PROCEDURE
Corewell Health East - Blood Bank Emergency Management Plan - Farmington Hills

This Procedure is Applicable to the following Corewell Health sites:
Corewell Health Farmington Hills Hospital

Applicability Limited to: N/A

Reference #: 33842

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Functional Area: Clinical Operations, Laboratory

Lab Department Area: Lab - Blood Bank

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1. Principle

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. At these times, normal operations may not be available and/or the patient population may see a sudden rise.

2. Responsibility

A. Personnel who have completed the competency requirements will perform these tasks.
B. For specific information relating to the Blood Bank's response to a mass casualty incident (MCI),refer to Transfusion Medicine policy, Corewell Health East - Blood Bank Mass Casualty Plan - Dearborn.

3. 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 incident.

4. Procedure

NOTES:

A. Corewell Health Response Plan Poster
    1. This poster is used to provide information relating to each of the Corewell Health Hospital emergency codes. The information provided includes the definition of the emergency, and the correct actions to take for each situation.
    2. The Response Plan Poster can be found in the Laboratory hallway, near the laboratory processing department. It is the responsibility of each Corewell Health employee to be familiar with the information contained on this guide.
B. Use of the Employee Call List
    1. If it is determined by the Blood Bank Supervisor and/or designee that additional staffing is required during an emergency, the Employee Call List should be utilized. The Employee Call List is located inside the Phone Numbers binder in Blood Bank, and on the offshift schedule board in the Core Lab.
C. Hospital Incident Command System (HICS) and Emergency Operations Center (EOC)

1. In some emergency situations, Corewell Health will establish a Hospital Incident Command System (HICS). This 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 supervisor, designee, or medical technologist will report to the Emergency Operations Center (EOC), which is in the Colen classroom in the Administration Building.

D. Computer Downtime Scenarios and Manual Operations
1. During some emergency situations, the Hospital or Blood Bank computer systems may be unavailable. If this occurs, the Blood Bank will need to perform manual operations.

5. PROCEDURE:

A. **Hospital Emergency Situations**
1. The hospital employees will be notified of the emergency situation. In most cases, the notification will be made by an overhead announcement and/or text page on Mobile Heartbeat.
2. Any Blood Bank employees that are outside of the department at the time of notification should return to their workstations.
3. Locate the specific emergency code on the Response Plan Poster and determine what actions should be taken.
4. Employees should be ready to follow any additional directions given by management, security, and/ or law enforcement.
5. Once the emergency situation has been resolved, employees will be notified by an “All Clear” announcement.

B. Blood Product Inventory Disruption
1. If external events lead to 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 Transfusion Medicine Policy, Corewell Health East - Inventory and Ordering Blood from Established Suppliers - Grosse Pointe.
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 East 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 East hospitals while at critical inventory level, it may be necessary to obtain blood products from suppliers that do not have a current purchase agreement with Corewell Health. The Blood Bank Medical Director should be consulted prior to ordering blood products from suppliers not listed in the Corewell Health East - Inventory and Ordering Blood from Established Suppliers - Grosse Pointe policy.

C. 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, or reagents, refer to Corewell Health East - Response to an Alarm Condition - Blood Bank - Farmington Hills before relocating any products/ reagents.
3. The Medical Director or Supervisor must be made aware of the event within 24 hours via email.

D. 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 Transfusion Medicine policy, if computer system(s) is unavailable due to power outage.
   c. Notify the Blood Bank Supervisor and/or designee.

d. Document the event on a variance when time permits. Refer to Transfusion Medicine policy, Corewell Health East - Variance Reporting - Blood Bank - All Beaumont Hospitals.
e. Immediately after the functionality of the computer system has been restored, a data integrity check shall be performed as described in the Transfusion Medicine Policy, Corewell Health East - Blood Bank Computer Downtime Procedure - Dearborn, Farmington Hills, Grosse Pointe, Royal Oak, Troy.

E. Phone Disruption

1. If the phone system is down within the department, the beige phone located at triage can be used for emergency communication.
2. Overhead pages, personal pagers or Mobile Heartbeat can be used to communicate with other departments or specific individuals.
3. Staff cellular phones are also permitted for communication if the normal hospital phone system is not functioning.
4. Notify the Blood Bank Supervisor and/or designee.
5. Document the event on a variance when time permits.

F. Water Disruption

1. If the water supply is not available in the Blood Bank, staff should:
   a. Boxed Deionized (DI) Water should be used on the VISIONs.
   b. Obtain ice from other departments within the hospital (clinical pathology, anatomic pathology, dietary, etc.), as well as shipped from other Corewell Health facilities and blood suppliers.
   c. Using alcohol-based hand sanitizer is a suitable replacement for washing your hands with soap and water, if necessary.
   d. Notify the Blood Bank Supervisor and/or designee.
   e. Document the event on a variance when time permits.

G. Refrigerator Disruptions

If a refrigerator is not functioning properly and is inadequate for storage of blood products, RhoGAM or reagents:

1. Moving the blood product inventory (RBCs, thawed FFP) should be top priority, followed by the reagents.
2. Appropriate Refrigerators:
   a. Another monitored refrigerator in the department, equipped with charts and alarm monitors. No manual temperatures are required.
   b. A refrigerator within the laboratory.
      1) The Walk-in refrigerator is maintained at 5°C and is the alternate backup.
      2) If blood products need to be moved to an unmonitored refrigerator, manual temperatures need to be performed every 4 hours. Refer to Transfusion Medicine policy, Corewell Health East - Manual Temperature Monitoring - Blood Bank.
      3) Take a thermometer out of the refrigerator that is no longer in use and place in the unmonitored refrigerator. Begin the manual temperature form noting the device and temperature.
      4) Communicate the change in location of the products moved.
3. Use shelves to keep the crossmatched RBCs separated based on the recipient blood type.
4. Continue to set up RBCs on patients that require serologic crossmatches, but limit the amount of electronic crossmatch-eligible patients that are set up to save on space.
5. If there are no refrigerators on-site that are suitable for storage of blood products, then blood should be packaged up in blood supplier shipping boxes with wet ice both above and below the packaged products (blood products should be contained in a sealed bag with absorbent material in it). Blood products can be sent to other Corewell Health facilities or back to the blood supplier for storage at their facilities.
6. Document the event on a variance when time permits.

H. **Freezer Disruption**

If there is a problem with any of the freezers that store blood products or tissues, Blood Bank staff should use carts to carefully transfer the contents of the malfunctioning freezer to a different freezer for temporary storage.

1. There are multiple freezers that are set up with different temperature ranges that can be used as back-ups. Freezer temperatures must be verified and maintained prior to using alternate freezers.
    a. The Medical Director, Supervisor, or Lead Technologist must be notified within 24 hours via email when moving the contents of the Tissue freezer.
2. Appropriate Freezers:
    a. -30C Plasma/Cryo freezer:
        1) Another monitored -30C freezer in the department, equipped with charts and alarm monitors. No manual temperatures are required.
        2) A -30C freezer within the laboratory.
            a) Place a validated Blood Bank thermometer inside the refrigerator.
            b) Manual temperatures will need to be performed every 4 Refer to Transfusion Medicine policy, Corewell Health East - Manual Temperature Monitoring - Blood Bank.
        3) Communicate the change in location of the products moved.
    b. -80C Ultra-low Tissue freezer:
        1) Another monitored -80C freezer in the department, equipped with charts And alarm monitors.
            a) Manual temperatures will need to be performed every 4 hours due to the location of this backup freezer in AP. Refer to Transfusion Medicine policy, Corewell Health East - Manual Temperature Monitoring - Blood Bank.
3. If there are no additional freezers to use as back-ups, then frozen blood products and tissues should be temporarily stored in Styrofoam coolers or Fresh Frozen Plasma (FFP) transport boxes containing dry ice.
4. Frozen FFP can be sent to other Corewell Health facilities or back to the blood supplier for temporary storage.
5. Document the event on a variance when time permits.

I. **Platelet Storage Disruption**

If the platelet rotator stops functioning, staff should move as many platelets as possible Into the spare rotator.

1. Any platelets that do not fit on the backup platelet rotator should be sent to nearby Corewell Health facilities for temporary storage.
2. Although it is not preferred, platelets are able to go without rocking for up to 30 hours. Monitor the duration of each platelet that is not on a platelet rotator as well the presence of platelet swirling.
3. Manual temperatures will need to be taken every 4 hours if the rotator is on the counter. Refer to Transfusion Medicine policy,Corewell Health East - Manual Temperature Monitoring - Blood Bank.
4. Document the event on a variance when time permits.

J. Blood Bank Testing Disruptions

1. If the VISION™ is down manual gel and tube testing should be performed in this order:
    a. STATs, Routine In-patients, Outpatients.
    b. Tests should be prioritized in the following order:
        1) Type and Screens
        2) Crossmatches
        3) Transfusion Reactions
        4) Antibody Identifications
        5) Direct antiglobulin tests
        6) Cord blood testing
        7) Rhogam evaluations
    c. Testing that can wait in minor disruptions: Eluates, Antibody Titers.

2. **Unstable Tests: send all testing to Corewell Health Hospital, Royal Oak if routine testing is not expected to be available within 24 hours**.
   This includes:
   a. Blood Types and antibody screens on outpatients or pre-admission testing patients.
   b. Cord Blood testing
   c. Direct and Indirect Coombs
   d. Inpatient Rhogam Evaluations including Fetal Maternal Hemorrhage screens when appropriate.
   e. Antibody Titers
   f. All outpatient Rhogam evaluation requests should be referred to another Corewell Health facility.

K. **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.**

6. Revisions

Corewell Health reserves the right to alter, amend, modify or eliminate this document at any time without prior written notice.

7. References

A. AABB, Technical Manual, current edition.
B. Emergency Response Procedures Quick Reference Guide

8. Procedure Development and Approval

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9. Keywords

Not Set