



MAY 2014



SAN DIEGO HEALTHCARE DISASTER COUNCIL



This Month in the Council

The citizens of San Diego count on us to be prepared in the event of a disaster. We as the San Diego Healthcare Disaster Council and support services proudly accept this challenge

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Each month at the Healthcare Disaster Council, disaster preparedness professionals come together for in-depth, passionate dialogue about a range of topics. Here's a glimpse at some of the discussion in April:

- The annual California Hospital Association (CHA) Conference is September 22-24, 2014. The preconference will be Monday, September 22, 2014.
- The results from the generator survey have been compiled into an aggregate report and put into the Army Corps of Engineers database.
- HPP 12 is still being worked on with a deadline of May 16, 2014 for the hospitals to submit their deliverables.
- It was reported everything is on schedule with planning in regards to the November Statewide Exercise. Northern California will be doing their point of dispensing (POD) drill for anthrax and San Diego County will be doing Middle East Respiratory Syndrome Coronavirus (MERS-CoV). San Diego County will be doing their POD drill in 2015.

Trainings and Drills

Statewide Medical Health Full Scale Exercise **November 20, 2014**

Joint EOC / WebEOC Workshops

Agenda:

9:00 - 10:30: SEMS/NIMS Introduction
10:30 - 11:30: WebEOC Overview
11:30 - 12:30: WebEOC Subject Specific
12:30 - 1:30: Lunch (on your own)
1:30 - 4:30: EOC Section Specific

Available Dates:

July 17, 2014 (Planning-Intel Section)
September 25, 2014 (Finance Section)
Registration is available via email at:
WebEOC@sdcounty.ca.gov. Please include your contact information and specify which *dates* and which *segments* you would like to attend.



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This Month's Focus

NICU Disaster Preparedness

By: Nancy Myers, RNC, Manager of Tri-City Medical Center NICU



When a major regional disaster strikes, a neonatal intensive care unit (NICU) will have little time to figure out what it needs to keep babies safe and healthy or evacuate them safely. Therefore, having a plan in place is essential, especially when it impacts our community's most fragile members.

Tri-City Medical Center has the only Level III NICU in North County and we often have a full-house with 20 or more babies in our isolettes. As a result, we have made disaster preparedness a crucial part of our daily operation.

Three years ago, we started exploring new disaster preparedness initiatives in order to plan on how to keep our babies safe. We formed an internal staff council chaired by Suzanne Hutchcraft, RN, who also began representing Tri-City on the San Diego Healthcare Disaster Council. Our unit asked ourselves, "How can we care for babies in the event of a natural disaster?" Such situations could cause a shortage of supplies or a complete NICU evacuation.

Led by Hutchcraft, colleagues Janice Hindman, RN, and Lisa Diez, RNC, NICU Assistant Nurse Manager, stocked emergency backpacks to support the basic needs of NICU babies off-site for up to 96 hours. Each backpack includes formula, a stethoscope, respiratory support tools, a warming blanket and other vital supplies. We also worked closely with our safety officer, Craig Lawyer, to understand what kind of emergency medical supplies we would need immediately accessible if our NICU remained operational but was isolated by a major disaster. Our vendor, Cardinal Health, worked with us to ensure supply chain issues were identified and mitigated in advance of any disaster.

We also began employing the TRAIN matrix (Triage by Resource Allocation for In-patient). Each day, our NICU nurses assign each baby a unique color according to the TRAIN code, which identifies how to transport and care for individual infants if an evacuation were suddenly necessary. Our evacuation plan also calls for us to place babies away from the general adult population and connect them with their mothers as quickly as possible. Should the entire medical center be evacuated, we have enough offsite supplies to uphold advanced care for one week.

On a countywide level, a phone triage process makes it possible for NICUs to mobilize and share equipment during a disaster. There are also command centers throughout the County and State to serve as the primary line of communication. It is always the last resort to move NICU babies because of their very vulnerable state.

The San Diego County Peri-Natal Evacuation Subgroup, of which I am a member, has looked to Tri-City to help standardize equipment and systems and we are proud to be working with our NICU colleagues across the County to ensure we're all adequately prepared to carry on our important work in the event of a major disaster. I am particularly proud of our team and their great dedication to our babies.

