
	Mass Casualty Preparedness Plan for the Department of Pathology	Dept:	Pathology
		Effective Date:	Jan 22, 2019
		Revised Date:	NEW
		Contact:	Laboratory Compliance and QA
Name & Title: Gregory J. Pomper, MD Laboratory Director		Date:	1/24/19
Signature: 			

1) General Procedure Statement:

a. Scope:

This procedure defines the preparedness plan for the Department of Pathology laboratories in the event of an unforeseen Mass Casualty Incident (MCI) that should challenge or exceed the number of patients or specimens that normal present through our system.

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: None

3) Procedure:

- a) The term “Mass Casualty” refers to a combination of patient numbers and care requirements that challenge or exceed a community’s ability to provide adequate patient care using day-to-day operations. A Mass Casualty Incident (MCI) in any community has the potential to quickly exhaust resources available for response. Hospital response capability is dependent on having a comprehensive emergency management plan inclusive of the worst case scenario, like an MCI, to enhance the level of readiness required to respond to a community’s health care needs. The sudden arrival of a surge of patients presents a logistical challenge to rapidly process a large number of casualties through the system.
- b) Mass Casualty events may be such things as: transportation incidents, severe weather events, chemical, biological, radiological, or nuclear agents from an unintentional or accidental release or act of terrorism; or, catastrophic health events (nuclear detonation, major explosion, major hurricane, pandemic influenza, or others).
- c) The hospital will respond to a mass casualty incident by activating Phase 3 of the Medical Surge Plan.

- d) The Department of Pathology and its staff will receive initial notification of the event through this process and will respond accordingly as established with the hospital based plan.
- e) Laboratory Administration will further assess the type of event and potential of additional laboratory requests based on hospital needs. Based on this assessment, Lab Administration may initiate an internal lab notification process to disseminate further lab specific guidance. On site staffing needs will also be assessed by lab administration this time.
- f) As part of the Department of Pathology mass casualty plan, 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. Identify employees who are essential to maintaining patient care, critical operations or safety, in consultation with Lab Administration.
- c. Clarify employee responsibilities and expectations during the event.
- d. Consult and secure approval from their senior leadership prior to closing a section. Notify the Incident Command Center if a section is closed so that providers can be informed if it could impact 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.
- g) **Status Updates to Management**
 - Section managers should make regular updates on the operational status of their laboratory section to the following personal during the course of the event:
 - Section Medical Director

- Associate Director
- Administrative Director
- CLIA Lab Director
- Department Chair
- Vice President of Laboratory Operations

h) 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.

i) Management of Blood and Blood Products

- The Manager of Blood Bank Services will closely monitor the impact of the event on blood utilization during the course of the event and keep Lab Administration and the Incident Command Center informed.
- At the initial activation of the Phase 3 Medical Surge Plan, the Blood Bank will respond in accordance with their current policy on *Emergency Blood Management*.
- 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 handle the needs of the hospital as long as the supply of blood and blood products remains available from

suppliers. If supplies become an issue, a decision as to how to proceed further will be collectively made by the command staff.

- 4) **Review/Revision/Implementation:**
 - a. Review Cycle: 2 years
 - b. Office of Record: Department of Pathology
- 5) **Related Policies:**
Blood Bank Policy – *Emergency Blood Management*
- 6) **References, National Professional Organizations, etc.:** N/A
- 7) **Attachments:**
 - A. Section Manager Phone List
- 8) **Revision Dates:**

Review Date	Revisions	Signature

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