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| Pathology and Laboratory Medicine Service Disaster Plan |
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| Pathology and Laboratory Medicine Service Disaster Plan | | | | |
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**Pathology and Laboratory Medicine Service** **Disaster Plan**

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# PURPOSE

This plan defines the role of Pathology and Laboratory Medicine Service (P&LMS), in relation to internal and external emergencies and/or disasters. The plan assigns responsibility and establishes procedures in the event of bomb threats, tornado preparedness, utility failure, or any other disaster notification issued. It defines the PLMS’s response in the event of a VA/DOD and National Medical System (NDMS) emergency.

# POLICY

This plan is applicable to all persons employed in Pathology and Laboratory Medicine Service and includes Pathology and Laboratory Medicine Service response and involvement with other medical center services and outside agencies (i.e. Kentucky Blood Center). The plan will be maintained and kept current on a biannual basis or as necessary by the Laboratory Safety Officer and issued to each section supervisor for dissemination to all Pathology and Laboratory Medicine employees.

# PROCEDURES

## Internal and External Disasters during Normal Duty Hours

1. Upon notification of a disaster, or in the event of a VA/DOD and National Medical System (NDMS) emergency, the Chief of the service, or the ranking key person on duty, will notify the Chief Medical Technologist. The Chief Medical Technologist will, in turn, alert the supervisors of all sections and other professional staff on duty (including service personnel at Leestown Road Division).
2. The Chief of the service, alternate, or ranking key personnel contacted will initiate the Disaster Plan Call Schedule tree and call the person(s) assigned to him/her (i.e. The Chief of the service would notify the Pathologists and the Safety Officer. The Safety Officer would notify the Chief Medical Technologist. The Chief Medical Technologist would notify the Section Supervisors and the Ancillary Testing Coordinator. The Section Supervisors and the Ancillary Testing Coordinator would notify the person listed underneath their name on the Disaster Call Schedule, etc.)
3. Each person called will keep track of who initiated the Disaster Call Schedule Plan and who is available. That information will be passed on to the next person notified. The last reachable person in each column will call the person at the top of their column and give that person the total number of available employees and who is available in their column. The person at the top of each column calls the Lab Manager and reports the number of employees available and who is available (If the Lab Manager is not available, call the Safety Officer. If the Safety Officer or Lab Manager is not available, call the Chief of the service.). The Lab Manager calls the Safety Officer and reports the number of employees available and who is available. If the Safety Officer is unavailable, the Lab Manager proceeds to the next step.
4. During normal business hours (Mon. – Fri. 8am – 4:30pm), the Safety Officer or designee completes the Manpower Pool Availability Listing and either faxes the form to 4861 or hand delivers the form to B42, Basement, CDD.
5. Upon notification, laboratory services will be limited to those services that are needed for the immediate management of casualties, as requested by the definite treatment unit or dire emergencies requested on non-casualty patients. The laboratory services to be limited include Blood Bank, Chemistry, Hematology and Phlebotomy.
6. Personnel in the Blood Bank, Chemistry, Microbiology, Phlebotomy, and Hematology sections will remain in their work areas.
7. Blood Bank responsibilities include:
8. Taking an immediate inventory of the Blood Bank for the number of units of blood and blood components available (including any units previously designated for elective surgery or cross matched for medical patients)
9. Calling the VAMC Emergency Operation Center (EOC at ext. 4995) to report number of units available and to collect any pertinent disaster information (i.e. type of disaster, number of casualties, expected admissions)
10. Notifying Kentucky Blood Center of the disaster and requesting additional blood product estimates. Kentucky Blood Center will then notify the AABB (American Association of Blood Banks)
11. Personnel in the Outpatient Phlebotomy Section will remain in their area to collect/process specimens unless otherwise instructed by appropriate personnel. Outpatient Phlebotomy will also assist with specimen receipt and information processing and perform other collateral duties as needed.
12. Personnel normally stationed in the Microbiology section will augment Blood Bank, Chemistry, Phlebotomy, and Hematology personnel if needed.
13. If fatalities occur, the Pathologist covering Autopsy or designee along with the Details Clerk will report to the morgue to receive and secure the bodies of disaster victims.
14. Histology will continue to prepare frozen sections. Otherwise, Histology will assist with specimen receipt, information processing and perform other collateral duties as needed. Cytology personnel will assist in specimen receipt, information processing and other collateral duties as needed.
15. Leestown Division Phlebotomy staff will remain in the LD Phlebotomy area to supply needed services for the Leestown Division. Leestown Outpatient Phlebotomy will also assist with specimen receipt and information processing and perform other collateral duties as needed.
16. Special Reference Laboratory (SRL) performs non-critical testing. They will continue to intake samples and, if needed, postpone testing. SRL will also assist Blood Bank, Chemistry, Microbiology, Phlebotomy, or Hematology and perform other collateral duties as needed.
17. Administrative Support will assist with specimen receipt and information processing and other collateral duties as needed.

## Internal and External Disasters Outside of Normal Duty Hours

1. Upon notification of a disaster, or in the event of a VA/DOD and National Medical System (NDMS) emergency the Chief of the service, alternate, or ranking key personnel contacted would set in motion the service Disaster Call Schedule (see Attachment E: Pathology and Laboratory Medicine Service Disaster Call Schedule - includes method of recall and is updated quarterly).
2. The Chief of the service, alternate, or ranking key personnel contacted will initiate the Disaster Call Schedule tree and call the person(s) assigned to him/her (i.e. The Chief of the service would notify the Pathologists and the Safety Officer. The Safety Officer would notify the Chief Medical Technologist. The Chief Medical Technologist (Lab Manager) would notify the Section Supervisors and the Ancillary Testing Coordinator. The Section Supervisors and the Ancillary Testing Coordinator would notify the person listed underneath their name on the Disaster Call Schedule, etc.)
3. Each person called will keep track of who initiated the Disaster Call Schedule Plan and who is available. That information will be passed on to the next person notified. The last reachable person in each column will call the person at the top of their column and give that person the total number of available employees and who is available in their column. The person at the top of each column calls the Lab Manager and reports the number of employees available and who is available (If the Lab Manager is not available, call the Safety Officer. If the Safety Officer or Lab Manager is not available, call the Chief of the service.). The Lab Manager calls the Safety Officer and reports the number of employees available and who is available. If the Safety Officer is unavailable, the Lab Manager proceeds to the Chief of the service.
4. During after-hours and weekends, the Chief of the service or designee calls the laboratory at (859)233-4511 ext. 4529 or 5937 to provide the Manpower Pool Availability information. The technologist completes the Manpower Pool Availability Listing and either faxes the form to 4953 or hand delivers the form to the AOD desk, 1st floor.
5. Upon being recalled, personnel will proceed as though the disaster had occurred during normal working hours.

## Pandemic Outbreak

1. Upon instance of P&LMS, being affected by a pandemic outbreak, the Chief of the service, or the ranking key person on duty, will notify the Chief Medical Technologist. The Chief Medical Technologist will, in turn, alert the supervisors of all sections and other professional staff on duty (including service personnel at Leestown Road Division).
2. Upon notification, laboratory services will be limited to those services that are needed for the immediate management of casualties, as requested by the definite treatment unit or dire emergencies requested on non-casualty patients. The laboratory services to be limited include Blood Bank, Chemistry, Hematology, Phlebotomy and Microbiology.
3. Personnel in the Blood Bank, Chemistry, Microbiology, Phlebotomy, and Hematology sections will remain in their work areas. Non-critical testing such as Thyroids, B12/Folate, Glycohemoglobin, Prealbumin, Sperm Counts and Sedimentation Rates may be reduced if needed.
4. Blood Bank responsibilities include:
5. Taking an immediate inventory of the Blood Bank for the number of units of blood and blood components available (including any units previously designated for elective surgery or cross matched for medical patients)
6. Calling the VAMC Emergency Operation Center (EOC at ext. 4995) to report number of units available and to collect any pertinent disaster information (i.e. type of disaster, number of casualties, expected admissions)
7. Notifying Kentucky Blood Center of the disaster and requesting additional blood product estimates.
   1. Personnel in the Outpatient Phlebotomy Section will remain in their area to collect/process specimens unless otherwise instructed by appropriate personnel. Outpatient Phlebotomy will also assist with specimen receipt and information processing and other collateral duties as needed.
8. Personnel normally stationed in the Microbiology section will likely need assistance from other departments to help with testing, specimen receipt and information processing.
9. If fatalities occur, the Pathologist covering Autopsy or designee along with the Details Clerk will report to the morgue to receive and secure the bodies of pandemic victims.
10. Histology will continue to prepare frozen sections. Otherwise, Histology will assist with specimen receipt, information processing and other collateral duties as needed.
11. Cytology personnel will assist in specimen receipt, information processing and other collateral duties as needed.
12. Leestown Division Phlebotomy staff will remain in the LD Phlebotomy area to supply needed services for the Leestown Division. (Outpatient Phlebotomy will also assist with specimen receipt and information processing and other collateral duties as needed).
13. Special Reference Laboratory performs non-critical testing. They will continue to intake samples and, if needed, postpone testing. They will assist with Blood Bank, Chemistry, Microbiology, Phlebotomy, Hematology and other collateral duties as needed.
14. Administrative Support will assist with specimen receipt and information processing and other collateral duties as needed.

## Bomb Threat Incident Plan

1. Threat Evaluation Preparations:
2. If someone other than a member of Police Service receives notification of a bomb

threat, he/she will notify their supervisor of any clear and positive threat of harm or destruction heard. The person receiving the call will notify the Police Service and relay all information (use Attachment B: Bomb Threat Checklist as a reference). The person talking to the threat caller may be required to complete appropriate affidavits with the Metro Police.

1. Upon receipt of a reported bomb threat, the police officer on duty will notify the Chief, Police Service. The Chief, Police Service will notify the Director or instruct the on-duty police supervisor to notify the Director of all information available. The police officer will interview the reporting employee, complete a Bomb Threat Call Checklist (Attachment B), and deliver it to the office of the Director where a decision will be made on action to take. All Bomb Threat Call Checklist reports will be retained on file in the office of the Chief, Police Service for a 2-year period and then destroyed. If a location of the potential explosive is disclosed, the Police Chief will dispatch police officers to the site to ensure that unauthorized personnel are not permitted to enter the area. Police dispatcher should train cameras on all exits and elevator banks to capture images of everyone leaving the facility. This will be done while still maintaining the general security of the entire facility.
2. Written threats received by any employee should similarly be reported to Police

Service immediately. All materials including envelopes, interoffice mailers etc should be preserved and handled as little as possible and surrendered to the Police Service.

1. The Director or Associate Director will immediately begin an evaluation of the threat by seeking a possible identification of the Call Checklist or written message with the file of Bomb Threat Records. If the threat caller claims to be a member of a locally active militant group, the FBI/Metro Police authorities will be notified immediately. When a comparison of the Bomb Threat Record is made with information contained in the Bomb Threat Call file, and contains three points of similarity (for example: male, deep voice, foul language) and no significant dissimilarity, Police Service will furnish this and the suspect caller’s name, address and telephone number (if known) will be provided to the FBI/Metro Police for their immediate investigation.
2. The Director will decide, based upon an assessment of the situation derived from all

available information, whether to evacuate all or part of the installation or to search for the explosive device without effecting evacuation measures. ALL WIRELESS DEVICES SHOULD BE TURNED OFF WITH THE ALERT. Landline communications and runners should be utilized. A decision will also be made as to which service chiefs need to be contacted for callback/assistance (see Security Management Plan (EC. 1.2), Security Response Plans, Bomb Threat).

1. When the Director, Associate Director, AMCDPCS or Chief of Staff are not available to determine what action to take, the responsibility is that of the Administrative Officer of the Day (AOD).
2. Evacuation:
3. An orderly evacuation to the degree directed by the Director will be the responsibility of Police Service. This evacuation may be completed to the extent that patients, visitors, employees, etc. will leave the area, except for those employees designated to perform duties of Search Teams. Patient evacuations will be coordinated with the AMCDPCS. In case it is known that the explosives are in a particular building or location, it may be sufficient to evacuate to a safe area (at least 300 feet horizontally and the floor above and below vertically). The extent of evacuation and the time it will be initiated will be determined by the Director. All available means will be utilized to inform all concerned of the evacuation.
4. As directed, Engineering Service maintenance teams will shut down utilities (gas,

electric, oxygen, etc.) in evacuated areas.

1. All employee evacuees should report to our central meeting place (see #10 Laboratory Medicine Service Evacuation Plan).
2. You will be notified by your supervisors when it is safe to return to your

respective areas.

1. Full Search: A search for the explosives will be conducted if it is determined by the

Director that such a search would be useful and can be conducted in a reasonably safe

manner. The general area will be defined in this determination.

1. If the threat is received during non-administrative hours, the complete search will be

under the direct control of the Chief, Police Service or designee and Safety Manager utilizing police officers on duty and the services of any other employees, that are trained to conduct such searches, on duty that can be spared from patient-care duties and respective areas.

1. If the search is authorized during administrative duty hours, the service chief(s)

having control over the search area will be notified to conduct the internal search since their key employees would be more likely to notice strange packages, etc. The police will conduct the external search in the area.

1. Bomb Discovery: Upon discovery of any unusual device, package or parcel in a room or

area, the following actions will be taken:

1. Leave the area immediately. Stay alert! Secondary devices may be found where you

*think* you are safe. Do not move or disturb the object or anything in the vicinity as it may be evidence.

1. Notify the Police and Director via Landline telephone, no cell phone usage.
2. Assign an employee, being alert for secondary devices and keeping a safe distance, to prevent anyone from moving or touching the object or anything else in the vicinity.
3. Question all room or area occupants (employees assigned in the area and

patients awaiting treatment) for knowledge concerning the object. Pursue all possibilities of object ownership (for example, patients in an admission area will often place a personal package against a wall when called to a treatment room). Make mental notes of any outsiders or strange behavior.

1. If the object cannot be identified after a reasonable and prompt area inquiry

have been made, the Director will be notified that the object is declared suspect.

1. Once any unusual device, package or parcel is declared suspect, no attempt will be made to disarm or move it from its location. This will only be done by qualified Explosive Ordnance Disposal (EOD) personnel. When an explosive device is located, the Director or his/her designee will then request EOD assistance from the Metro Bomb Disposal Unit. A fire alarm should not be given; however, in the event of an actual explosion, safety/fire protection personnel will request fire apparatus when and if the EOD asks for it.
2. Once the explosive device(s) has been located, search personnel will revert to

the control of their respective services. The Director’s Control Group will be dismissed and the Police will revert to normal operations once the search procedures have been completed and the danger of an explosion ceases to exist. At this time, all evacuees will return to their respective areas.

1. Failure to Locate Explosive Device(s): Once a thorough search has been

made/time has lapsed for the detonation of the explosive device(s), if such a time was given by the informant, it may be concluded that the bomb threat was a hoax. At such time, all emergency condition procedures will be halted, by the order of the Director, and all evacuees will return to their respective areas.

## Tornado or Severe Weather Preparedness

1. All Pathology and Laboratory Medicine Service staff will receive training in Tornado Preparedness within two weeks of their starting date and will receive refresher training in their required actions on an annual basis. Changes to the plan are disseminated to laboratory personnel immediately.
2. If weather conditions become severe and a tornado warning has been issued, the Police will notify the operator to make an announcement over the public address system at both divisions for everyone to take the necessary action to move patients, visitors, and employees to areas where they will be protected from flying glass, such as the interior corridors with no windows or other designated severe weather shelter areas.
3. Employees who spot a funnel cloud should notify Police Dispatch at 4445 and report the sighting. Police Dispatch will initiate the public notification announcement via the operator.
4. Upon notification of a tornado warning, all staff and visitors will be instructed to “Shelter in Place”
5. Close blinds on windows
6. Move away from windows and possible flying glass
7. Move into interior corridors with no windows
8. Listen for further instructions
9. The safest place in the Pathology service would be in the hallway outside of the Administrative Support offices and break room.
10. You should get down on the floor with your hands or a book over your head to prevent head injury.
11. After the storm passes **and if** there is an order for the medical center’s evacuation, the Chief Technologist or the designated technologist in charge will take the master schedule with them if it is hanging on the posted schedule column. If the schedule is not hanging on the schedule column, whoever has the master schedule must take it with them and get it to the Chief Technologist or designated technologist in charge as soon as possible.
12. All rooms, including bathrooms, will be thoroughly searched by the area’s supervisor upon completion of evacuation to assure that all patients, visitors and employees have been evacuated and/or accounted for.
13. Once this inspection has been completed, staff will be instructed to close and lock all doors – indicating an empty office or room.
14. Pathology Service Main Laboratory’s designated evacuation routes are:
15. Primary: Tower Main Entrance
16. Secondary: stairway to ground level and out through loading dock
17. Third Choice: the corridor leading to UK hospital
18. Pathology Service’s Cooper Drive Outpatient Phlebotomy designated evacuation routes are:
    * + - 1. Primary: Main entrance of the hospital
          2. Secondary: take left out of room C-114 and exit through Tower entrance
          3. Third Choice: stairway to ground level and out through loading dock
19. Pathology Service’s Leestown Road Building 1 Outpatient Phlebotomy designated evacuation routes are:
20. Primary: take left out of 1-026 and leave building through nearest exit (at end of hallway through old Emergency Room doors)
21. Secondary: take left out of 1-026 and leave building through nearest exit (shuttle entrance)
22. Pathology Service’s Leestown Road Building 16 Outpatient Phlebotomy designated evacuation routes are:
23. Primary: take left out of room 9 or 9C and leave building through nearest exit (at end of hallway)
24. Secondary: take right out of 9 or 9c and leave building through nearest exit
25. Once evacuated, go to your designated meeting site:
    1. The Pathology Service’s Cooper Drive evacuation meeting site is in the UK parking lot on Veteran’s Drive directly across from the VAMC tower’s main entrance at the back door (corner) of the UK Medical Behavioral Science Building.
26. The Chief Technologist or designated technologist in charge will be at the Cooper Drive meeting place conducting roll call to make sure everyone is safe or accounted for.
    1. Leestown Building 1 Outpatient Phlebotomy will evacuate laterally to the outside grounds and meet at the flagpole in parking lot A.
27. The Phlebotomy Supervisor or designee will conduct roll at Leestown to make sure everyone is safe or accounted for.
    1. Leestown Road Building 16 Outpatient Phlebotomy’s evacuation meeting site is at the Assembly Area BLDG 16 sign in parking lot C.
28. The Phlebotomy Supervisor or designee will conduct roll at Leestown to make sure everyone is safe or accounted for.

## Utility Failure Action Plan

1. Notification - If there is a utility outage between 8:00 a.m. and 4:30 p.m. during the administrative work week, notify Engineering Service at extension 4915 for the Cooper Drive Division and extension 3915 for the Leestown Division. Utility outages at any other time should be reported to the Boiler Plant, Cooper Drive Division at 4347 and the Boiler Plant, Leestown Division at extension 3386.
2. Pathology and Laboratory Medicine Service Employee Actions:
3. Primary/Emergency Back-up Electricity - The loss of the primary source would have a moderate effect on the functioning of the laboratory. Most of the instruments required for testing are on emergency power outlets. Extension cords to run to emergency power outlets for most instruments, refrigerators and freezers are kept in drawers under bench 16. The drawers are labeled as POWER. If additional extension cords are needed, notify Engineering service at extension 4915.
   1. If both sources of electricity were lost, this would result in total shutdown of all testing procedures. All instruments should be shutdown to prevent damage by surges when power is restored. Reagent supplies would also be in jeopardy due to the number of refrigerators/freezers with no power. Opening of refrigerator/freezer doors should be kept to a minimum to help keep the temperature low.
4. Telephones - Pathology and Laboratory Medicine Service could still function without telephones, although not as effectively. We would be unable to communicate panic value lab results to wards or place orders for blood components with KBC. Communication with KBC may require a courier to make trips to KBC to order and deliver blood components.
5. Water - The laboratory could continue normal operation for a short time using small amounts of stored water or bottled water.
6. Steam - The laboratory ability to function should be unaffected by the loss of steam.
7. VistA/CPRS computer services - The laboratory has back-up procedures in place in the event of loss of VistA/CPRS computer function. This would result in decreased timeliness and efficiency in reporting results. Once system function has been restored, much time is required to input all tests orders/results into the VistA/CPRS system.
8. Elevators/Central Oxygen/Central Vacuum/Nurse Call Systems - The loss of these functions have no effect on the functioning of the laboratory.
9. To minimize or eliminate disruptions due to utility loss, the following reaction is outlined for each section.
10. Blood Bank and Tissue Bank:
11. Primary electricity: Functions would not be affected because all necessary equipment is on emergency outlets.
12. Emergency Back-up Electricity: In the event of loss of both primary and back-up power, the following procedure should be followed:
13. All blood in the O.R. refrigerator should be returned to the Blood Bank.
14. Platelets in Helmer platelet cabinet should be returned to KBC as they should not be stored without rotation for 24 hours.
15. Fresh frozen and cryoprecipitate, which are stored in the freezer, may be left alone. The freezer has a battery back-up which is checked daily. If it is 100% charged, it is good for as long as 72 hours. Even at a 50% charge, contents will remain frozen for a minimum of 36 hours.
16. All blood (including any from the O.R. refrigerator) should be placed in the Forma II or the double door refrigerators in the Blood Bank as these are also battery powered in the event of power failure. Blood may be safety stored in these until the battery powered high alarm would sound.
17. If loss of power is quite lengthy, to the point that storage conditions may become unsafe, return all blood and components to KBC.
18. If the loss of power is lengthy, frozen bone will be packaged in a cooler with dry ice for up to an additional 72 hours.
19. Bone normally stored at room temperature may be left at ambient room temperature as long as the temperature is monitored.
20. The reagent refrigerator contents will be placed in the walk-in refrigerator as long as the temperature is monitored.

1. Telephones
2. If main lines are down, cell phones could be used to contact the Kentucky Blood Center (KBC) for ordering or returning components.
3. KBC cell phone number is (859) 351-4305.
4. VistA/CPRS and VBECS Computer service:
5. Use all manual systems with logs and work cards. Backup procedures for computer downtime are available in the Blood Bank procedure manual.
6. Water – Bottled water may be used as necessary. Utilize carboys for deionized water for testing/dilutions.

1. Chemistry
2. Primary electricity- Little effect. Main analyzers on emergency power. Refrigerators and freezers should be checked and reagents moved to ensure viability.
3. Emergency Back-up Electricity - Combined with loss of primary electricity would result in complete loss of section function.
4. Telephones - No means of communicating panic values. If coupled with loss of VistA/CPRS computer, we would not be able to communicate CODE 500’s, STAT’s and critical results. Results would have to be delivered manually.
5. VistA/CPRS computer service - No loss of test results. Communicating test results would be severely hampered. Back-up procedure for computer downtime is available in Chemistry.
6. Water – Bottled water may be used as necessary. Utilize carboys for deionized water for testing/dilutions.

1. Hematology:
2. Primary electricity - Main analyzers on emergency power. Refrigerators and freezers should be checked and reagents moved to ensure viability.
3. Emergency back-up electricity - Combined with loss of primary electricity would result in complete loss of section function.
4. Telephones - No means of communicating panic values. If coupled with loss of VistA/CPRS computer, we would not be able to communicate CODE 500’s, STAT’s and critical results. Results would have to be delivered manually.
5. VistA/CPRS computer service - Revert to manual methods Back-up procedure for computer downtime is available in Hematology.
6. Water – Bottled water may be used as necessary.
7. Microbiology:
8. Primary electricity - No effect. Full service received from emergency back-up.
9. Emergency back-up electricity - Combined with loss of primary electricity would result in complete loss of section function.
10. VistA/CPRS Computer - Revert to manual methods.
11. Water – Sterile bottled water may be used as necessary.
12. Telephones - No means of communicating panic values. If coupled with loss of VistA/CPRS computer, we would not be able to communicate STAT’s and critical results. Results would have to be delivered manually.
13. Anatomic Pathology:
14. Primary electricity – No effect. Emergency back-up power in place.
15. Emergency back-up electricity - The complete loss of primary power and emergency back-up would paralyze Histology and Cytology. All activities would cease. We could possibly work at UKMC or at least continue the interrupted process to its completion.
16. Water – Staining of specimens could continue using back-up supply of water or bottled water.
17. VistA/CPRS computer service - Revert to manual methods.
18. Telephones - No means of communicating results. Results would have to be delivered manually.
19. Cooper Drive Outpatient Phlebotomy
20. Primary electricity - The Phlebotomy process requires no electricity. Specimens could still be collected using back-up lighting or flashlights.
21. VistA/CPRS computer service - Revert to manual methods.
22. Water - Hand washing between patients is critical – may use antibacterial hand cleanser.
23. Leestown Outpatient Phlebotomy
24. Primary electricity - The Phlebotomy process requires no electricity. Specimens could still be collected using back-up lighting or flashlights.
25. VistA/CPRS computer service - Revert to manual methods.
26. Water - Hand washing between patients is critical – may use antibacterial hand cleanser.
27. Special Reference Laboratory
28. Primary electricity - Due to the non-emergency nature of the testing performed by this laboratory, disruption due to loss of power will have no immediate effect on patients at the local level. Testing would resume when power is restored.
29. Emergency back-up electricity - No refrigerators in SRL are on emergency power. The only freezers in SRL on emergency power are the freezer in the PCR room (B111) and the freezer near the Aptus (B102). Specimens and/or reagents may have to be moved to areas with emergency power if power outage is long term.
30. Ancillary Testing
31. Primary electricity - Loss of primary source has little effect.
32. Emergency Back-up electricity - Loss of both primary and secondary, minimal impact

until battery power runs out. After the batteries run out, testing cannot continue.

1. Water - Hand washing between patients is critical – may use antibacterial hand cleanser.
2. General (Cooper Drive and Leestown)
3. Primary/Emergency Back-up electricity - During loss of primary and emergency back-up electricity, the overhead lighting does not function. The battery powered lights and flashlights would provide the only available lighting.
4. A written report will be prepared by the Chief, Pathology and Laboratory Medicine Service whenever any of the above utility system failures occurs. This report will detail what activities were affected by the utility failure and the actions taken by Pathology and Laboratory Medicine Service personnel. This report will be submitted to the Medical Center Safety Committee (138) within five working days of the incident.
5. All Pathology and Laboratory Medicine Service staff will receive training in the Utility Failure Plan within two weeks of their starting date and will receive refresher training in their required actions on an annual basis. Changes to the plan are disseminated to laboratory personnel immediately.

## P&LMS and Medical Center Evacuation **or** Fire in Pathology and Laboratory Medicine’s areas

1. Per VA Medical Center Memorandum No 001-06, the evacuation plan is for use in the case of an emergency or fire in our immediate area, a wing or the entire facility must be vertically evacuated and all occupants relocated safely outside of the affected structure. Total evacuation may be the result of sudden or expected internal or external emergency events that may impact the safety and well being of patients, employees and all other occupants.
2. In the event of an extreme situation which affects the safety of the medical center

occupants, the Medical Center Director or designee, may authorize the evacuation of a part or

the entire medical center. Occupants will be moved vertically or laterally to the outside grounds

and possibly to an alternate care site or another treatment facility. The medical center has

established mutual aid agreements with area hospitals to facilitate establishing an alternate care site.

1. The Medical Center Director (MCD) or designee, acting as the incident commander

has the authority to initiate the activation of the medical center evacuation plan and to issue the order for re-entry into the medical center. In the event of fire, evacuation authority is also placed with the local Fire Chief or designee.

1. If the emergency situation requires evacuation of the medical center, the MCD or

designee, acting as the incident commander, will authorize the activation of the Emergency Operation Plan (EOP); establish the hospital incident command system (HICS) and the medical center evacuation plan. The hospital command center (HCC) will be established to coordinate the response.

1. The MCD or designee will notify the operator to announce the following over the public

address system “The *Medical Center is activating the Emergency Operation Plan. Services*

*need to refer to their service plans and be ready for further instructions from the Hospital*

*Command Center.”* Additional information may be provided in plain text format based on the

scenario.

1. Upon order of the medical center’s evacuation or a fire in our immediate areas, the Chief Technologist or the designated technologist in charge will take the master schedule with them if it is hanging on the posted schedule column. If the schedule is not hanging on the schedule column, whoever has the master schedule must take it with them and get it to the Chief Technologist or designated technologist in charge as soon as possible.
2. All rooms, including bathrooms, will be thoroughly searched by the area’s supervisor upon completion of evacuation to assure that all patients, visitors and employees have been evacuated and/or accounted for (refer to Attachment A: Laboratory Notification Plan for Hazardous Spills/Fire Evacuation flow charts for a comprehensive list of all rooms to check)
3. Once this inspection has been completed, staff will be instructed to close and lock all doors – indicating an empty office or room.

## P&LMS Action in Case of Fire Alarm or Drill Outside of Our Service

1. If there is a fire alarm or drill in other areas of the hospital, Pathology and Laboratory Service employees would stay at their workstations and make sure the lab’s main door is shut, continue working, and listen for further announcements with instructions.

## P&LMS Fire Drill

1. A fire drill will be conducted at least annually. This fire drill will ensure that fire exit corridors and stairwells are clear and that all fire exit doors open properly.
2. The Pathology and Laboratory Medicine Service’s Safety Officer will conduct the Pathology fire drills.
3. The P&LMS evacuation plan must be followed - including reporting to our central meeting place and taking roll.
4. All personnel must participate at least once a year, but everyone will not be able to participate at the same time; therefore, there will be multiple fire drills conducted in order to achieve 100% participation. Interruption in essential laboratory services in not required.
5. Records of fire drill participation for all P&LMS employees will be entered into the P&LMS Education Management Program electronically and a paper copy will be kept by the P&LMS Safety Officer.

## Laboratory Medicine Service Evacuation Plan

1. The Laboratory Notification Plan for Hazardous Spills/Fire Evacuation flow charts (see Attachment A) and the evacuation plan are to ensure that all employees, patients, or visitors are aware of how to evacuate. The flow charts are designed to cross check sections and rooms rarely used. Non-ambulatory or otherwise disabled persons must be provided assistance if necessary.

1. The following procedures should be followed when an evacuation of the work area is ordered:
2. Blood Bank and Tissue Bank
3. As time permits, log off computers.
4. As time permits, use a supply cart or carry to remove the following from the laboratory:
5. Patient cards
6. Current and past cross match logs
7. Current and past inventory logs
8. Procedure manuals
9. Tissue logs and records
   * + 1. Following the flowchart for Blood Bank, ensure that personnel within the work area have been notified of the evacuation. Non-ambulatory or otherwise disabled persons should be provided assistance if necessary.
       2. Exit via the designated evacuation routes, closing doors behind you.
10. Chemistry
11. As time permits, log off computers.
12. Follow the evacuation flowchart for Chemistry, ensuring that personnel within the work area have been notified of the evacuation. Non-ambulatory or otherwise disabled persons should be provided assistance if necessary.
13. Exit via the designated evacuation routes, closing doors behind you.
14. Hematology
15. As time permits, log off computers.
16. Follow the evacuation flowchart for Hematology, ensuring that personnel within the work area have been notified of the evacuation. Non-ambulatory or otherwise disabled persons should be provided assistance if necessary.
17. Exit via the designated evacuation routes, closing doors behind you.
18. Microbiology
19. As time permits, log off computers.
20. Close the fume hood door.
21. Follow the evacuation flowchart for Microbiology, ensuring that personnel within the work area have been notified of the evacuation. Non-ambulatory or otherwise disabled persons should be provided assistance if necessary.
22. Exit via the designated evacuation routes, closing doors behind you.
23. Anatomic Pathology
24. As time permits, log off computers.
25. Place flammable/explosive chemicals in the flame cabinet in the stockroom. This does not apply to tissue processors and staining lines.
26. Ensure that all flame cabinets are locked and that the door to the stockroom is closed

.

1. Because of the size and volume of chemical waste in the cutting room, B-115, no removal by laboratory personnel of chemicals/chemicals waste is possible.
2. Follow the evacuation flowchart for Histology and Cytology, ensuring that personnel within the work area have been notified of the evacuation. Non-ambulatory or otherwise disabled persons should be provided assistance if necessary.
3. Exit via the designated evacuation routes, closing doors behind you.
4. Administrative Support
5. For immediate evacuation - leave the area immediately. Notify pathologists, Clinical Microbiologist, and Administrative Officer of the evacuation order.
6. If time permits prior to evacuation, turn off computers, PCs, and printers.
7. There are no files, equipment, etc, in the area that can be removed due to their weight and size. Current surgical/cytology reports are on the VistA/CPRS system. Any files/reports in hard copy will be lost.
8. Follow the evacuation flowchart for Administrative Support, ensuring that personnel within the work area have been notified of the evacuation. Non-ambulatory or otherwise disabled persons should be provided assistance if necessary.
9. Exit via the designated evacuation routes, closing doors behind you.
10. Cooper Drive Outpatient Phlebotomy or enroute to/or from main lab
11. As time permits, log off computers.
12. Ensure that all personnel in the work area have been notified of the evacuation including any disabled employees, patients, or visitors
13. For immediate evacuation - leave the area immediately. Non-ambulatory or otherwise disabled persons should be provided assistance if necessary.
14. Exit via the designated evacuation routes, closing doors behind you.
15. Leestown Laboratory Outpatient Phlebotomy
16. As time permits, log off computers.
17. Ensure that all personnel in the work area have been notified of the evacuation including any disabled employees, patients, or visitors.
18. For immediate evacuation - leave the area immediately. Non-ambulatory or otherwise disabled persons should be provided assistance if necessary.
19. Exit via the designated evacuation routes, closing doors behind you.
20. Special Reference Laboratory
21. As time permits, log off all PCs/equipment.
22. Ensure that all personnel in the work area have been notified of the evacuation including any disabled employees, patients, or visitors.
23. Follow the evacuation flowchart for the Special Reference Lab, ensuring that personnel within the work area have been notified of the evacuation. Non-ambulatory or otherwise disabled persons should be provided assistance if necessary.
24. Exit via the designated evacuation routes, closing doors behind you.
25. Designated evacuation routes:
26. Pathology Service Main Laboratory’s designated evacuation routes are:
27. Primary: Tower Main Entrance
28. Secondary: stairway to ground level and out through loading dock
29. Third Choice: the corridor leading to UK hospital
30. Pathology Service’s Cooper Drive Outpatient Phlebotomy designated evacuation routes are:
31. Primary: main entrance of the hospital
32. Secondary: take left out of room C-114 and exit through Tower entrance
33. Third Choice: stairway to ground level and out through loading dock
34. Pathology Service’s Leestown Road Building 1 Outpatient Phlebotomy designated evacuation routes are:
35. Primary: take left out of 1-026 and leave building through nearest exit (at end of hallway through old Emergency Room doors)
36. Secondary: take left out of 1-026 and leave building through nearest exit (shuttle entrance)
37. Pathology Service’s Leestown Road Building 16 Outpatient Phlebotomy designated evacuation routes are:
38. Primary: take left out of room 9 or 9C and leave building through nearest exit (at end of hallway)
39. Secondary: take right out of 9 or 9c and leave building through nearest exit
40. Central meeting places
41. The Cooper Drive Pathology and Laboratory Medicine Service meets at the back corner of the UK Medical Behavioral Science Building for roll call to make sure everyone is accounted for (see diagram below)

.

1. Leestown Road Building 1 Outpatient Phlebotomy will evacuate laterally to the outside grounds and meet at the flagpole in parking lot A. The Phlebotomy Supervisor or designee will conduct roll to make sure everyone is safe or accounted for.
2. Leestown Road Building 16 Outpatient Phlebotomy’s evacuation meeting site is at the Assembly Area BLDG 16 sign in parking lot C. The Phlebotomy Supervisor or designee will conduct roll at Leestown to make sure everyone is safe or accounted for.

## Medical Center “**Fire Drill”**

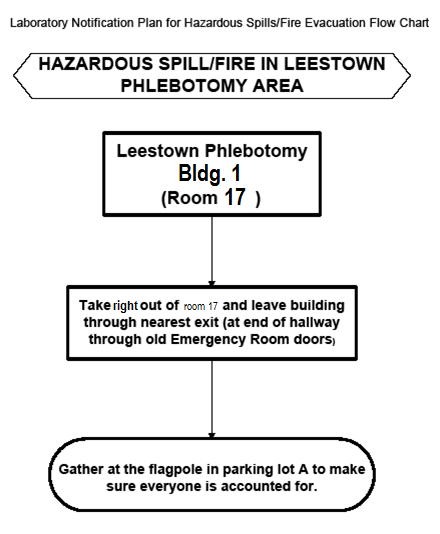
1. During fire drills, personnel who can leave will evacuate according to our previously outlined evacuation plan. Personnel in the middle of critical testing will stay and continue testing and go through the evacuation process verbally – if asked.

## VA/DOD and National Disaster Medical Systems (NDMS)

1. The guidelines established by VAMC Lexington will be followed in the event of a VA/DOD and National Disaster Medical System (NDMS) emergency (See Attachment C). All Pathology and Laboratory Medicine Service staff will receive training in the VA/DOD and National Disaster Medical System (NDMS) within two weeks of their starting date and will review the protocol on an annual basis.

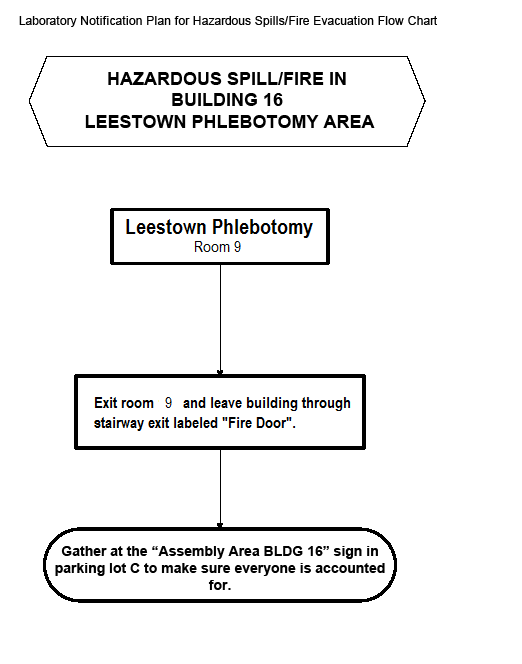
# **Attachment A: Laboratory Notification Plan for Hazardous Spills/Fire Evacuation flow charts**











**Attachment B: Bomb Threat Call Checklist**

BOMB THREAT CALL CHECKLIST

1. Exact Wording of Threat: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Questions to Ask (record response and repeat in sequence):

a. When will bomb explode? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Where is the bomb? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. What does the bomb look like? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d. What building is the bomb in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e. What floor is the bomb on? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

f. Who are you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

g. What is your address?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

h. Where are you calling from? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Caller's voice, manner, description:

MALE\_\_\_\_\_ LOUD\_\_\_\_\_ LISP\_\_\_\_\_

FEMALE\_\_\_\_\_ PROFANE\_\_\_\_\_ INCOHERENT\_\_\_\_\_

CALM\_\_\_\_\_ LAUGHING\_\_\_\_\_ RASPY\_\_\_\_\_

ANGRY\_\_\_\_\_ SOBBING\_\_\_\_\_ DEEP\_\_\_\_\_

EXCITED\_\_\_\_\_ DISTINCT\_\_\_\_\_ CRACKING\_\_\_\_\_

SLOW\_\_\_\_\_ SLURRED\_\_\_\_\_ ACCENT\_\_\_\_\_

RAPID\_\_\_\_\_ NASAL\_\_\_\_\_ DISGUISED\_\_\_\_\_

SOFT\_\_\_\_\_ STUTTER\_\_\_\_\_ \*FAMILIAR\_\_\_\_\_

\*If familiar, who did the caller sound like? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Date and time call received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Receivers Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DELIVER TO THE DIRECTOR’S OFFICE IMMEDIATELY!**

# **Attachment C: Support Annex-VA/DoD**

|  |
| --- |
| ***Support Annex – VA/DoD*** |

**SCOPE and DEFINITION**

This document explains how patient reception operations will be managed within Veterans Integrated Service Network (VISN) 9, Lexington VAMC under concurrent implementation of the VA-DoD Contingency Hospital System (VA-DoD) and National Disaster Medical System (NDMS).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Operating Units and Key Personnel with Responsibility to Manage the Threat/Event** | | | | |
| **Medical Center Director** | **AEM** | **Emergency Management Specialist** | **Associate Director** | **AOD** |
| **Ext 4901** | **Ext 3811** | **Ext 3366** | **Ext 4847** | **Ext 4950** |

**PROCEDURES:**

**Policies:**

1. Legal Authorities
2. Public Law 97-174, the (then) Veterans Affairs and Department of Defense, Health Resources and Emergency Operations Act. This Act mandates that the VA support the military health care system during and immediately following a period of war or national emergency declared by the President or Congress.
3. The Robert T. Stafford Disaster Relief and Emergency Assistance Ac t, PL100-707 as amended, authorizing the Federal Response Plan. T he National Disaster Medical System (NDMS) is a partnership between the Department of Defense (DoD), Department of Health and Human Services (HHS), the Department of Veterans Affairs (DVA) and the Federal Emergency Management Agency (FEMA). NDMS is a subset of Emergency Support Function #8, Health and Medical Services of the Federal Response Plan.

**Patient Admission and Treatment Policies**

1. All veterans who present themselves for admission will be examined, evaluated, and a disposition made for their care.
2. Military casualties will receive priority over all VA beneficiaries except those service-connected (SC), or with a life-threatening emergency. Non- service connected (NSC) inpatients that may be discharged without a significant compromise of their health will be released; others may be referred to secondary support hospitals or community hospitals as determined by the patients’ physician.

**Situation**

* 1. Military conflict may produce casualties who may be returned to the United States for definitive medical care. It is also possible that a significant number of civilian casualties could be generated by a domestic event occurring within the same timeframe.
  2. Healthcare facilities should take into account employees who are subject to military mobilization.
  3. VA and community hospitals will continue to receive non-conflict generated active duty military patients through normal Air Force procedures.
  4. Following activation, patients will be outsourced from military and VA hospitals, to other VA and community hospitals in order to increase capacity.
  5. Military casualties could arrive within 72 hours of activation of the VA/DoD and NDMS programs, and will be returned to the area of their unit of record, not home of record. The Air Force regulates patients to each area by bed category, not medical facility. Patient distribution to specific medical facilities from the airport will be based on urgency, medical capabilities, and the patients’ needs, and home of record.
  6. These patients will arrive in a generally stable condition, barring complications during travel.

**Procedures**

1. Notification and Status Reports.

The Lexington VAMC Director is a Federal Coordinating Center Director and will provide notification to non- Federal NDMS-participating hospitals regarding the current status of activation of the NDMS system.

1. Activation: The phases and component activities are:

**Level One=READINESS**

* The purpose of this phase is to establish and maintain a state of heightened readiness to receive patients from a military conflict or domestic event.
* Network Office and Medical Center activities at this level include:
  + Update and test Key Personnel resource Matrix and cascade callback lists
  + Review plans and clarify responsibilities and reporting relationships, particularly patient reception teams

**Level Two=ALERT**

* The purpose of this phase is to signal that an incident has occurred that could result in patient reception operations, such as a declaration of war or occurrence of a significant domestic event.
* Network Office and Medical Center activities at this level include:
  + Increased communication and coordination both internally and to supporting facilities
  + Increased security procedures
  + Briefing of patient reception teams and community entities
  + Establishing Emergency Operations Centers (EOC) as appropriate

**Level Three=ACTIVATION**

* The purpose of this phase is to announce to facilities that patient reception operations are imminent.
* Network Office and Medical Center activities at this level include:
  + Adjusting patient admission and care polices and out-sourcing patients in order to maximize available beds
  + Assembling and deploying patient reception teams
  + Specifying operational periods and reporting requirements

**Deactivation**

Deactivation of the system(s) will occur in reverse order of activation

**Responsibilities:**

* Lexington VA Medical Center, designated as Primary Receiving Centers (PRCs), will receive military casualties directly from the U.S. Air Force. The following PRC activities will be completed:
  + Coordinate bed reporting with VAMCs designated as Secondary Support Centers (SC) and Community NDMS facilities
  + Transfer VA Patients to Secondary Support VAMCs
  + Coordination of bed availability, patient regulation (ward assignment), airport reception site readiness, and patient tracking
  + Establish reception teams to receive patients at the airport reception site and the VAMC
  + Coordinate primary and secondary transportation assets to accomplish patient movement (airport to PRC, PRC to SSC, etc)
  + Coordinate with designated military installation to ensure appropriate transfer of information
  + Military Patient Administration Team (MPAT) assets are available.

VA Medical Centers designated as Secondary Support Centers (SSCs) will receive patients from and/or provide resource support to the primary receiving hospital to increase availability of resources at the primary receiving center.

Huntington, West Virginia is the designated SCC and will perform the following activities:

1. Report beds available for DoD casualties to the supported PRC
2. Provide additional beds, personnel, supplies, and/or equipment to assist in maximizing the number of DoD causalities s that can be received at the primary receiving center
3. Maintain close coordination with the associate APARC

**External NOTIFICATION Procedures**

VISN 9 Director and Chief Communication Officer will be notified when the Medical Center implements the Emergency Operations Plan/NDMS/VADoD Plans.

**VISN 9 Director 615-695-2200**

**VISN 9 Communications Officer 615-695-2195**

Community partners and Local Government may be contacted if assistance is requested:

**LFUCG DEM 859-258-3784, after hours 911**

**REFERENCES:**

VAMC NDMS Plan

LFUCG EOP, Appendix M-2: NDMS

# **Attachment D: Manpower Pool Availability Listing**



# **Attachment E: Disaster Call Tree**

**Training Completion Certificate**

By entering my signature below I confirm that I have read, understand, and accept the policy and procedure requirements detailed in the “**Pathology and Laboratory Medicine Service Disaster Plan”**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name