

Lessons Learned from Natural and Other Disasters

CALIFORNIA NEWBORN SCREENING PERSPECTIVE

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Major Disasters and Newborn Screening Operations

The **GOOD News** for long term disaster planning:

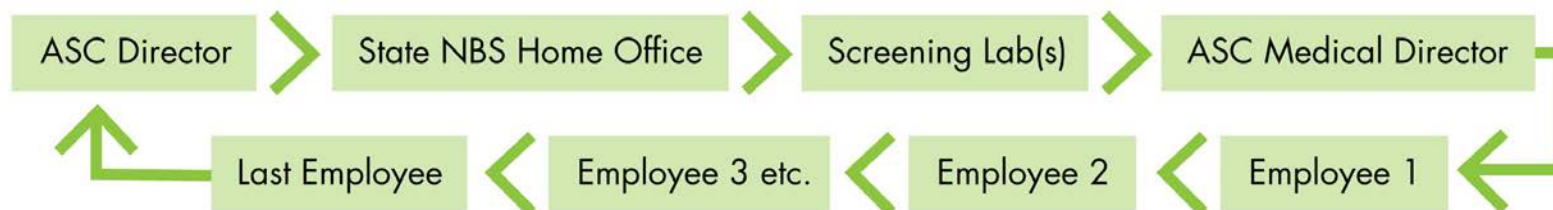
- ⊙ Only local infrastructures affected even with a large scale disaster due to the unique California model of NBS Area Service Centers
- ⊙ 7 Area Service Centers across the State monitoring NBS activity. Each center is assigned ~ 40 – 50 maternity hospitals (+ Midwives)
- ⊙ 3 Specimen Processing Laboratories across the State
- ⊙ Even if one area or Lab becomes inoperable, the work load can be shifted to another ASC or processing laboratory in the case of a major catastrophe with a total collapse of a local infrastructure.

CA Wildfires, Mudslides, Bomb Threat, Office Building Evacuation

Recent CA Natural Disasters affecting local service areas in the short term – “Lessons Learned”

Previous Emergency Plan/Reporting in place:

“Emergency Phone Tree”



NBS Home office provides a daily report to CA State Department of Public Health on any local service interruptions.

→ A good start, but not sufficient in a real emergency. Many gaps in communication identified during recent events.



Instant Staff Communication Needed in a Rapidly Changing Situation (Bomb)

A group text was created for the staff

- Instant/quick tool: the old “Emergency Phone Tree” not useful in a rapidly **changing** situation
- Staff safety – evacuation – alternate work location
- Staff able to work form home (Short term) – need for communication on incoming cases (assignments)

Plan for the following day:

- Situation resolved vs. alternate work locations for continued emergency per existing State contingency plan – all communicated via instant group text
- Only used as a tool in a “Real Emergency Situation”
- Staff email to be used as a “back up” to the group text!



Daily communication needed between ASC staff/affected area hospitals/State NBS office/Courier Service – Natural Disasters affecting local Service Area

⦿ Facilities having to close NSY/NICU units emergently:

- Pregnant moms diverted to other facilities – communication to the ASC

⦿ Temporary ASC Office Closure due to Natural hazard:

- Staff working distally/alternate location

⦿ Changing Road closures/openings:

- Drivers/Courier ability to access hospitals
- Specimens not picked up timely even if situation cleared
- Drivers may be relying on news, yesterdays reports; current info not being communicated to drivers, "centralized" communication needed
- Non-lab couriers not always aware of the "precious cargo"

⦿ Laboratory Services affected (potential):

- Need for communication and an "algorithm" in place if lab services out



Gap in Information Flow Between All Parties During an Active Disaster

- ⦿ A Bridge plan is needed to communicate current information between Hospitals/NBS office/Courier Operations and Drivers/State Emergency Office
- ⦿ Miscommunication or non-communication results is **unnecessary delays** in the specimen collection/transport/processing/resulting continuum
- ⦿ Not easy – multiple components – many players!
- ⦿ Communication and Preparation are key!