

Beaumont

Origination: 4/26/2021
Effective: 10/6/2021
Last Approved: 10/6/2021
Last Revised: 10/6/2021
Next Review: 10/6/2023
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Laboratory
Area: Laboratory-Safety
Key Words:
Applicability: All Beaumont Hospitals

Laboratory Emergency Preparedness

Document Type: Plan

I. PURPOSE AND OBJECTIVE:

- A. Emergency Operations Plans (EOP) details actions Beaumont Health will take during an emergency or disaster. This includes managing a multitude of capabilities, incident command, Emergency Operations Center location, amongst other things. This plan includes all hazards and is shared with local community emergency management and response partners. Each site plan includes additional information in annexes (plans) for incidents such as hazardous chemical, infectious disease, and active shooter/ violence that provide specific information for the hazard.
- B. This laboratory plan is a supplement to the following:
1. [Corporate Emergency Operations Plan](#)
 2. [Emergency Operations Plan, Royal Oak,](#)
 3. [Emergency Operations Plan, Farmington Hills,](#)
 4. [Emergency Operations Plan, Troy,](#)
 5. [Emergency Operations Plan, Grosse Pointe](#)
 6. [Emergency Operation Plan-Taylor](#)
 7. [Emergency Operations Plan \(EOP\) - Trenton](#)
 8. [Wayne Emergency Operations Plan](#)
- C. This procedure is to provide a general overview of emergency preparedness, define the roles and responsibilities of personnel before and during an emergency, make sure personnel know multiple evacuation routes in the areas in which they work and to define a plan for staffing shortages.

II. EMERGENCY CODES:

- A. Refer to Emergency Preparedness under Departments on the Beaumont intranet for information on Emergency Alert Codes and Emergency Plans.
- B. Emergency Alert Codes are included in the red Emergency Management Quick Reference Guide binder located in each laboratory section.

III. RESPONSIBILITY:

A. **All: Every employee is responsible for knowing what to do when an emergency alert code is communicated.**

1. Whether you are inside or outside the hospital, do not call the operator, security or the emergency center for information. Know the codes and know what to do.
2. If you are inside the hospital, consult your section's Emergency Management Quick Reference Guide. If you are outside the hospital, listen to your radio or television. Keep the phone line open. You may be called at home if you are needed at the hospital.
3. All employees will remain on duty until released by their manager. Employees may be reassigned to the labor pool, if necessary.
4. Know a primary evacuation and a secondary evacuation route.

B. **Leaders:**

1. Review the Emergency Management Quick Reference Guide. Include any area/section specific information in the reference guide binder. A procedure may also be created and referenced, if necessary.
2. Each section manager will be responsible for staffing their section appropriately to accommodate an emergency. This shall be done through overtime or call-back of staff.
3. The Laboratory Unit Leader (if activated; see below) should be informed on a regular basis of the staffing levels in each section and any problems that have been encountered.
4. Verify essential equipment is plugged into outlets supported by the emergency generator (red outlets).

C. **Laboratory Unit Leader:** In the event that the hospital needs to activate the Laboratory Unit Leader as part of the Hospital Incident Command System:

1. A laboratory director or other administrative employee will represent laboratory services. Names of at least three individuals with contact information must be kept current with the site emergency management representative.
2. The Laboratory Unit Leader will report to the Clinical Support Services Unit Leader through the Medical Care Branch Leader.
3. The Laboratory Unit Leader's Mission is to: Maintain Laboratory services, blood and blood products at appropriate levels, and to prioritize and manage the activity of the Laboratory staff.
4. A Job Action Sheet (JAS) outlining the responsibilities is available to review.

IV. STAFFING SHORTAGE PROCEDURE:

- A. The manager notifies their laboratory operations director and medical director when staffing coverage is reduced to a point the testing schedule cannot be maintained.
- B. The medical director reviews the list of tests and production schedule in conjunction with the laboratory operations director to review possible options for agency staffing, routing testing to another campus for analysis and/or reduction in frequency of specific non-stat tests. The minimum test frequency is once per week.
- C. In the event a section's testing that is performed once a week cannot be maintained, tests that will be

further reduced will be approved by the section medical director and the Chair, Pathology and Laboratory Medicine.

Attachments

[Lab Disaster Plan Codes and Employees Responsibilities.pdf](#)

Approval Signatures

Step Description	Approver	Date
CLIA Site Licensed Medical Directors	Jeremy Powers: Chief, Pathology	10/6/2021
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CLIA Site Licensed Medical Directors	Vaishali Pansare: Chief, Pathology	9/29/2021
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Policy and Forms Steering Committee Approval (if needed)	Gail Juleff: Project Mgr Policy	9/29/2021
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Operations Directors	Brittnie Berger: Dir, Lab Operations C	9/22/2021
Operations Directors	Kimberly Geck: Dir, Lab Operations B	9/22/2021
Operations Directors	Elzbieta Wysteppek: Dir, Lab Operations B	9/21/2021
Operations Directors	Amy Knaus: Dir, Lab Operations C	9/21/2021
Operations Directors	Amy Conners: Dir, Lab Operations A	9/21/2021
Quality Best Practice	Jennie Green: Mgr Laboratory	9/21/2021
	Jennie Green: Mgr Laboratory	9/21/2021

Applicability

Dearborn, Farmington Hills, Grosse Pointe, Royal Oak, Taylor, Trenton, Troy, Wayne