



VETERANS ADMINISTRATION MARYLAND HEALTH CARE SYSTEM
BALTIMORE DIVISION
10 NORTH GREENE STREET
BALTIMORE, MD 21201

GEN00022.2

PATHOLOGY & LABORATORY MEDICINE SERVICE

Emergency Preparedness Plan version 2 General Procedure Manual # GEN00022

Purpose: To establish guidelines for actions and responsibilities of the Pathology and Laboratory Medicine Service (P&LMS) staff in the event of either an internal or external emergency or disaster and to define an established procedure to systematically evacuate all staff, patients, and visitors from the laboratory or the hospital facility in the event of an emergency or disaster event.

Policy: The P&LMS will provide clinical and anatomic pathology services in response to any declared emergency or disaster event as requested by Executive Management (Emergency Operations Plan, VAMHCS Policy Memorandum 512-001/OPS-112) and be prepared to assist with any form of evacuation necessary.

Responsibility:

a. The Director, VAMHCS – has ultimate authority for use of the Mass Notification System (MNS) at the facility level, and will initiate its use in the event of a declared emergency or disaster event.

b. The Chief, P&LMS – is responsible for ensuring that all laboratory employees are trained to respond appropriately to a declared emergency or disaster event, whether via the MNS or directly by phone, and for maintaining the P&LMS Cascade Callback Plan when additional staff is needed.

c. The Chief, P&LMS – is responsible for the overall management (maintenance, training and implementation) of the service's evacuation plan when a declared event requires Horizontal or Vertical Evacuation of the work area, or Total Evacuation of the hospital facility.

d. The Chief, P&LMS – is the Primary Point of Contact for managing all emergency events in the laboratory, working in conjunction with the VAMHCS Executive Management.

e. P&LMS personnel – are responsible to return to work promptly when called back in response to a declared event, and to report to their supervisor immediately upon arrival.

f. P&LMS personnel – are to be alert to the possibility in the event of a fire, emergency or disaster event that either a Horizontal or Vertical Evacuation of the



laboratory service or Total Evacuation of the hospital facility may be required, and to know various exit routes from their work area and from the building. All personnel will follow the "Safety, Occupational Health and Fire Protection Program, VAMHCS Policy Memorandum 512- 001/OPS-134.

Definitions:

a. Cascade Call Back Plan – is a telephone tree developed by the individual service to quickly contact laboratory employees if additional staff are needed to meet the demands of an emergency or disaster event.

b. Emergency/Disaster Event – is an occurrence causing widespread destruction and distress; a catastrophe of circumstances resulting in a call for immediate action.

c. Mass Notification System (MNS) – is an automated system of calling VAMHCS employees at home and/or on cell phones in the event of an emergency or disaster event. It is developed by the VAMHCS Safety Office, and is implemented at the discretion of the VAMHCS Director.

Action:

a. Emergency / Disaster Event:

(1) P&LMS will provide – emergency laboratory services as required in the event of a declared emergency or disaster event. These services may include:

(a) Provision of blood, blood products and derivatives. The Red Cross and local blood banks will be contacted to secure additional blood components as necessary.

(b) Phlebotomy services

(c) Testing of both clinical and anatomic laboratory specimens

(d) Frozen section support to the Operating Room

(e) Appropriate space for the deceased

(2) Line of Succession:

(a) The Primary 'Point of Contact' for managing all emergency events in the Laboratory is the Chief, P&LMS. The Secondary 'Points of Contact' are, in order, the



Laboratory Business Manager/HSS, the Pathologist On-Call, and the Anatomic Pathology Section Chief.

(b) The first of these that is successfully contacted will assess the situation; coordinate the emergency services required from the P&LMS, as well as the emergency needs by the laboratory, and initiate the laboratory Cascade Callback Plan as necessary.

(3) The Cascade Callback Plan – for P&LMS will be maintained in the laboratory office for use by the primary and secondary points of contact and by each supervisor and pathologist at work and at home. All laboratory employees will have a copy of the Cascade Callback Plan for use at home.

In general, it flows from the P&LMS point of contact to the pathologists and laboratory supervisors to the laboratory staff, as dictated by the nature of the emergency in order to match the appropriate laboratory personnel to the needs of the event.

(4) Callback Drill:

(a) A designated P&LMS point of contact will initiate the Callback Drill.

(b) Each employee contacted is to respond as to their availability to report to the laboratory, and then continue telephoning the Callback chain to the next employee on the list in succession – until someone is contacted.

(c) The last person contacted in the Callback chain is to call the originating P&LMS point of contact to report that the Callback Drill is complete.

(d) No one needs to report physically to the laboratory in a Callback Drill.

(5) Callback during Regular Tours for a True Disaster.

(a) The designated P&LMS point of contact will notify the laboratory staff of the emergency, and initiate the Callback Plan for additional laboratory personnel as needed.

(b) The telephone Callback chain will be followed until the last person available is reached, who will complete the Callback Plan by contacting the designated point of contact, thus completing the chain.



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(c) All personnel will report directly to their supervisor for instructions, and remain in the laboratory until officially relieved.

(d) The Phlebotomy Supervisor will dispatch two phlebotomists to the Emergency Department or triage area with blood collecting materials.

(6) Callback during Irregular Tours for a True Disaster.

(a) The P&LMS point of contact on-call will determine the type and scope of the response required from the laboratory and will contact the laboratory staff on duty to apprise them of the situation. The P&LMS point of contact will activate that portion of the Cascade Callback Plan to secure appropriate staff as necessary to meet the needs of the emergency.

(b) The telephone Callback chain will be followed until the last person available is reached, who will complete the Callback Plan by contacting the designated point of contact, thus completing the chain.

(c) When called in, employees are to arrive as quickly as possible to their work area, reporting to the point of contact, a supervisor or to the others already present in the laboratory, depending on who is present.

(d) The P&LMS point of contact will manage the involvement of the laboratory, either from home or on-site, depending on the situation.

(e) Employees are to remain in their designated assignment, carrying out their duties until officially relieved.

(7) Utilities Failure Plan (air conditioning, heat, water, electricity, and air quality):

(a) Regular Tours (0700-1630, Monday through Friday): For any Utility Failure, the laboratory supervisor will notify the Chief, P&LMS (ext. 7251) and the Facilities and Engineering Service at Baltimore (ext. 7020) or at Perry Point (ext. 5209).

(b) Irregular Tours (all other hours): The technologists will notify the Pathologist On-Call, the on-site Engineer via the Operator (ext. 0), and the Medical Administrative Service (MAS) at Baltimore (ext. 5143/5144) or at Perry Point (ext. 5033).

(c) Laboratory staff will notify the ED, Intensive Care Units and Medical floors if any foreseeable delays are expected in providing patient test results. The Nurse Officer of the Day may be contacted to help relay this information.



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(d) In the event of a power loss, reconnect all urgently needed equipment to the red-colored outlets, which are powered by the facility generator.

(e) If the facility deionized water system becomes unreliable or unavailable, the Baltimore Chemistry Laboratory will switch the source water for the automated instruments to city water.

(f) If a utility failure prevents any department within the laboratory from testing and reliably reporting patient specimens, the primary back-ups for testing VA laboratory specimens are:

(1) For Baltimore: the University of Maryland Medical System (UMMS) laboratory, after first consulting with their laboratory director at 410-328-8378, Acct. # 6090(I). Note that as a secondary back-up, Quest Diagnostics may also be used for off-site testing as needed, 410-247-9100, Acct. # 44750. The UMMS Client Services form is to be sent with all specimens delivered to the UMMS laboratory. This form is located in the VA Chemistry Laboratory.

(a) STAT tests are to be delivered to the back-up testing location starting at 60 minutes following the shut-down of any part of the laboratory.

(b) Routine tests are to be delivered to the back-up testing location starting at 4 hours following the shut-down of any part of the laboratory.

(c) Samples are to be aliquoted into tubes (if appropriate) labeled only with the full Lab Accession Number (BCH, BHE, etc.) and the Tests requested. If the original tube is sent for testing, all labels must be removed. Neither the Patient Name nor Social Security Number is to appear on any specimens sent to UMMS.

(d) Laboratory employees will physically transport the specimens to UMMS. If there is only one employee on duty on the night shift, the lab will transport specimens to UMMS (22 S. Greene Street, Baltimore, MD 21201) using the Blood Bank Courier Service.

(e) Lab results may be faxed from UMMS or Quest Diagnostics to the VA Laboratory Office at (410) 605-7911.

(2) For Perry Point: the Baltimore VAMC after notifying the Chief, P&LMS, and the appropriate Section Supervisors. Specimens will be



transported using the VA shuttles during regular hours and by the courier service during irregular hours.

i. STAT tests are to be delivered to the back-up testing location starting at 60 minutes following the shut-down of any part of the laboratory.

ii. Routine tests are to be delivered to the back-up testing location starting at 4 hours following the shut-down of any part of the laboratory.

(8) Protection of Vital Records

Most laboratory records are computerized, and are not in danger of being lost in the event of either an internal or external emergency or disaster.

b. Evacuation (Horizontal, Vertical, Total):

(1) Laboratory supervisors: are responsible for and will ensure that all patients, employees, contractors and visitors are evacuated from their area, floor or building as directed by authorized officials.

(2) Employees: will, prior to evacuating the work area, turn off all bio-safety and chemical fume hood fans, turn off incinerators in microbiology and stat lab, shut down the microbiology autoclave (if in operation) and close all windows and doors en route, ensuring that all personnel have vacated.

(3) Persons with disabilities: requiring assistance to evacuate will be assigned a partner by the immediate supervisor.

(4) Horizontal Evacuation (Baltimore only): In the event of a fire or other emergency/disaster in the work area, all personnel in the 4D quadrant will evacuate horizontally to beyond a smoke partition door, to the Laboratory Planned Meeting Area which is the hallway outside the fire door at the Laboratory Office 4D-126.

Phlebotomy employees in 1C-179 will vacate horizontally and meet in the Outpatient Clinic Nurses Station nearest to their work area.

(5) Vertical Evacuation (Baltimore only): In the event that conditions deteriorate and upon Fire Department orders, all personnel must leave the fire floor by means of exit stairways,



closing all doors and windows en route. Evacuation will be **down** to a lower floor within the building.

(6) **Total Evacuation:** In the event of an emergency or disaster in which the environment of the facility cannot support a safe work environment nor provide adequate patient care and treatment, and at the direction of the Fire Department or VAMHCS Incident Commander, a Total Evacuation of the facility will be initiated.

a. **Baltimore:** The Total Evacuation Route from the VA is across the 2nd floor bridge, to the University of Maryland Medical System (UMMS). The Planned Meeting Area for a Total Evacuation is across the bridge in the UMMS Hospital. No one is to exit the building via any other route unless directed by the Fire Department. The Planned Meeting Area is located in the park across from UMMC near the northwest corner of the park (on the Greene Street/Baltimore Street side of the park). Each lab section will have an assigned section leader who will bring the Fire/Emergency Roster with them when they evacuate. They will verify that all employees on their roster are accounted for at the Planned Meeting Area.

(a)

b. **Perry Point:** Evacuate via the nearest exit as indicated on the Laboratory Escape Routes map. The Planned Meeting Area is the sidewalk outside of Building 361 near the employee parking lot. The section leader will bring the Fire/Emergency Roster with them when they evacuate. They will verify that all employees on their roster are accounted for at the Planned Meeting Area.

(b)

No one may leave these designated meeting areas until directed to do so by the Safety Office or the Fire Department.

(7) **Drills:** The periodic Code Red (fire) Drills conducted by Facilities and Engineering Service will serve also as an evacuation exercise. Laboratory supervisors and the Safety Office will critique employees on the details of the evacuation exercise from the laboratory and provide additional information as needed. P&LMS personnel will participate in all drills and exercise critiques.

(8) **Recovery and Return to Readiness:** P&LMS Services are vital to the operation of the medical facility. Therefore, as soon as practical after the initiation of this plan, the Service Chief or senior Supervisor will implement the VAMHCS Recovery and Return to Readiness plan, 512-138/ENG-016.



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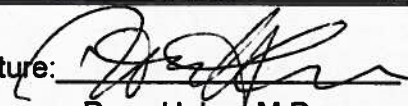
References:

1. College of American Pathologists- General Checklist, August 2016
2. VAMHCS Policy Memorandum 512-001/OPS-134, subject: Safety, Occupational Health and Fire Protection Program, June 2015
3. VAMHCS Policy Memorandum 512-138/ENG-016, subject: Emergency Operations Plan (EOP), June 2014
4. VAMHCS Emergency Operations Plan (EOP) VAMHCS POLICY MEMORANDUM 512-001/OPS-112, June 2014

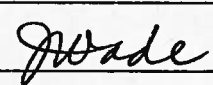


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DATE ADOPTED	<i>Author of Procedure/Policy</i>	Chief of Service
06/05/2007	Paul D. Gruver, MT	Signature:  Dong H. Lee M.D.

Policy/Procedure(s) Retired:		Date retired:
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Date revised	Revision #	Changes made	Signature
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