

MSGRCC Emergency Preparedness Workgroup
Meeting Summary, Mid-Year

MSGRCC Mid-Year Workgroup Meeting – Emergency Preparedness
Friday, February 5, 2010
1:30pm to 6:30pm

Attendees, in person: SonDi Aponte, Lynette Borgfeld, Terese Finitzo, Ward Jacox, Susan Tanksley, Donna Williams

Attendees, via webinar: Linda Beischel, Denise Higgins

Staff: Celia Kaye, Joyce Hooker, Liza Creel, Amanda Conway

Welcome and Introductions

Donna Williams and Lynette Borgfeld, workgroup co-chairs, welcomed the group and asked for introductions.

State Updates

The co-chairs asked the participants to provide an update on current emergency preparedness activities in their state and any needs that have been identified.

- Arizona – SonDi Aponte and Ward Jacox (Arizona Department of Health Services)
 - Arizona has a new MOU with four states in the region (UT, AZ, NM, and CO) to provide EP back-up. The memorandum is being signed by all four states.
**Ward will email group as soon as he can confirm all 4 states have definitely signed.*
 - Need to determine how the logistics of a cooperative agreement such as this will look in practice. Example: If laboratory services are transferred to another state during an emergency, whose standards will they use?
 - Not entirely sure yet if this will be is this just for the laboratory or for follow-up as well.
 - Arizona is also putting together a plan for data sharing.
- Texas – Lynette Borgfeld (Texas Department of State Health Services)
 - Department level – undergoing COOP planning, entire staff was required to take FEMA courses
 - Laboratory level – created laminated cards for staff to carry with contact information; also have laboratory process documents; branch managers have a schedule that lists all tests performed by the lab with the priority of each identified. Newborn screening is a high level priority.
 - Newborn screening level – NBS program can provide aid to others if asked (mutual aid)
 - Local level – have held conference calls with Florida to develop a mutual aid agreement. There are a lot of similarities with the Iowa-Louisiana agreement. Texas has an list of questions used to develop the agreement (10 question survey).
**Lynette will send out the list of 10 questions.*
 - Agreement includes copies of Florida and Texas protocols.
 - Suggestion: Share this with other workgroup members, especially AZ members.

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- Texas experienced an event recently where a 40-hour power-outage affected the newborn screening. The lab did lose some reagents but most back-up systems worked.
- Conversations regarding lab and follow-up are being discussed simultaneously.
- Montana – Linda Beischel (on phone)
 - Since 2005, they have had a MOU for laboratory back-up with Wisconsin
**Linda will email a copy of the MOU*
 - Denise and Linda also submitted the following written update:
 - Continuity of Operations Planning (COOP) Activities
 - Identified NBS testing as an essential function of laboratory operations supported my Montana Code and Administrative Rules as justification for legal authority.
 - Secured an alternate facility for specimen receiving, processing and send-out packaging preparation including emergency software backup power.
 - MOUs with 2 laboratories for back-up testing have been in place since 2005
 - Exercised laboratory call-down notification list - - evaluated the ability to contact all laboratory staff given the contact numbers staff have provided; evaluated the estimated time it would take staff to arrive at the laboratory.
 - Activities in Progress
 - Develop plans of succession for management team
 - Develop lists of reagents and supplies needed to support NBS in an off-site facility
- Colorado – Joyce Hooker
 - Little to report.
 - There is still push back from the health department.

Review of Regional EP Survey Results

Liza Creel presented the results of the recent survey on laboratory capacity and emergency preparedness in the state newborn screening labs in the region. Please click here [INSERT LINK] for the PowerPoint presentation.

- Liza will send out the results via email.
- Consensus that there were some unanswered questions raised by the survey. It should be expanded and several questions should be clarified. Liza will send out again asking states for the following:
 - Assumptions when questions #4 & #5 were answered.
 - How long can you sustain your maximum?

Presentations on Existing EP Tools

Donna Williams, Lynette Borgfeld, Joyce Hooker and Liza Creel reviewed the following emergency preparedness tools available from other regions and organizations.

- Newborn Screening Preparedness/Contingency Planning Framework
(<http://www.aphl.org/aphlprograms/ep/Documents/NBSContingencyWhitePaper.pdf>)

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- NYMAC Preparedness Tool (ATTACH DOCUMENT)
- SERC Preparedness Tool (http://southeastgenetics.org/utilities/get_file.php?file_id=632)
- EMAC REQ-A Form (ATTACH DOCUMENT)
- MSGRCC Clinical Preparedness Planning Tool (ATTACH DOCUMENT)

Discussion: Newborn screening programs should find out who the emergency management contact is in their organizations. Developing a relationship with this person can be very helpful.

Discussion on Workgroup Scope

Regional Charge: It is the intent of this workgroup to contribute expertise in the development of regional/interregional emergency backup systems for newborn screening and genetic devices that will assist laboratory, follow-up and clinical services in the Mountain States region to be prepared for both catastrophic and management emergencies. The group determined that any action that is taken as a result of this meeting falls within this charge and within the NCC outcome measure C1.

Action Items

1. Share all state MOUs.
2. Gather information on legal barriers regarding MOUs, specimen transfer and the provision of clinical care across state lines.
3. Determine the need for EMAC if you have an MOU/MOA with another state. How are these documents related?
4. Include state data on the MSGRCC website:
 - a. MOUs
 - b. Lab and clinic information
 - c. 10 questions a state should consider when developing an MOU
5. Increase involvement of clinicians in the workgroup
 - a. Primary care
 - b. Specialty care
 - c. Telemedicine providers
6. Assist states in identifying the emergency management contact in their organization.
7. Expand state survey
 - a. Collect additional data
 - b. Share information on capacity

The meeting was adjourned.