
	<b>Emergency Operating Plan (Continuity of Business Plan) – Department of Pathology</b>	<b>Dept:</b>	<b>Pathology</b>
		<b>Effective Date:</b>	<b>June 2008</b>
		<b>Revised Date:</b>	<b>January 2019</b>
		<b>Contact:</b>	<b>Laboratory Compliance and QA</b>
<b>Name &amp; Title: Gregory J. Pomper, MD Laboratory Director</b>		<b>Date:</b>	<b>2/1/19</b>
<b>Signature:</b> 			

**1) General Procedure Statement:**

- a. **Scope:** To provide guidelines to the Department of Pathology for maintaining lab operations during situations where laboratory operations may be completely or partially suspended.

This policy defines the Emergency Operating Plan (EOP) to be followed in the unlikely event of an unforeseen operational emergency where sections of the Department of Pathology are unable to provide uninterrupted patient care.

The Department of Pathology also recognizes and includes the WFBMC Emergency Management Plan as part of this EOP. The WFBMC Plan can be found at: <http://ishare.wakehealth.edu/ehs/FDS/V-1.pdf>

- b. **Responsible Department/Party/Parties:**
- i. Procedure owner: Department Laboratory Pathology
  - ii. Procedure: Department of Pathology
  - iii. Supervision: Department of Pathology CLIA Lab Director, Department Chair, Laboratory Administration
  - iv. Implementation: Department of Pathology CLIA Lab Director, Department Chair and Laboratory Administration

**2) Definitions:**

- a. Severe Weather- Tornado, hurricane, thunderstorm, winter storm or any other form of severe weather which creates an impact such that operations are interrupted.

**3) Procedure:**

- a) The Department of Pathology is responsible for reviewing its EOP at least annually in accordance with the Medical Center policy.

The Department of Pathology operates as part of the WFBMC Emergency Management Plan therefore it is included in all communications the Medical Center has associated with community emergency response agencies in identification of the ability of the community to meet any needs it may have or address any vulnerabilities.

- b) WFBMC (and the Department of Pathology as a part of WFBMC) has adopted the Hospital Incident Command System Version IV (HICS IV). The hospital's incident

command structure is integrated into and consistent with its community's command structure.

- c) All sections within the Department of Pathology keep a documented inventory of the resources and assets it has on-site that may be needed during an emergency, including, but not limited to: personal protective equipment, water, ice, test kits, reagents, blood/blood components, flashlights, batteries as well as autopsy and decedent affairs resources.
  - At the Medical Center level, complete inventories of assets and resources needed during an emergency are maintained by the Supply Chain Operations Department of the Resource Management Division, the Facility Services Department, the Nutritional Services Department, and the Pharmacy. At a minimum, the inventories include personal protective equipment, water, fuel, med-surge supplies, and pharmaceuticals.
- d) Each section within the Department of Pathology is responsible for identifying individual risks that may impact their area in the event of an operational emergency and are responsible for securing any specialized resources necessary to maintain these individual needs (i.e. Blood Bank and Autopsy).
- e) The Department of Pathology maintains a phone tree of Pathology and Clinical staff for emergency response. (See Attachment A) It will be the responsibility of Laboratory Administration to implement department level notification of staff using this directory.
- f) As part of the EOP, each department section (manager) should prepare a list that is designed to identify suggested tasks and assignments of responsibility for staffing in their laboratory area should an event escalate to beyond the point where normal roles and responsibilities would suffice.
- g) The Hospital Command Center includes a stand-alone Disaster Emergency Communications Center that replicates all communications capabilities found in the regular Emergency Communication Center (ECC). In addition to functioning as a disaster communications center the secondary communications center can take over for the main ECC should the nature of the emergency so dictate. The Department of Pathology will follow guidance as indicated from the Hospital Command Center should the nature of the emergency so dictate.

#### **When the Medical Center Initiates the Emergency Communication Call**

The Medical Center Emergency Communications Center will communicate activation of the emergency through broadcast messages to all Medical Center email accounts, through all registered devices with the MIR3 Emergency Alert System and through the Medical Center's internet and intranet sites.

The Emergency Communications Center can typically be fully operational within 15 minutes of notification.

#### **To Whom Staff Should Report**

- At the onset of ANY emergency, all Department of Pathology personnel should initially report to their lab section and immediate supervisor/manager for instructions and/or assignments.
- WFBMC disaster plans include the issuance of identification badges and/or vests to key decision makers during activation of those plans. All other employees are required to wear normal medical center issued identification badges at all times.

#### **Management of Staff:**

- As part of the Department of Pathology EOP, all staff will initially perform their normal daily assignments during a time of emergency or crisis unless otherwise assigned by their immediate supervisor/manager or a member of the Laboratory Administration.

Managers are responsible for the following:

- a. Determine the appropriate staffing levels for business continuity of their area.
- b. In consultation with Lab Administration, identify employees who are essential to maintaining patient care, critical operations or safety.
- c. Clarify employee responsibilities and expectations during the EOP.
- d. Consult and secure approval from their senior leadership prior to closing a section. If a laboratory section must close the Incident Command Center should be notified so that a message can be sent to all providers informing them of the situation and impact to patient care.
- e. Use discretion to respond to requests from employees to leave work early based on departmental staffing needs.
- f. Use discretion in allowing non-clinical employees to work remotely, following these guidelines:
  1. Non-exempt employees may not work from home.
  2. Managers must ensure that an off-site work arrangement does not have a negative impact on other work areas.

#### **Steps Necessary During Downtime Situations**

The Department of Pathology laboratories can experience downtimes as a result of many different types of situations or failures: environmental, situational or information technology (IT) related. The laboratories must make provisions to continue providing services for as long as possible during each of these varied situations.

**Power Outage → Generators activated → Room temperature and humidity IN RANGE.**

- a) Deploy fans in testing area.
- b) If windows are in the lab, pull shades to minimize heat from sun.
- c) Monitor temperature and humidity closely. Heat and Humidity will continue to increase without an operational HVAC system. Once maximum limits are reached, testing must cease.
- d) Contact clinical engineering to report power issues if needed.
- e) As long as temperature and humidity stay in acceptable range for all pieces of equipment, test kits and reagents, continue to test and report in a computerized downtime situation.
- f) Begin downtime test notification process to all end users.
- g) Further management of the situation will depend on causes. Laboratory leadership will need to re-assess the situation frequently to adjust management.

**Power Outage → Generators Activated → Room temperature and humidity OUT of acceptable range for testing.**

- a) Discontinue testing samples at this location for each analyzer and/or test kit/reagent affected by temperature or humidity failure.
- b) Notify lab leadership of the situation and make arrangements to refer testing to a different lab location (preferably another Network Lab but arrangements may need to be made with LabCorp or Quest. This will be a decision made by Lab Administration.) Couriers may also need to be notified once final decision is made.
- c) Recruit lab personnel to assist with packing and preparing specimens for shipment. Enterprise laboratories, Davie, High Point, Lexington, Wilkes laboratories should first be contacted when testing support is needed for Network referrals.

**Flood/Rising Water → No Power or Electrical Shock Hazard → Instrumentation not operational or not safe to operate**

- a) Discontinue all testing at this location.

- b) Notify Lab leadership of the situation and make arrangements to refer testing to a different lab location (preferably another Network Lab but arrangements may need to be made with LabCorp or Quest. This will be a decision made by Lab Administration.) Couriers may also need to be notified once final decision is made.
- c) Recruit lab personnel to assist with packing and preparing specimens for shipment. Enterprise laboratories, Davie, High Point, Lexington, Wilkes laboratories should first be contacted when testing support is needed for Network referrals.

**Computer Downtime → No LIS and/or EMR**

- a) Initiate LIS and/or Wake One computer downtime procedures

**Tornado/Severe Wind Damage → assess the level and severity of the impact**

- a) Operational status of the lab may be compromised on multiple levels – water damage, no electricity, no generators, structural damage or any combination of the above. Laboratories will have to follow the guidance issued to them by Laboratory Administration and the Hospital Command Center.

**Notification of Laboratory Management (Status Updates)**

- In the event of any of the conditions listed above the following personal should be notified of the operational status of the lab:
  - Section Medical Director
  - Associate Director
  - Administrative Director
  - CLIA Lab Director
  - Department Chair
  - Vice President of Laboratory Operations

**Management of Mortuary Services**

- The Manager of Autopsy Services will supervise the collection, protection and identification of deceased patients.
- The Manager of Autopsy Services will forward all conditions and/or issues to the Casualty Care Unit Leader in updates.
- During a disaster, the Department of Pathology will handle the needs of the hospital by normal means until an overflow of deceased patients becomes an

issue. At that point a decision as to how to proceed further will be collectively made by the command staff.

- The Morgue is located on the second floor of the Gray Building.

#### **Management of Blood and Blood Products**

- In the event of a disaster, the Blood Bank will operate as defined in their section specific, *Unscheduled Interruptions Policy*.
- The Manager of Blood Bank will closely monitor the impact (if any) on blood or blood product utilization during the course of the event and keep Lab Administration and the Incident Command Center informed.
- The Blood Bank Manager will continue to evaluate inventory and call blood suppliers to restock if necessary.
- On site staffing levels will be assessed and if necessary the Emergency Call Tree for Blood Bank will be initiated and additional staff will be called in to assist.
- During a disaster, the Blood Bank will support the needs of the hospital as long as the supply of blood and blood products remain uninterrupted from suppliers. If supplies become an issue, a decision as to how to proceed further will be collectively made by the command staff.

#### **Annual Required Training**

- All WFBMC employees are required to complete annual training on the WFBMC Disaster Preparedness Program as issued by the Department of Environmental Health and Safety.

4) **Review/Revision/Implementation:**

- a. Review Cycle: Annually
- b. Office of Record: Department of Pathology

5) **Related Policies:**

Blood Bank Policy – *Unscheduled Interruptions Policy*  
*WFBMC Emergency Management Plan*

6) **References, National Professional Organizations, etc.:** N/A

7) **Attachments:**

- A. Department of Pathology Section Manager Phone List

8) **Revision Dates: January 24, 2017, January 22, 2019**

<b>Review Date</b>	<b>Revision</b>	<b>Signature</b>

## 2018 Laboratory and Pathology Disaster Phone Tree

September 13, 2018

Name	Position	Office Phone	Cell Phone
Dr. Michael Cohen	Chair	336-716-2608	319-621-4443
Conrad Emmerich	Senior VP Lab	336-716-2963	336-970-7414
Dr. Greg Pomper	Vice Chair CP	336-716-7442	336-831-6552
Lauren Elmore	Administrative Director	336-716-1398	336-816-3109
Dale Dennard	Associate Director	336-716-2611	336-480-8354
Joel Mabe	Associate Director	336-716-7895	336-745-5394
Jane Houska	Associate Director	336-716-3252	336-287-6601
Brad Knesel	Associate Director	336-716-9143	336-601-0629
Melanie Haire	Lab Compliance and Quality Officer – Pathology	336-716-4285	704-202-4807
Brenton Smith – Clemmons Lab	Lab Manager	336-713-0436	828-310-3166
Pam Boles - LEX	Lab Manager	336-238-4567	336-462-1210
Sheila Blanton - Davie	Lab Manager	336-998-2870	336-972-3036
Sandra Johnston – Lab Services Catawba	Lab Manager	336-702-1180	828-381-4512
Cindy McCraw - Cornerstone	Lab Manager	336-702-2283	336--413-0412
Deborah Kuehnert - Wilkes	Lab Manager	336-651-8564	
Sherrie Livecchi - High Point	Lab Director	336-781-2404	336-423-3603
Anita Lashmit	Billing Manager	336-716-3790	336-970-7478
Jane Henderson	LIS Manager	336-713-4107	336-817-7278
Traci Presnell - Clarkson Campus	Business Administrator	336-716-1621	336-466-0109
Trish Warren	RIS Manager	336-716-1520	336-816-1099 Personal 336-413-3646 Work

## Main Laboratory Numbers

WS Main Lab Contact #	336-716-4311
Lexington Main Lab Contact #	336-238-4565
Davie MC Main Lab Contact #	336-998-2555
Cornerstone Main Lab Westchester Contact #	336-702-2055
Wilkes Main Lab Contact #	336-651-8550
High Point Main Lab Contact #	336-878-6016