Holyoke Medical Center, Inc.
575 Beech Street
Holyoke, MA 01040

Laboratory

Category 3

Laboratory Emergency Preparedness Disaster Plan

Purpose

To develop an Emergency Disaster Preparedness Plan that allows for the continuation of laboratory services in the face of internal or external emergency situations. The laboratory disaster plan provides for expansion of services in the event of an external disaster resulting in an extreme influx of patients and the decrease of on-site testing in case of an internal disaster, i.e. laboratory unable to operate due to damage.

Policy

It is the policy of the Holyoke Medical Center Laboratory to have in place an Emergency Disaster Preparedness Plan designed to manage the consequences of natural disasters or other emergencies both external and internal to the Medical Center that may disrupt the laboratory's ability to provide services.

Definitions

Casualty - This refers to any person injured due to a disaster, either internal or external.

Triage - This is a process of sorting casualties immediately after their arrival at the Medical Center.

External Disaster - This refers to any event which occurs outside of the Medical Center which results in injury to a number of persons. External disaster may include anything from a large automobile accident to an airplane crash, or covering such events as tornadoes, fires, explosions, floods, etc.

Internal Disaster - This refers to any event which occurs inside the Medical Center which either results in injury to a number of persons at the time of the disaster, or which necessitates total or partial evacuation of the Center or any interruption of vital hospital services. An internal disaster may include such events as fire, explosion, bomb threats, flooding, and tornadoes.

Code Definitions

With the exception of Code B and Code 333 (drill non-lab only), all employees must return to the laboratory. A "Code B" does not warrant an immediate return to the laboratory. Also refer to the "Red Folder", Emergency Preparedness Procedures posted throughout the Hospital.

Fire Alarm (Code 333)- Whenever the fire alarm system activates, telecommunications must

immediately announce the location of the fire three times over the public address system.

Code Yellow activates an alert or cautionary stage which serves to inform medical center employees that an emergency situation is imminent. The Code Yellow requires each employee to remain in or return to their work area and await further instructions.

Code Orange officially activates the hospital's External Disaster Plan. The Code Orange announcement will be repeated three times over the public address system.

Code Black officially activates the hospital's Internal Disaster Plan. A Code Black announcement will be repeated three times over the public address system including the exact disaster location.

Code "B": Infant Security Alarm System which, when activated, alerts Birthing Center Staff to a possible infant abduction. Refer to the policy *Infant Security Alarm: Response To* in the Administrative Policy Manual or the *"Code B"* card in red Emergency Preparedness Procedures book displayed in each laboratory area.

The Laboratory's response to a "Code B" situation is as follows:
   a. Secure all exterior exits in the immediate area.
   b. Laboratory personnel, as directed by the Manager in charge, are to secure the stairwell right outside of the Blood Bank by standing at the entrance to the stairwell on the first floor. The door located outside of the Microbiology Department must also be secured by standing at the entrance of the door.
   c. Be alert. Look for anyone carrying an infant, and/or a large bundle/bag that could conceal an infant.
   d. If seen, detain (if it can be done safely) and immediately call Security.
   e. Remain on alert until "Code B" is canceled.

Code "Gray": Lockdown is to limit access to the Emergency Department and/or the Medical Center.

Designated Areas Used During a Code
Command Post- The Main Conference Room (now known as the Fran Como Conference Room) area has been designated as the Command Post for all types of "codes". Pre-designated personnel, Team Leaders will coordinate or direct disaster response activities from this location.
Triage Area- Areas in which casualties will receive an assessment of their condition, a treatment priority assignment and a destination of the area within or outside the hospital to which they are to be sent. The Emergency Department waiting area will be utilized for this purpose.
Central Labor Pool- A Central Labor Pool will be established in the cafeteria of the medical center under the direction of the President or his designee. All volunteers and hospital personnel without specific assignments within their respective departments will report to the Central Labor Pool.

Procedure
A. ACTIVATING THE PLAN

Receiving of Information

    a. During normal business hours, the laboratory person first learning that the Medical Center's Disaster Plan is in effect will immediately contact the Laboratory Manager and/or the Chief Pathologist and provide him/her with all available information.

    b. After normal business hours, the laboratory person first learning that the Medical Center Disaster Plan is in effect will immediately contact the Pathologist on call, the Laboratory Manager, and the Blood Bank Supervisor.

    c. The Laboratory Disaster Plan is activated when the Laboratory Manager, Pathologist on call, or his/her designee based on the information available, decides that the situation will overtax or threaten the routine capabilities of the laboratory.

B. GENERAL INSTRUCTIONS

The following general instructions apply to ALL DEPARTMENTS and are in addition to any specific responsibilities assigned within this plan.

1. All breaks and meals are immediately canceled until rescheduled by the Laboratory and/or senior departmental staff member, as workloads permit.

2. Personnel completing their shift are not to leave until the alert is over OR until given permission by their supervisor. This applies to full alerts, standby alerts and drills.

3. ALL PERSONNEL shall immediately report to their department for assignment as required per code type.

4. The senior person present in each department shall obtain the disaster manual and make assignments as appropriate to the situation.

5. It is the responsibility of the senior person present in each department to ensure that their department is adequately staffed to meet the situation. Call lists with the current phone numbers of all departmental staff must be kept in each department office, each department head's home and in the home of a designated employee.

6. If the Laboratory Manager is not on the Medical Center's grounds, the senior person in the department shall notify him/her immediately, as well, as the Pathologist on call and the Blood Bank supervisor. The need to call in additional staff using the laboratory "Disaster Call List" will be made by the Laboratory Manager in conjunction with the Command Post Team Leader.

7. The Laboratory shall determine how much staff can be spared and then send one person from the laboratory to the Central Labor Pool with a listing of the names and job titles of all available staff who could report to the Central Labor Pool for disaster duties, if needed. These persons shall remain in the Central Labor Pool area for assignment or until released by the Team Leader assigned to that area.

    a. Print the AVAILABILITY DURING DISASTER list from the Access database. (Access>Lab>Public>LABSTAFF.mdb>Reports)

    b. Mark lab personnel on site as "AVAILABLE to POOL" or "AVAILABLE IN "DEPARTMENT". This is dependent on the type of disaster and the quantity of patients.

c. Mark other personnel as "CALL" and start calling if it is a "REAL" disaster.
d. List on site clerical personnel as "CALL" or start calling if it is a "REAL" disaster
e. Take a copy of the list to the Command Post with the RC Blood availability List.

8. Requests for additional staff from the Pool should be made by dialing extension **5284** or **5285** or by sending a written message to the Command Post.
9. Telephone use and paging is restricted to **essential** business during a disaster alert.
10. Use of all elevators will be restricted to disaster functions.
11. **Full Alerts-** During a full alert, all portions of this plan will be put into effect immediately.
12. **Standby Alerts-** If the initial announcement is for a standby alert, all staff will report to their department, disaster supplies shall be put into place and all departments shall report available staff to the Command Post Leader. Staff may then return to their normal work until a FULL ALERT is called, the alert is canceled or other instructions are issued.
13. Recalled staff shall enter the hospital through the Personnel/Human Resources door. All personnel should have their identification badge with them at all times. In a disaster situation, it may be needed to identify you as a hospital employee.

C. INTERNAL DISASTER
If the laboratory is evacuated:

1. The Phlebotomy Department shall operate out of an area designated by the Command Center Leader.
2. The senior person shall contact the Laboratory Manager or senior person on duty at Baystate Medical Center to alert them of the situation.
3. Routine and STAT work will be sent to Baystate Medical Center.
4. The senior person present shall determine which equipment must be moved to a safe location and in what order it should be moved.
5. The Blood Bank Supervisor, in conjunction with the Command Center Leader will determine the necessity of relocating the Blood Supply. If this is deemed appropriate, the supply shall be moved to the Noble Hospital Blood Bank with the assistance of the Materials Management Department.
6. Personnel not required for testing shall be sent to the Central Labor Pool in the Cafeteria.

D. EXTERNAL DISASTER
1. Two Phlebotomists shall report immediately to the Emergency Department "Proper" with Phlebotomy Trays.
2. Upon arrival in the Emergency Department the Phlebotomists will "draw" patients in order of priority as directed by the Registered nurse in charge of each specified area. The charge nurse will be identified by a bright red name tag stating **"R.N. Coordinator"**. The specified areas are The Emergency Room "Proper" where all **"Red Priority"** patients will be seen and the Ortho area where second category patients are located.
3. Patients will be identified by the numerical number initially given at triage and all patients will be issued a Blood Bank Typenex wristband for proper identification.
4. The "Dumb Waiter" will be used to deliver most specimens and a "runner" from the

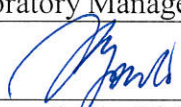Labor Pool will be utilized to deliver other specimens as needed.

5. All initial equipment and supplies will be provided by Laboratory personnel with additional supplies coming from the open stock in the Emergency Department. Should additional supplies be needed, a "runner" from the Labor Pool will be utilized.

6. Blood Bank personnel will inventory Red Cell and blood derivatives on hand, record the numbers available on the "Emergency Supply and Capacity Inventory Sheet", and bring the completed sheet to the Disaster Command Post TEAM LEADER in the Main Conference Room. The Red Cross Blood Bank Disaster Reserve will be utilized for needed supplies and the Command Post will be notified of urgent needs.
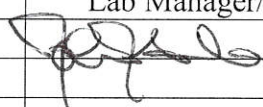
(See Blood Bank Disaster Plan)

7. The senior member of the Lab staff, in conjunction with the Disaster Command Post, will determine the staffing requirements and assign extra personnel to the Central Labor Pool.

Adopted or Date initiated: March 1992
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Approved By:		12/1/16
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Reviewed:

Date	Lab Manager/Designee	Date	Lab Manager/Designee
12/1/16			

Revision History			
Version	Summary of Changes	Author	Date
7	Updated HMC, disaster types (orange, black, added gray), sec. C internal disaster updated	glik	11/21/16