AABB Standards volume 4

In the previous standards chat, we discussed how Policies, Processes, and Procedures are created and approved. In this chat we will discuss the effect that AABB standards have on our emergency preparedness, and concerns about safety and quality.

**1.4** **Emergency Preparedness**

* The BB/TS shall have emergency operation policies, processes, and procedures to respond to the effects of internal and external disasters.
* As the name suggests, the *Departmental Disaster Plan* procedure and *External Disaster Plan* policy are directly related to this standard
  + - The *Departmental Disaster Plan* is designed to manage any severe internal incident that results in an effect on operations or causes a total loss of operations. The internal disasters are divided into three categories: facility alone, community alone, and facility and community.
    - The *External Disaster Plan* is designed to manage external disasters. Much of this procedure it a list of important parties to notify, including BB Leadership, the Medical Director, and our blood supplier.
    - There is also a WDL procedure called the *Laboratory Disaster Management Plan.* This plan follows the National Hospital Emergency Incident Command System (HEICS), and includes instructions for every department.
  + Did you know?
    - The first department to be notified in the event of a disaster by the Incident Manager is the blood bank!
    - Although the procedure on *Emergency Blood Products* seems like it would apply here, it is mostly governed by standards that we will learn about later in these chats.

**1.4.1** The emergency management plan, including emergency communication systems, shall be tested at defined intervals

* In accordance with the departmental disaster plan, our blood bank participates in yearly disaster plan drills.
* Heather has developed an internal and external drill for this purpose.
* The *Departmental Disaster Plan* policy indicates the frequency of the department’s participation

**1.5 Communication of Concerns**

* The BB/TS shall have a process for personnel to anonymously communicate concerns about quality or safety. Personnel shall be given the option to communicate such concerns to either their facility’s executive management, AABB, or both. AABB’s contact information shall be readily available to all personnel. Standards 6.1.5 and 9.1 apply.
* Standard 6.1.5 refers to the use of only current and valid documents. Standard 9.1 refers to corrective action.
* According to the WDL policy, *Quality and Safety Concern Documentation Procedure for Staff*, personnel can choose to anonymously communicate concerns about quality or safety to executive management or regulatory agencies (including AABB, CAP, CMS, and OSHA). You can find additional information posted on the back bulletin board such as our Anonymous Compliance Hotline (414)-259-0220 or comphotl@froedtert.com.
  + Of course, staff is welcome to communicate such issues to BB Leadership or the in-charge person if they feel comfortable. The most important thing is that issues with quality or safety are not ignored.
  + Quality Concern Documentation is kept for 2 years
  + The aim of our WDL policy is to document potential problems and their eventual resolutions

The goal of the AABB Standards Chat is to increase staff awareness as to their purpose and how they impact the Blood Bank’s policies and procedures. If you have a question about AABB standards, please see a member of BB Leadership.