



EMERGENCY PREPAREDNESS WORKGROUP MEETING SUMMARY

WEDNESDAY, JULY 15, 2009

7:30PM – 9:30PM

DENVER, CO

CO-CHAIRS: DONNA WILLIAMS & LYNETTE BORGFELD

Welcome and Introductions

Liza Creel introduced Donna Williams as the new co-chair of the Emergency Preparedness Workgroup. Donna welcomed the group and asked for introductions.

State Reports

Each state present gave an update on their current emergency preparedness activities. Most states have major resource restraints that prevent full participation in preparedness activities.

Most of the state laboratories have or are exploring contingency agreements with other states. One major question related to these agreements is what will be done if the two states screen for a different panel of disorders. There is little known about contingency planning for follow-up or clinical services.

One important point was reiterated by several attendees at the meeting – many times preparedness plans are developed in a state but the people that have to implement the plan are not involved. How can this group coordinate these efforts more effectively? First we must know what exists.

Texas Planning Activities

Donna Williams presented on preparedness activities in Texas, including their Continuity of Operations (COOP) planning. Donna passed around a template of their COOP planning document and agreed to share this with the group via email following the meeting.

Contingency Planning Assistance

William Perry, the Emergency Preparedness Consultant for the National Coordinating Center (NCC), presented on business continuity planning and the assistance he and the NCC can provide the MSGRCC. His specific recommendations included:

1. Explore development of NBS Capacity Matrix
2. Formulate support matrix that include labs that have opposing hazard matrices

3. All NBS lab COOPS should specifically include annex/appendix on loss of capacity scenario
4. Consider the least common denominator on NBS screening parameters as the limit of collapsing functionality in an emergency (this will utilize standard of practice of peers as basis)
5. Initiate EMAC participation in regional EP workgroup meetings
6. Seek critical designation for NBS and Follow-up Services by respective state emergency management plans and use this to prevent personnel from reassignment during emergencies
7. Present argument that NBS and H1N1 Pandemic are identical in that both present universal demands (there are limited external capacity to support redeployment of resources from NBS) and both challenge resources that are at or near capacity. State infectious disease labs need to focus on cross training of their personnel to support H1N1 surge or draw upon (cross train) other laboratory resources (say environmental labs) for this increase in capacity. NBS Lab will be challenged enough maintaining capacity as pandemic claims limited numbers of personnel to the disease.
8. Increase effort to broaden EP topics to increase clinician/ Center and consumer participation. Look for adding topic to consumer program next year. Seek use of telemedicine as a EP tool for outreach across the public-private nexus.

Mr. Perry indicated that he has eight more hours dedicated to the Mountain States Region and that he would be available to help in any way needed.

Wrap Up & Next Steps

The workgroup determined that the first step is to conduct a survey of capacity and contingency information in each state. The survey questions identified include:

1. What is your (the respective NBS Lab) current capacity?
2. What is your average percentage of that capacity?
3. What is your average turn around time?
4. What is your maximum capacity with current equipment?
5. What is your maximum capacity with current staffing?
6. What hazards (issues) do you feel could most likely impact your capacity (final form of this question will probably request the top 3 or 5 hazards/issues that have the capability to impact laboratory throughput of some assumed percentage, say 25 or 50%)?
7. What states do you currently support (and how much capacity is related to these commitments)?
8. What private sector laboratories have you (the state) utilized in the past?
9. Do you have a point of contact with these private labs?

MSGRCC staff indicated that they would initiate the survey with the workgroup co-chairs.

Donna thanked the group for attending. The meeting was adjourned.