, if not most, emergencies and disasters it is preferable to remain in place, rather than attempting an evacuation. Following are some considerations for in-place sheltering:
 - I. Is there sufficient food and water supply for at least 96 hours?
 - II. Is there a generator to provide back-up power in case of a power outage?
 - III. Has the facility registered with utility companies for priority restoration of service?
 - IV. Is there a stockpile of resident medications sufficient for at least 96 hours?
 - V. Can they access children’s records, especially medication records, without computer access?
 - VI. Is facility staff prepared to respond in the event of a disaster?
 - VII. How can we assist staff with their needs so they can report to work, i.e., could we assist with child care, transportation, etc.
 - VIII. Are we prepared to meet the emotional needs of the residents in the event of a traumatic event?
 - IX. How will we notify families that residents are safe?
 - b. Naloxone/Narcan or opioid antagonist
 - I. Each facility (each physical office building) must maintain Naloxone or opioid antagonist kits to treat opioid overdoses.
 - II. Maintain two (2) unexpired doses in accessible locations
 - III. Store personal protective equipment (PPE) close to the kit (e.g. gloves, face mask, and hand sanitizer).
 - IV. Ensure staff trained in SAMHSA-approved protocols and procedures for reversing opioid drug crisis are available to administer these treatments.

- V. Procedures and training in place to get affected individuals to medical care immediately following overdose treatment to preempt the exacerbation of symptoms.
 - VI. Have procedures for documenting each incident where opioid antagonists were administered.
 - VII. Have systems for maintaining and restocking opioid overdose equipment and medication to ensure availability of unexpired medication in an emergency.
- c. Evacuation – If an evacuation of the facility becomes necessary, consider the following factors at a minimum:
- I. Ensure uninterrupted services to vulnerable populations in the event of evacuation.
 - II. What sources of transportation will be used? Do we have agreements in place with transportation providers (and what other agencies will be relying on those same providers)?
 - III. Where will we go and will that location be expecting us (i.e., do we have a mutual aid agreement in place)? How will we notify them we are coming?
 - IV. Do we have a plan to ensure that necessary records go with the resident to the alternate location?
 - V. How will we securely transport medications along with the resident?
 - VI. Which staff will be going along with the residents? Do future shifts know where to report?
 - VII. How will we notify families of the move?

IV. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

A. CHAIN OF COMMAND REMAINS IN PLACE

1. The normal Children's Division chain of command will remain intact, to the extent possible. Workers will assume responsibility for their normal activities, knowing they may also be asked to perform other duties during the course of the disaster.
2. In any disaster, but especially at Level II and Level III when great numbers of staff will be personally affected, activities will need to be accomplished by anyone who is available to take them. Staff members should not be deterred from taking action based on the job titles listed in this plan.