

NEGC Emergency Preparedness Symposium

April 1, 2011

WHAT ACTION ITEMS DID THIS CONVERSATION PROMPT?

- continue the conversation; consider creating regional group to follow up
- work on planning and prioritizing
- establish clear cut protocols (who will contact whom)
- have two phone contacts
- talk about evacuation for serious cases in hospitals
- move toward electronic records/communication
- find out who I should be talking to back at my hospital
- develop more formalized agreements with help of NEGC
- would like web site like the southeast region
- develop checklist, not toolkit, for families of newly diagnosed children
- provide funding to family to family health centers to train and strengthen consumer networks

SUGGESTIONS FROM THE EMERGENCY PREPAREDNESS STATE OFFICIALS:

- “Don’t let the perfect be the enemy of the good.” Even 50% planning is still better than nothing.
- Realizing how important data is to NBS, think about storing information in a “cloud”
- find out who your ESF8 contact is and train them about NBS; you could also learn more about other ESF groups
- When you run drills, consider facilities (additional tradespeople, utilities, stock room, etc.)
- For chain of command, **Incident Command System (ICS)** – are the same in every state; learn more on their website: <http://www.fema.gov/emergency/nims/IncidentCommandSystem.shtm>
- *ESAR-VHP: Emergency System for Advanced Registration for Volunteer Health Professionals – way of credentialing people ahead of time so they can be deployed (doesn’t include geneticists)*