

Strategic Meeting of the 10 Mid-America Alliance State Public Health Laboratory Directors

By Traci Camilli, MAA Public Health Advisor

Due to the continual pressure for efficiency, state public health laboratories need to be creative in developing approaches for public health preparedness. Identifying with this need, the 10 state public health laboratory directors, along with other state health department leaders within the Mid-America Alliance (MAA) (CO, IA, KS, MO, MT, ND, NE, SD, UT and WY), traveled to Rapid City, SD in March 2008 for a meeting. They discussed projects that have regional implications including continuity of operation plans, surge capacity, and specimen routing by couriers. They also drafted a “Laboratory Incident Command System (LICS)” training manual and made final comments on an intra-state laboratory memorandum of understanding (MOU) which will allow for information and specimen exchange between the states.

Day one saw the group focus on efforts to better understand the importance of initiating the incident command structure (ICS) and aligning it with established laboratory operations. The group identified the need to educate both laboratory and hospital employees on the basics of ICS. For example, do the laboratory employees report to someone within the ICS or continue to report to the point person in the laboratory? Other issues discussed, concerned the laboratory’s role as essential support to the health department and whether the laboratory director should remain within the lab or be at the Emergency Operations Center (EOC) during an event when ICS is activated? If the expectation is for the laboratory director on site at the EOC, then the right people need to be identified and trained within the laboratory to operate the laboratory while the director is performing another role.

This dialogue generated a planning process for a LICS. The group developed a mission statement and wrote job action sheets consistent with ICS terminology for the following positions: a laboratory incident commander, a public information officer, a liaison and a safety/security officer. The group outlined three chapters for the LICS training manual:

- ◆ Chapter 1: Definition of Key Players: Understand the different players and evaluate combinations or singularity of roles.
- ◆ Chapter 2: Job Action Sheets: Understand how all the roles fold into the overall ICS structure.
- ◆ Chapter 3: Documents/Tools/Forms: Identify the correct forms needed before, during and following a disaster for reimbursement, liabilities, etc.

In addition to understanding systems like ICS, additional questions were identified for future solutions, such as, how or what can be done to develop a regional or national system where public health laboratories share information and resources; how can public health laboratories improve conditions by working smarter, not harder; and how do we include state and national laboratories into an integrated system.

During the second day of the meeting the group shared each state’s action plan to address these questions and offered assistance and support to other states that may have not been at the same point in the process. In one example, Montana requested a FTE for its laboratory to help set up electronic laboratory disease reporting. To help with this request, Nebraska offered to help train that individual to be compliant with CDC and public health information standards. The sharing of responsibilities clearly emphasized the importance behind regional collaboration. This historic gathering in Rapid City marked the beginning of an era of regional collaboration for the good of all regardless of state boundaries. For additional information on this meeting or this work group, please visit www.midamericaalliance.org.

Disclaimer: The findings and conclusions in this article are those of the author and do not necessarily represent the views of the Centers of Disease Control and Prevention (CDC).