

## How to Use the Toolkit

The IDER Toolkit is not intended to be a “one size fits all” emergency response plan. Instead, it should be viewed as a compilation of resources that a local health department may use to supplement and improve current emergency response plans. Following are some tips on how to start using the toolkit:

**Compare the IDER Plan to your organization’s current emergency response plan.** Look at the sample organizational chart and compare it to the structure used by your organization. Think about what roles various staff could fill, and involve key individuals in determining how to update or modify your current plan. (Remember that if you had a big IDE event, you will likely need to recruit others to assist, and this plan provides the structure to orient and place these additional staff.) Use the **Current Plan Needs Assessment** to assess the strengths and potential weaknesses of your organization’s current plan. While not intended to be prescriptive, the tool provides a starting point for familiarizing yourself with the resources contained in the IDER Toolkit and prioritizing which resources may be most useful for the unique needs of your organization.

**Recognize that each “box” in the organizational chart represents a function/role, not a person.** The organizational chart included in the toolkit includes multiple “boxes”, which represent functions that may need to occur during an infectious disease emergency response, depending on the specific scenario. It is important to keep in mind that one person can fulfill several roles, especially in a smaller response, but the structure included in the toolkit clarifies the scope of these roles. Additionally, your department may decide that a specific “box” should be in a different location on your DOC organizational chart. The usefulness of this toolkit lies in fleshing out what activities each “box” is responsible for, and which other “boxes” should be coordinated closely with.

**Modify the IDER Plan to fit your needs.** The IDER Plan presented in this toolkit is not a “one size fits all” plan; instead, it represents a model that may be modified based on an organization’s unique needs. While each role outlined in the IDER Plan is important, the location of the role in the IDER ICS structure can often be modified based on your organization’s preference and needs. Local health departments should feel empowered to tailor the organizational chart to fit their unique needs. Areas that may be modified include:

- Information & Guidance Branch may be placed under Plans instead of Operations. (No matter where this Branch reports to, it must communicate and coordinate closely with the Media Officer and Information Officer.)
- Data Branch could be placed in Plans.
- Laboratory Group could be its own branch under Operations.
- Continuity of Operations could be its own branch under Operations or Plans.

**Supplement your current plan with resources from the Appendices.** The Appendices contain numerous forms, instructions and other templates that may be modified and individualized by local health departments. Some of the most useful items include public health-specific ICS forms, Job Action Sheets, and pre-written health alerts.

**Address challenges experienced during your recent IDER experiences.** Refer to your recent experiences with pandemic influenza or other infectious disease emergency activations or exercises. Based on these experiences, you may use the IDER Toolkit to address issues that warrant improvement. After Action Reports and/or Corrective Action Plans may also offer insights into aspects of your current plan that could be supplemented with resources from the IDER Toolkit.

**Utilize the training resources to educate your staff about your plan.** Having a robust IDER plan in place is not enough - staff must also be trained on how to use the plan. The training resources contained in the IDER Toolkit may be modified and used to train your staff about your organization's plan and their roles and responsibilities when the plan is activated or exercised. Consider training key lead staff pre-event and/or during exercises, and modifying the "just-in-time" training for external staff recruited to the response.