

# Beaumont

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 Applicability Troy

## Troy Blood Bank Emergency Management Plan

Document Type: Procedure

### I. PURPOSE AND OBJECTIVE:

The purpose of this document is to provide the Blood Bank staff with guidance during instances of internal/external disaster, emergencies, or disruptions within the facility. Normal operations may not be available and/or the patient population may see a sudden rise.

### II. CLINICAL SIGNIFICANCE:

- A. The scope of this document relates to the management of emergency situations throughout Corewell Health Troy campus, as well as system/utility disruptions that are specific to the Blood Bank.
- B. For specific information relating to the Troy Blood Bank's response to a mass casualty incident (MCI), refer to your site specific *Blood Bank Mass Casualty Plan*.

### III. DEFINITIONS:

- A. **Designee:** A Medical Technologist Lead or other management staff.
- B. **Emergency Operations Center (EOC):** The physical location where the Incident Commander and Command staff coordinate all activities related to the emergency incident.

### IV. POLICIES:

- A. **Beaumont Emergency Response Quick Reference Guide**
  - 1. This guide is used to provide information relating to each of the Corewell Health, Troy emergency codes. Information provided includes the definition of the emergency, how employees will be notified of the emergency, and the correct actions

to take for each situation. The Quick Reference Guide can be found by the Blood Bank in two locations, across from the Bone and Tissue storage on the pillar and next to the clean sink by the Supervisor's office. It is the responsibility of each Corewell Health employee to be familiar with the information contained in this document and in the Quick Reference Guide.

**B. Use of Disaster Call List and Employee Information Binder Hospital employees will be notified of an emergency situation**

1. If it is determined by the Blood Bank Supervisor and/or designee that additional staffing is required during an emergency situation, the Disaster Call List should be utilized. In addition, the *Employee Information Binder* may also be used to call in more staff. The Disaster Call List is located inside the *Employee Information Binder*.

**C. Hospital Incident Command Systems (HICS) and Emergency Operations Center( EOC)**

1. In some emergency situations, Corewell Health, Troy will establish a Hospital Incident Command System (HCIS). The management model is designed to provide a coordinated response for all types and situations of varying magnitudes. When this is done, the Blood Bank needs to be prepared to report blood and component inventory. The Blood Bank Manager, designee or Medical Technologist will report to the Emergency Operations Center (EOC), which is located near the Emergency Center on "main street". Contact information is available in the *Beaumont Emergency Response Procedures Quick Reference Guide* if necessary.

**D. Computer Downtime Scenarios and Manual Operations**

1. During some emergency situations, the hospital of Blood Bank computer system may be unavailable. If this occurs, the Blood Bank will need to perform manual operations as described in *Computer Downtime Scenarios and Manual Operations*.

## **V. PROCEDURE:**

This document consists of procedural information for both hospital emergency situations as well as department specific situations.

**A. Hospital Emergency Situations**

1. Hospital employees will be notified of an emergency situation. In most cases, the notification will be made by an overhead announcement and/or text or page.
2. Any Blood Bank employees that are outside of the department at the time of the notification should return to their workstations.
3. Retrieve the Beaumont Emergency Response Procedures Quick Reference Guide from the Blood Bank and locate the specific emergency code and actions to be taken
4. Employees should be ready to follow additional directions given by management, security, law enforcement and/or fire department personnel.
5. Once the emergency situation has been resolved, employees will be notified by an "all clear" announcement.

**B. Blood Bank System/ Utility Disruptions**

1. For system or utility disruptions within the department, it is unlikely that there will be any announcement or notification ahead of time, unless other departments are affected as well.
2. For any problems regarding equipment used to store blood products, tissue, or reagents refer to the procedure, Storage Equipment Alarms and Temperature Deviations before relocating any products/reagents.
3. Medical Director or Manager approval must be obtained prior to moving the contents of any storage device.

#### **C. Power Disruption**

1. In the Blood Bank, if normal power becomes unavailable, the red plugs will experience a short interruption of power as the system switches over to the emergency power generator.
  - a. Critical or essential instrumentation and at least one of the two downtime PC's should be plugged into the red outlets to avoid loss of function.
  - b. If necessary, refer to the document, *Manual Operations When SoftBank is Down*, if the computer is down due to power outage.
  - c. Notify the Blood Bank Supervisor and/or designee.
  - d. Document the event on a variance when time permits.
2. Immediately after the functionality of the computer system has been restored, a data integrity check shall be performed as described in the document, *Manual Operations When SoftBank is Down*.

#### **D. Phone Disruption**

1. If the phone system is down within the department, the blue phone located at the issue/checkout counter can be used for emergency communication.
2. Overhead pages and Mobile Heartbeat phones can be used to communicate with other departments or specific individuals.
3. Notify the Blood Bank Supervisor or designee.
4. Document the event on a variance when time permits.

#### **E. Water Supply Disruption**

1. If needed to ship out blood products, ice can be obtained from other departments within the hospital as well as shipped from other Corewell Health facilities and blood suppliers.
2. Alcohol-based hand sanitizer is an acceptable replacement for washing hands with soap and water if necessary.
3. Distilled water for the instruments can be obtained from other departments within the hospital.
4. Notify the Blood Bank Supervisor or designee.
5. Document the event on a variance when time permits.

#### **F. Refrigerator Disruptions**

1. If the department refrigerators are not functioning properly and are inadequate for storage of blood, blood components or RhoGAM, notify the Medical Director, Blood Bank Supervisor or designee. Approval must be obtained prior to moving the contents of the refrigerators.
2. When an equipment alarm or temperature deviation occurs, the form *Storage Equipment Alarms and Temperature Deviations* must be documented, and appropriate actions must be taken as described throughout the document.
3. The preferred alternate refrigerator is another temperature-monitored refrigerator located within the Blood Bank. If there is no space in a Blood Bank temperature monitored refrigerator, the Chemistry walk-in refrigerator is maintained at 4.5°C and is the alternate backup. Manual temperature monitoring must be initiated.
4. Blood Bank staff should move the contents of the refrigerator that isn't working properly to another device that maintains the appropriate temperature. RBC units should be separated according to crossmatch status and blood type.
5. Document the event on a variance when time permits.

#### **G. Freezer Disruptions**

1. If the department freezers are not functioning properly and are inadequate for storage of frozen components, notify the Medical Director, Blood Bank Supervisor or designee. Approval must be obtained prior to moving the contents of the refrigerators.
2. When an equipment alarm or temperature deviation occurs, the form *Storage Equipment Alarms and Temperature Deviations* must be documented, and appropriate actions must be taken as described throughout the document.
3. Freezer temperatures must be verified and maintained prior to use. If there are no additional freezers to use as back-up, then frozen products and tissues should be temporarily stored in Styrofoam coolers or FFP transport boxes containing dry ice.
4. Frozen FFP can be sent to other Corewell Health facilities for temporary storage.
5. Document the event on a variance when time permits.

#### **H. Platelet Storage Disruption**

1. If the platelet incubator and agitator are not functioning properly and are inadequate for storage of platelets, notify the Medical Director, Blood Bank Supervisor or designee.
2. Although it is not preferred, platelets are able to go without agitation for up to 24 hours without damage if maintained in the appropriate temperature of 20° - 24°C. Monitor the duration of each platelet that is not continually agitated as well as the appearance of swirling.
3. Document the event on a variance when time permits.

#### **I. Blood Product Inventory Disruption**

1. If external events lead to a limited blood product collections by blood suppliers, the

Blood Bank's inventory will likely be affected. The Blood Bank will attempt to maintain satisfactory blood product inventories and order necessary products as described in the document, *Inventory and Ordering of Blood Products*.

2. If the Blood Bank is unable to receive blood products from an established blood supplier while the inventory levels are below target range, then other Corewell Health hospitals should be contacted to obtain necessary blood products, if available.
3. If the Blood Bank is unable to receive blood products from an established blood supplier or other Corewell Health hospitals while at critical inventory level, it may be necessary to obtain blood products from suppliers that are not established in the document, *Ordering Blood Products from Established Suppliers*. The Blood Bank Medical Director should be consulted prior to ordering blood products from suppliers not listed in the document, *Ordering Blood Products from Established Suppliers*.

If multiple system/facility disruptions occur at the same time, or other disruptions occur that are not addressed in this policy, notify the Medical Director, Blood Bank Supervisor and/or designee. Additional instructions will be determined based on the emergency or disruption taking place.

## VI. REFERENCES:

1. AABB, Standards for Blood Banks and transfusion, current edition
2. Beaumont Emergency Response Procedures Quick Reference Guide.

### Approval Signatures

| Step Description                                | Approver                            | Date      |
|---|-------------------------------------|-----------|
| Policy and Forms Steering Committee (if needed) | Vaishali Pansare: Chief, Pathology  | 9/21/2023 |
|   | Ryan Johnson: OUWB Clinical Faculty | 9/1/2023  |
|   | Teresa Lovins: Supv, Laboratory     | 8/29/2023 |
|   | Teresa Lovins: Supv, Laboratory     | 8/29/2023 |