


SA 4 Path and Lab Emergency Operations Plan

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**PATHOLOGY AND LABORATORY MEDICINE SERVICE LEVEL  
EMERGENCY PLAN**

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***The Service Line Emergency Procedures are to be written separately for each Service Line and cover each different location (example staff in this service line working in building 5 would have a different evacuation location than staff working in building 16).***

***Locations staff in Pathology and Laboratory Medicine Service work:***

- 1. Building 3A***
- 2. Building 3C***
- 3. Building 5A***

***These plans will be added to the Facility Comprehensive Emergency Management Plan MCM 138-21***



## I. INTRODUCTION

### A. PURPOSE

This document establishes the Pathology and Laboratory Medicine Continuity of Operations (COOP) Plan for circumstances in which any office location is threatened or incapacitated, and relocation of Pathology and Laboratory Medicine personnel and processes must occur. It also provides policy and guidance to ensure the capability to implement actions that allow continuation of Pathology and Laboratory Medicine mission-critical processes—no later than 12 hours after COOP activation and to be maintained for up to 30 days.

This plan also enables the Pathology and Laboratory Medicine to provide timely, integrated, and coordinated responses to events that may stress or overwhelm the Healthcare System and its capability to respond. It facilitates the Service's continuity of operation and includes procedures that shall be taken for specific types of emergencies (e.g., terrorism, weather, fires, etc.) that may impact employees, patients and visitors.

### B. POLICY

**Pathology and Laboratory Medicine** will be prepared to respond to a natural, industrial/technological or man-made disaster, suspected case of bioterrorism or other types of emergency in a manner that protects the health and safety of its patients, visitors, and staff. These procedures are coordinated with the Healthcare System's emergency response procedures as aligned in the Facility Comprehensive Emergency Management Plan (CEMP). All employees will know and be prepared to fulfill their duties and responsibilities outlined in this Service Line EOP and the facility CEMP and provide the best possible emergency care. Supervisors will ensure that employees are aware of their responsibilities and are trained on and understand this plan. **This plan will be reviewed upon assignment to Pathology and Laboratory Medicine and at least annually thereafter.** Employees should be allowed the opportunity to attend preparedness and emergency management training, when available.

This Plan will be reviewed ANNUALLY and updated as required. The plan will be evaluated a minimum of twice a year in conjunction with the Healthcare System's Exercise Program or during response and recovery drills. The Alert and Notification System and Geographically Separated Clinics will be drilled quarterly.

### C. PROCEDURES

**Pathology and Laboratory Medicine** Service Line Emergency Operations Plan should be adapted as needed and will be used to enhance and coincide with the CVVAMC Comprehensive Emergency Management Program (CEMP). The Incident Command System (ICS) is activated at the discretion of the Medical Center Director or designee.

**Pathology and Laboratory Medicine** Service Line Emergency Operations Plan may be activated by the Service Chief or designees outlined in the Service's delegation plan.

**Pathology and Laboratory Medicine** Service Line Emergency Operations Plan is organized into the four phases of emergency management: mitigation, preparedness, response and recovery.

## II. MITIGATION

Mitigation begins by identifying potential vulnerabilities (hazards) that may affect the daily operations of **Pathology and Laboratory Medicine**, followed by development of strategies to strengthen the perceived areas of vulnerability within the Service Line. Vulnerabilities should be reported to the Emergency Preparedness Coordinator. The Medical Center



conducts a Hazard Vulnerability Analysis annually, which is used to develop Service Guidelines/SOP's to reduce the severity and impact of emergencies related to the most likely hazards.

#### A. HAZARD IDENTIFICATION

1. The hazards and threats are identified and summarized in the Medical Center or Clinic Hazard Vulnerability Analysis (HVA).
2. **Pathology and Laboratory Medicine** is prepared to execute a partial or total evacuation in the event a building becomes unsafe or uninhabitable for a period of time. In the event of a partial evacuation, the affected areas will execute a horizontal or vertical move to unaffected areas as identified in this plan. In the event of a total evacuation, affected patients and staff will be moved to a designated assembly area as identified in this plan. All geographically separated clinics will immediately evacuate to designated rally points.
3. For all types of hazards, the person in charge of the Service during an incident shall take command and control of the service and take necessary action to ensure the safety of patients, visitors and staff. This individual shall notify their Service Chief or the designated management personnel, as soon as everyone is safe and time permits. Upon the arrival of professional emergency personnel, such as firefighters or police officers, professional personnel shall take command and control of the incident. Site Managers have command and control until relieved from a higher authority.

### III. PREPAREDNESS

The preparedness phase of the **Pathology and Laboratory Medicine** plan refers to activities to build capacity and identify resources and assets that may be used to continue services. This activity involves developing an Emergency Plan, establishing communication, and coordination with the Healthcare System, Emergency Preparedness Coordinator, Incident Command Center (ICC) members, all Services, and other VA organizations assigned to this campus. It includes staff training on basic response actions, and participating in drills and exercises.

#### A. CONTINUITY OF OPERATIONS (COOP)

It is the policy of **Pathology and Laboratory Medicine** to comply with the Medical Center CEMP, as well as the COOP Plan, that it will maintain service delivery or restore services as rapidly as possible following an emergency that disrupts those services. As soon as the safety of patients, visitors, and staff has been assured, **Pathology and Laboratory Medicine** will give priority to providing or ensuring the restoration of services to include veterans access to health care.

1. **Pathology and Laboratory Medicine** will take the following actions to increase its ability to maintain or rapidly restore essential services following a disaster:
  - a. Ensure the safety of patients, visitors and staff.
  - b. Ensure continuous performance or rapid restoration of the essential services during an emergency.
  - c. Protect medical records, to the extent possible, from fire, damage, theft and public exposure. If any facility is evacuated, contact the Information Security Officer, Privacy Officer, Records Management Officer and VA Police Service to coordinate security and ensure the privacy and safety of medical records.



- d. Protect any identified vital records, data and sensitive information, such as personnel files, insurance information, credit cards, and passwords.
- e. Maintain a contact list of vendors who may supply specialized equipment. Ensure the Logistics Section Chief also has this information.
- f. Place or request fire extinguishers near critical equipment, train staff in their use, per the Fire Safety policies.
- g. Maintain contact list of emergency contact numbers.
- h. Ensure availability of a phone and phone lines that do not rely on functioning electrical service. (Government and personnel BlackBerry, Cell Phones, etc.)
- i. Request priority status for maintenance on any items that you feel could be unsafe. Ensure you notify Engineering Service at extension 72674.

## B. ESSENTIAL FUNCTIONS

The identification and prioritization of essential functions is the foundation for continuity planning. Essential functions are the functions required to continue the Veteran Health Administration's Primary Mission Essential Function (PMEF). The PMEF is to provide medical and hospital services for veterans and, during a disaster or emergency, to civilian victims as appropriate.

1. The Mission Essential Functions (MEFs) are a broader set of essential functions that Veteran Health Administration must continue throughout or resume rapidly after a disruption of normal activities but are not identified as PMEF. The MEF are to continue healthcare to Veterans, carry out VA/DOD Contingency System requirements, furnish VA hospital care to responders and victims, and activate or support the National Disaster Medical System (NDMS).
2. Essential Supporting Activities (ESAs) are supporting functions that the healthcare system must continue in a continuity activation to support the PMEF and MEFs.
3. **Pathology and Laboratory Medicine** identifies the following Essential Supporting Activities (ESAs) that support the MEFs and PMEFs.

FUNCTION	CRITICALITY	LOCATION
Lab Testing	High	3A
Point of Care Lab Test	Moderate (lab testing as back up if POC testing unavailable)	All Clinical Patient Locations outside of the lab

## C. ORDERS OF SUCCESSION

1. Orders of succession provide for the orderly, predetermined assumption of Executive Leadership, Service Chiefs, and Program Managers during an emergency if any of these individuals are unavailable or unable to execute their legal duties.
2. An Order of Succession for key Pathology and Laboratory Medicine positions are developed to ensure an orderly, and pre-defined, transition of leadership at the Service level if individuals occupying them were incapacitated or otherwise unavailable.



3. **Pathology and Laboratory Medicine** succession will occur in the event of the death, resignation, or otherwise inability to perform the functions and duties of the position. Successors will exercise authorities and functions only until superseded by an official higher on the list or by a successor specifically designated by proper authority to assume direction.
4. The following table documents the Orders of Succession for the **Pathology and Laboratory Medicine**:

OFFICIAL TITLE	NAME	EXTENSION	LOCATION
Pathology and Laboratory Medicine Chief	Dr. Aml Girgis, M.D.	X72478	107-3
Chief Medical Technologist	Ruth Simmons	X72479	111-3
See Cascade Call List for Lab Personnel			

#### D. DELEGATIONS OF AUTHORITY

1. To ensure rapid response to any emergency and minimize any disruption, the **Pathology and Laboratory Medicine** has pre-delegated authorities for making decisions, and ensuring the directives as delegated by the Medical Center Director or designee are carried out and are taking necessary actions in emergency situations and communicating with Incident Management Team.
2. **Pathology and Laboratory Medicine** has identified delegation authority for the continued performance of their essential functions is critical, and therefore is established prior to disaster events to avoid lapses in leadership and ensure continuity. These individuals are identified in **Pathology and Laboratory Medicine** delegation of authority: See Lab General Manual Laboratory Director Delegation of Responsibilities Version 2.0

#### E. COMMUNICATIONS

1. **Primary Communication Methods.** Dependable, reliable, and redundant communication systems are essential during emergency situations. The **Pathology and Laboratory Medicine** that the success of facility operations during an emergency is dependent upon the identification, availability, and redundancy of critical communication systems to support connectivity to internal organizations, other agencies, and the public.
  - a) The primary means of emergency communication is by individual facility telephone or private cellular phone. If telephones fail, the Service Line will notify OI&T by any means available including using telephones in another area of the medical center, clinic, cell phones, messenger or e-mail. If necessary, runners should be used.



- b) If telephone and radio communications are unavailable, runners will be used to take messages to and from the clinic and appropriate agencies rendering assistance.

## 2. Secondary Communication Methods.

- a) **SATELLITE TELEPHONE.** CVVAMC has a standalone satellite telephone located in the Incident Command Center.

## 3. Internal Notification

- a. **Pathology and Laboratory Medicine** will compile and maintain an internal Cascade Calling System that will include the following information for all staff: *name, home phone, cell phone, and preferred method of contact during off hours*. PLMS staff have electronic access to the Lab Cascade Call List and can print paper copies at will.
- b. The Staff Cascade Calling System contains sensitive contact information and will be treated confidentially. The list of staff phone numbers will be kept on the secure share drive, as well as onsite by key employees and at key locations.
- c. The VA Emergency Alerting and Accountability is utilized for mass notification. Employees are responsible for keeping their information updated. **Pathology and Laboratory Medicine** Service Chief or designee is responsible for ensuring all staff members are registered in the system.
- d. Staff alerts and notifications will be executed through a manual cascade calling system or automated notification system.
- 1) **ADVISORY**: An advisory is the potential need for a medical response, for example a Weather Advisory (flash floods).
- 2) **ALERT**: An alert requires an elevated preparedness, as a response is likely or imminent. (For example, hotel fire or HAZMAT spill.)
- 3) **NOTIFICATION**: A notification is sent when an event requires the Medical Center Hospital Command Center activation. A response action is required. (For example, inbound patients, or power failure).
- e. Pathology and Laboratory Medicine may request portable handheld radios, when needed, from the Emergency Operation Center. Radios will be utilized to communicate with the Incident Command Section. Radios will be signed out through Police Dispatch (4C).

## 4. External Notification.

- a) Pathology and Laboratory Medicine maintains external contact list of phone numbers of key vendors, stakeholders, resources of basic support services for operations **EXAMPLES** (e.g., specialized, repair services, etc.).

VENDOR	SERVICE	PHONE	CELL	EMAIL
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N/a

- b) **Pathology and Laboratory Medicine** maintains contact information for use in response to disasters **EXAMPLES** (VISN program offices, MOA/MOU with other VHA agencies)





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AGENCY	SERVICE	PHONE	CELL	EMAIL
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- b) **Pathology and Laboratory Medicine** provides the status, number of ill/injured, types of patients presenting conditions, resource needs and other information requests, to the Hospital Incident Command Center. The Public Information Officer will coordinate release of information with the Incident Commander.

**F. HUMAN RESOURCE**

1. During any emergency, including continuity activation, the Incident Command may activate continuity personnel, referred to as the Labor Pool. The Labor Pool consists of staff not immediately involved in the current event.
2. Service Chiefs are expected to release staff not essential to the current event to the Labor Pool. Labor Pool personnel are expected to perform assigned duties. Personnel assigned to the Labor Pool may report to a different service line during an event.

**G. VITAL RECORDS**

1. **Pathology and Laboratory Medicine** has identified how it will protect and have readily available electronic and hardcopy documents, references, records, information systems, data management software and equipment required to support essential functions during continuity activation.

VITAL RECORD	LOCATION OF RECORD	RESPONSIBLE PARTY FOR RELOCATING
Cascade Calling Roster	Email/MTS	Lisa Lee
Service Level Emergency Plan	Media Lab	Lisa Lee
Financial Records	N/a	
Credit Card Purchase Info	N/a	
Bldg. Blue Prints	Engineering	Engineering
MCM/SOPs	Media Lab	Ruth Simmons

2. Pathology and Laboratory Medicine has identified the personnel requiring access and vital records and systems to enable them to perform essential functions. The following individuals are authorized VPN access to access electronic records when assigned to an alternate location without VA a network. **Non-applicable to Pathology and Laboratory Medicine Service Line personnel.**

**H. AGREEMENTS AND MOAs**

1. It is essential that written agreements such as a Memorandum of Agreement (MOA) be in place prior to emergency events requiring cooperation from other entities. MOAs allow requirements to meet requirements, define relationships for emergency management and should be maintained under Vital Records.



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- I. The following agreements and MOAs for the **Pathology and Laboratory Medicine** have been established and are listed in of this plan. **NO MOA'S**

J. **PLAN DEVELOPMENT AND MAINTENANCE**

1. Service Line leadership will take the following measures to ensure that **Pathology and Laboratory Medicine** will be able to respond during an emergency.
  - a. Assign emergency response duties to personnel.
  - b. Ensure staff are trained to perform emergency roles.
  - c. Ensure the locations of key supplies, hazardous materials, and other supplies or hazards are updated.
  - d. Ensure that Medical Center drills and exercises are critiqued.
  - e. Review and update this plan annually.
  - f. Ensure the service is aware of and prepared to meet emergency preparedness

2. The following table summarizes the review schedule of the Service Line Emergency Operation Plan for **Pathology and Laboratory Medicine**.

ACTIVITY	TASKS	FREQUENCY
Plan update and certification	<ul style="list-style-type: none"><li>Review entire plan for accuracy</li><li>Incorporate lessons learned and changes in policy and philosophy</li><li>Manage distribution of plan updates</li></ul>	Annually
Maintain and update Orders of Succession and Delegations of Authority	<ul style="list-style-type: none"><li>Obtain names of current incumbents and designated successors</li><li>Update Delegation of authorities</li></ul>	As needed, or at least Annually
Checklists and Emergency Contacts	<ul style="list-style-type: none"><li>Update and revise checklists and emergency contact lists</li><li>Ensure annual update/validation</li></ul>	Quarterly
Review and update supporting Memoranda of Understanding/Agreements	<ul style="list-style-type: none"><li>Review current and new needs</li><li>Incorporate changes, if required</li><li>Obtain signature renewing agreement or confirming validity</li></ul>	Annually

IV. **RESPONSE**

A. **STAFF GENERAL RESPONSIBILITIES**

1. **Pathology and Laboratory Medicine** will mobilize required resources and take actions required to manage its response role as determined by the Medical Center Director.
2. **Pathology and Laboratory Medicine** may play a variety of roles in responding to disasters. This may include providing emergency medical care, supporting temporary



shelters, or expanding primary care services to meet increased veteran/community needs created by damage to other health facilities.

3. **Pathology and Laboratory Medicine** may also provide runner service or patient evacuation assistance during disaster situations at the Medical Center; however, Service Lines that provide mission essential function as determined by the Director may not have resources/staff available for alternate duties. Service Line roles may be constrained by limited resources and technical capability and by the impact of the disaster on the Medical Center.

**B. Pathology and Laboratory Medicine** Unique response roles: PLMS staff will provide basic laboratory testing services to include clinical chemistry, hematology, blood banking and microbiology.

**C. STAFF NOTIFICATION**

1. Upon receipt of an alert from a credible source, the Medical Center Director will notify key staff and request the activation of the Facility Comprehensive Emergency Operations Plan, Incident Command System and/or Hospital Incident Command Center.
2. Fires, serious injuries, threats of violence and other serious emergencies should be reported to VA Police by calling 75555. All staff should initiate emergency response actions consistent with the emergency response procedures outlined in the Emergency Operation Plan.
3. Staff should always be vigilant to their surroundings and if they see something they should say something. Report any suspicious activity or personnel immediately to VA Police at extension 75555..
4. If the emergency significantly impacts **Pathology and Laboratory Medicine** immediate area, the Service Chief or designee will notify the PENTAD and VA Dispatch as quickly as possible after taking steps necessary to prevent loss of life or property. VA Dispatch must be contacted to ensure timely notification external responders.

**Pathology and Laboratory Medicine** may utilize the cascade calling roster or the automated alert and notification system to contact staff. The cascade calling rosters must be updated as changes occur and validated in Jan and Jul of every year.

**D. SUPPLEMENTING STAFF**

1. The **Pathology and Laboratory Medicine**, Service Chief or designee, at the discretion of the Medical Center Director, will activate the Service Level Emergency Plan for supplementing staff during a large-scale disaster or public health crisis that results in extending the Medical Center hours of operation. The type of disaster or public health crisis will determine the minimum number and categories of personnel needed to care for patients and other services in support of patient care.
2. **Pathology and Laboratory Medicine** supplementing staff will be coordinated through the Hospital Command Center's Labor Pool. The Labor Pool Unit Leader will establish reporting requirements, licensing and credentialing protocol and ensure competencies are current. When activated, the Labor Pool is in the VTEL on 2B.

**E. MEDICAL EMERGENCIES**



1. **Triage/First Aid:** The Chief of Staff, Medical Care Branch Director or Employee Health and Well Being Unit Leader will establish a site for employee triage and medical treatment. Information will be annotated in the Medical Care Plan, HICS Form 206 and disseminated to the Incident Manage Team. Triage decisions will be based on the patient condition, clinic status, availability of staff and supplies and the availability of community resources.
2. To the extent possible, patients, staff or visitors injured during a disaster will be given first aid by Service Staff. If Service Staff are not capable of treating patients, staff or visitors, they should coordinate with Hospital Command Center and verify the instruction on the Medical Care Plan (HICS 206) for employees. Critical patients should be tagged and transported to the Urgent Care Center.

#### F. EVACUATION PROCEDURES

1. The decision to evacuate is not an easy decision. Patients should be evacuated only when necessary. Examples include when they are in danger based upon a fire, smoke or hazardous material spill. Evacuation may also be required because of physical facility damage, where the patient is in more danger by remaining in place than being moved. Only the Medical Center Director, Incident Command or Fire Department can order the total evacuation of the Medical Center.
2. Depending upon the nature of the warning and the potential impact of the emergency, the Medical Director may decide to evacuate the facility; suspend or curtail clinic operations; take actions to protect equipment, supplies and records; move equipment and supplies to secondary sites; backup and secure computer files; or other measures they may find appropriate to reduce clinic, staff and patient risk.
3. Knowledge of the procedures best suited for each classification is essential and staff should do everything possible to assist in the evacuation of patients. It is the **Pathology and Laboratory Medicine** Service Chief's responsibility to ensure that their employees are trained on evacuation procedures.
  - a. The Medical Center and Community Living Center classified as healthcare occupancy and will evacuate horizontal first and then vertical, when necessary.
4. The **Pathology and Laboratory Medicine** Service Chief or designee, will consider the following options, depending on the nature, severity and immediacy of the expected emergency:
  - a. Secure the area until after the disaster/event has passed. Ensure patients, staff and visitors are safe.
  - b. For forecasted events review plans and procedures, key members respond to the Hospital Command Center as requested by the Medical Center Director.
  - c. Check inventory of supplies and **pharmaceuticals**. Augment as needed.
  - d. Ensure essential equipment is secured, computer files backed-up and essential/Vital records stored in alternate locations.
  - e. With Director or designee approval, cancel scheduled appointments as needed.
  - f. If needed identify Alternate Operational Area location.
  - g. Take shelter as appropriate for the expected disaster.



- h.** Ensure staff is informed of callback procedures and actions they should take if communications are not available.
  - i.** Take protective action appropriate for the emergency.

## **V. RECOVERY**

This phase includes activities taken to assess, manage and coordinate the recovery from an event as the situation returns to normal. These activities include:

### **A. DEACTIVATION OF EMERGENCY RESPONSE ACTIVITIES**

The Medical Center Director or designee therefore will call for demobilization of the emergency response when the Medical Center can return to normal or near normal services, procedures, and staffing. Post-event assessment of the emergency response will be conducted to determine the need for improvements.

### **B. ESTABLISHMENT OF AN EMPLOYEE SUPPORT SYSTEM**

**Pathology and Laboratory Medicine** may request veteran and employee support systems as needed. Mental Health Section will coordinate critical incident stress debriefing sessions and transition to veteran and employee assistance programs as needed. The Healthcare System recognizes that veterans, staff and their families are impacted by community-wide disasters. The Healthcare System will assist veterans and staff in their recovery efforts to the maximum extent possible.

### **C. ACCOUNT FOR DISASTER-RELATED EXPENSES**

The Finance/Administration Section of the Medical Center Incident Management Team will account for disaster related expenses. All expenses related to the event will follow normal Medical Center approval and acquisition processes.

### **D. RESTORATION OF SERVICES**

**Pathology and Laboratory Medicine** will take the following steps to restore services as rapidly as possible:

- 1.** If necessary, have damage repaired or coordinate through the Incident Command, and relocate to a new or temporary location.
- 2.** Replace or repair damaged medical equipment.
- 3.** Expedite structural and any licensing inspections required to re-open.
- 4.** With the direction of the Medical Center Director, facilitate the return of Service Line capabilities to normal operations.
- 5.** Replenish expended supplies.
- 6.** Decontaminate/Sanitize equipment and facilities.
- 7.** Attend to the psychological needs of veterans and staff.

### **E. AFTER-ACTION REPORT**

- 1.** After each event, **Pathology and Laboratory Medicine** will participate in scheduled out briefs (HOTWASH) and will conduct an after-action debriefing with staff. **Pathology and Laboratory Medicine** shall produce an after-action summary describing its activities and corrective action plans including any recommendations for modifying procedures, additional training and improved coordination.



2. **Pathology and Laboratory Medicine** will forward the completed after-action summary to the Emergency Manager within 3 business days following an event.

## VI. SERVICE LINE SPECIFIC EMERGENCY PROCEDURES

### A. ACTIVE THREAT RESPONSE:

When confronted by an Active Threat incident, the individual must choose a response appropriate to the incident and with concern for their safety and that of others, including patients. The incident may be very fluid and may require moving from one response to another as the situation unfolds.

If an active threat or an active shooter is identified in an area near one of our facilities, all individuals in the facility will be notified that there is a critical incident and emergency actions will be initiated. There will be an overhead page announcing Active Threat/Active Shooter. There is NO code used in these instances. The area where the threat is taking place will also be announced. All staff members, patients and visitors must take protective action until law enforcement contains the situation. The following are actions that every employee should understand and practice, before a situation happens. The first step when you hear gun shots or the overhead page is to evacuate or run from the area.

1. **Evacuate (RUN):** As defined by this policy, evacuate means to rapidly and safely leave an area directly impacted by an Active Threat incident. Unlike a traditional fire response, evacuation from the area of an Active Threat may not always be the best option available. Evacuation is best suited in a setting where there is clear access to an escape route or for people in the immediate area of an attack that is underway. Staff members should evacuate to a secured area and notify personnel of the situation. You should contact your supervisor and let them know where you have evacuated. Evacuation locations for the following areas are:
  - a. **Staff are trained to go out the nearest door (opposite door from threat) and run towards parking lot outside of building 3A**
  - b. **Staff are trained to contact VA Police Dispatch at ext. 75555**
  - c. **Staff will implement accountability procedures and ensure they put cell phone on silent/vibrate.**
2. **Evade (HIDE):** In this context, “evade” equates to “shelter in place.” The Pre-identified shelter in place locations mounted on the walls are for tornado warnings, NOT active threats. These locations may put you in open areas. Staff are encouraged to self identify areas in their location that can be used to hide. Seek areas that provide protection by use of walls, lockable doors and furniture/movable fixtures. Where there is no pre-identified shelter in place location, or when the shelter in place location is not immediately available, staff will improvise to the extent possible. Once you are in the room, close and lock the door(s). If you cannot lock the door(s), try to block the door(s) with furniture (**Evade/Hide**). Turn off all lights, close the blinds and stay away from the windows and doors.
  - a. Seek protective cover within room.
  - b. Silence cell phones, keep quiet and act as if no one is in the room.
  - c. Ensure someone in the room calls extension 75555 or 911 (from cell phone).



- d. Do not answer the door or respond to commands until you are certain they are issued by a police officer (contact dispatch or 911 to verify if an officer is at the door).
- e. Wait for police to assist you in getting out of the building.

*Wait for the police to come and find you. Don't open the door **UNLESS YOU ARE CERTAIN IT IS A RESPONDING OFFICER**. Outside law enforcement officers may be responding to the incident. **Dispatch can confirm the identity of the responding officers**. This is the primary use of the land line, office phone, or cell phone.*

- f. Primary responding officers are there to stop the threat (not render aid), and to reduce the number and severity of injuries. **RESCUE TEAM(s)** will identify themselves and render aid.
- 3. **Engage (Fight):** Staff should only take physical action against a suspect as an **absolute** last resort when their life is in immediate danger. VA understands that in some circumstances, attempts by an employee to evacuate or evade may not be successful or safe and if confronted by an attacker, the employee may have to act to protect their life.
- 4. **Comply:** Staff should remain calm, stay where you are told to stay, **FOLLOW DIRECTIONS, SHOW OPEN HANDS PALMS FACING ALWAYS TO THE RESPONDING OFFICERS, AND NO QUICK MOVEMENTS**. Drop items in your hands and do not yell, scream or point.
- 5. **Recovery:** After the event and personnel are safe, ensure 100 % accountability of all staff assigned to the service. If personnel are on duty, but their location is not known, contact the Incident Command Center at extension 73598 or 73599. Staff should be allowed time to contact the Employee Assistance Program or support from the Psychological First Aid Team.

## **B. FIRE RESPONSE (CODE RED)**

- 1. **Description of the Threat/Event:** A fire at any level has the potential to stress the healthcare system and require a quicker response than most emergencies. Whether they are the cause of a local failure or the result of another event, any major fire at any location will test the response capabilities to the fullest, and may result in significant numbers of casualties and extreme property damage, if not managed effectively. **Indicators that there may be a fire:**
  - a. The smell of smoke or fire.
  - b. Smoke.
  - c. The activation of the sprinkler system.
  - d. The Fire Alarm activation and flashing strobe lights.
  - e. Paging Intercom system.
  - f. Someone notifying individuals of fire or smoke.
- 2. **Staff Responsibilities:** All staff shall become familiar with the potential fire hazards within their area and maintain awareness of any special procedures necessary to ensure the safety of personnel and of the occupants of the area involved.
- 3. **Fire Response:** When a fire is discovered, staff are expected to take the following actions:



- a. **“R” RESCUE:** Immediately notify others on the floor or in the area. Rescue any patients or victims in the fire area and close the door to the room or area involved. Do Not Attempt to Open the Door!
  - b. **“A” ALARM:** Activate the alarm by pulling the nearest fire alarm pull station and call 74313 and report the fire. It is extremely important to give the room number and facility address.
  - c. **“C” CONFINE:** Close all doors as appropriate. Direct patients and visitors to keep the door closed until advised otherwise. Keep calm and try to reassure patients. Check to make sure all fire/smoke doors have been closed and are not blocked. Clear the building area and follow the direction of law enforcement, safety office, or local fire and rescues staff.
  - d. **“E” EVACUATE/EXTINGUISH:** Only extinguish small controllable fires. The best defense is to close the door and evacuate the building area.
  - e. The order of the above steps will depend on your best judgment. Always evacuate persons in immediate danger first.
4. **Fire Extinguisher Procedures:** It is important that you know where fire extinguishers are in your area and how to operate them. Only carry the unit erect by the handle and activate, using the following steps:
  - a. **“P” PULL:** Pull the pin. When you reach the scene of the fire, pull out the pin in the handle, and raise the nozzle.
  - b. **“A” AIM:** Aim the nozzle at the base of the fire.
  - c. **“S” SQUEEZE:** Squeeze the handles to activate the flow.
  - d. **“S” SWEEP:** Sweep the nozzle from side to side across the base of the fire.
5. Personnel shall be trained on fire extinguishers and be knowledgeable of their roles and responsibilities during fire emergencies. The nearest fire extinguishers are in the following areas:
  - a. **Located to left of entrance to Lab Conference Room 112-3 on 3A.**
  - b. **Located to the right of Lab 3A Main entrance; to left of Blood Collection Room 119-3.**
  - c. **For Histology: B114-3 on 3B and to left of BM109-3 OI&T on 3B**
1. **EVACUATION** An **evacuation** is the immediate and urgent movement of people away from a threat or actual occurrence of a hazard. When you evacuate, you should leave your work area immediately and **close the door behind** you (if possible, grab keys, purse or jacket).
2. **INTERNAL EVACUATION PROCEDURES** (from one area of the hospital to another.)
  - a. Evacuation procedure can be classified as:
    - 1) Horizontal evacuation (through a set of fire rated doors to a safe refuge area).
    - 2) Vertical evacuation (utilizing exit stairwells).
    - 3) Total evacuation





- b. Knowledge of the procedure best suited for each classification is essential and staff should do everything possible to assist in the evacuation of patients, visitors and staff.
  - c. It is the Service Chief's responsibility to ensure that their employees are trained on evacuation procedures.
- 3. **HORIZONTAL EVACUATION (SAFE REFUGE AREAS)** involves moving patients, visitors, and/or employees from a single endangered area, to a safe area on the same floor. VA personnel should lead all ambulatory patients away from the dangerous area.
  - a. Employees will be trained annually on disaster functions provided for by specialized medical staff. It is the Service Chief's responsibility to ensure employees are trained on these functions.
  - b. When non-ambulatory patients are involved, horizontal evacuation can usually best be accomplished by allowing non-ambulatory patients to remain in their bed or wheelchair and moving the patient in the bed or wheelchair out of the dangerous area. Use of beds may not be possible if:
    - 1) Doorways or other areas are obstructed so beds may not be pushed through them;
    - 2) Beds are on fire. (Never push a smoldering or blazing bed into a corridor); or
    - 3) Patients that are in traction staff should utilize on the of various evacuation tools assigned to the unit.
  - c. In case of fire, every effort should be made to confine the fire to the single room, ward, or area involved. This requires isolating the area, if possible, and the intelligent use of first-aid and fire-fighting equipment.
- 4. **VERTICAL EVACUATION** is the vertical movement of patients, visitors, and/or employees from an area, floor or wing of the Medical Center, to the outside grounds, or another floor, which is safe and is likely to remain so. Vertical evacuation involves beds, mattresses, and other means for conveyance to remove non-ambulatory patients. Ambulatory patients should form a human chain by clasping hands and following a lead nurse or other competent member of the staff. Vertical evacuation of non-ambulatory patients may only be ordered by the Medical Center Director or the Incident Commander.
  - a. Vertical evacuation could be put in effect in the event of a major fire, a severe smoke condition, major water leak, structural damage, bomb threat, etc.
  - b. Places of safety in these instances may include buildings on the premises or buildings completely outside the danger zone.
  - c. Vertical evacuation should be achieved with the aid and assistance of every member of the staff.
- 5. **TOTAL EVACUATION** is the lateral or vertical movement of all patients, visitors and/or employees from a wing or the entire facility, to the outside grounds or an adjacent protected area which is safe and which is likely to remain so.

Total evacuation could be put in effect due to a major fire, a severe smoke condition, major water leak, serious earthquake, or terrorist attack, etc. Places of safety in these instances may be buildings on the premises or buildings completely outside



the danger zone. Total evacuation would be achieved on a maximum scale; staff will be requested to do everything possible to assist.

### C. SERVICE EVACUATION ROUTES

1. **Pathology and Laboratory Medicine** has identified primary and alternate evacuation routes should be exercised annually. The following evacuation routes have been identified for personnel assigned to this service (include evacuation routes/locations for external evacuation locations as well ...bomb):

- a. **Vertical:**

- 1) **For Histology: Up half flight from stairwell to building exit to 3A parking lot**

- b. **Horizontal:**

- 1) **Building exit from 3A to parking lot.**

### D. SERVICE RALLY POINTS

1. **Pathology and Laboratory Medicine** has identified a specific rally point should be exercised annually. The following rally point has been identified for personnel assigned to this area: 3A parking lot.

### E. BOMB THREAT (CODE OMEGA)

1. **Description of the Threat/Event.** Bomb threats represent a serious threat to any private or public institution. Securing the environment of care is a challenging and continual effort for most Healthcare Systems and no facility is without risk. Effectively managing the risk is crucial to maintaining the protection and openness balance for our patients and staff. CVVAMC recognizes that bomb threats have a high impact on our healthcare delivery.

Bomb threats may be received verbally, written or may be delivered in a variety of ways (suspicious package). Most threats are called into the targeted area. Occasionally these calls are through a third party. Sometimes a threat is communicated in writing or by a recording. Two logical explanations for reporting a bomb threat are:

- a. The caller has definite knowledge or believes that an explosive or incendiary bomb has been or will be placed and he/she wants to minimize personal injury or property damage. The caller may be the person who placed the device or someone who has become aware of such information.
- b. The caller may desire to create an atmosphere of anxiety and panic which will in turn, result in a disruption of normal activities at the facility where the device is reportedly placed.

- c. **Actions to take if you are responding to a bomb threat.**

3. Report any suspected bomb threats immediately to VA Police Dispatch ext. 75555 utilizing the CVVAMC Telephone Bomb Threat Checklist to report the threat.



- 1) Report any suspected bomb threats immediately to VA Police Dispatch ext. 75555, utilizing the CVVAMC Telephone Bomb Threat Checklist to report the threat.
  - 2) Never use a radio or cell phone
  - 3) Keep caller on line as long as possible (use bomb threat checklist) NEVER place caller on hold, hand up or transfer the call.
  - 4) Notify service line manager
  - 5) Manager will initiate search of area for suspicious and unrecognized items and report findings to VA Police.
  - 6) At the direction of the facility director, Incident Commander or designee initiate evacuation to designated rally points.
  - 7) Conduct complete accountability to include staff, visitors and veterans in the area.
- d. **Actions to take if a letter or package contains powder or a foreign liquid.**  
Again, do not panic and follow these steps for unknown substance:
- 1) Try not to panic, do not smell or inhale contains. Do not handle the package any longer than you must.
  - 2) Place the package or envelope into a bin (preferably a trash bin with a plastic liner, then seal the liner); do not touch, sniff, taste or look closely at it or any contents that may have spilled. Use the nearest available trash container. If a plastic bag is available, seal the package inside the plastic bag or container. No not move the package out of the room.
  - 3) Do not attempt to try to clean up the power or liquid.
  - 4) Do not wave the letter in the air or ask others to come look at the package or letter.
  - 5) Avoid any extra contact with the suspicious item.
  - 6) Alert others in the immediate area, leave the room, close the door and act to prevent others from entering the room. Assign someone to monitor the doors and ensure no one enters the room.
  - 7) Immediately notify VA Police Dispatch at ext. 75555, and the **Pathology and Laboratory Medicine** Chief or designee. VA Police Dispatch will make all additional notifications.
  - 8) Personnel who have potentially been contaminated should go to the nearest restroom and wash your hands with soap and water to help prevent spread of contamination. Ensure you wash off all exposed areas. Close the restroom and assign someone to monitor the door and prevent anyone from entering until the area is cleared by emergency responders.
    - a) Remove, if possible, heavily contaminated clothing and place in a bag or wastebasket.
    - b) Give the clothing to the emergency responders on site for proper handling.

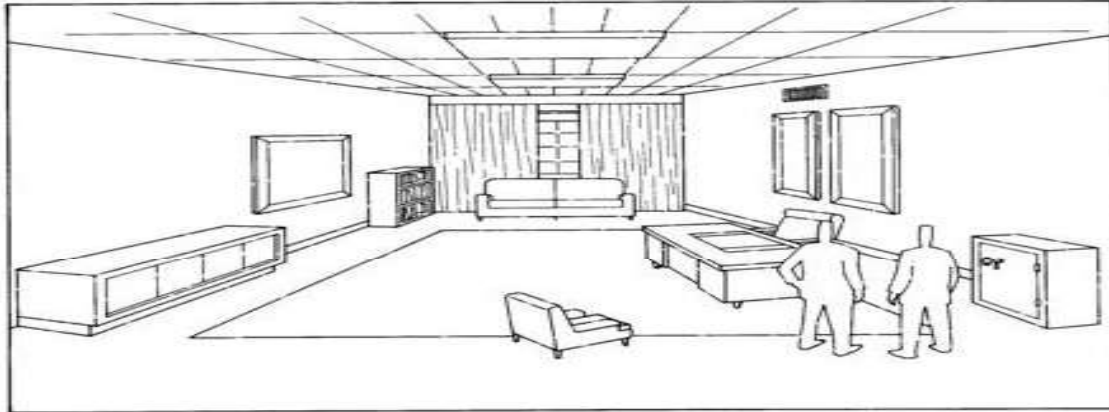


- c) Shower with soap and water as soon as possible. Do not use bleach or other disinfectant on your skin.
  - d) Stay in the area (outside of the affected area, but close) so you can speak with the authorities. **DO NOT** let anyone other than VA Police or Local Law Enforcement into the room.
- 9) The individual with knowledge of the event shall provide VA Police with a list of those who were around the letter or package.
- 10) **Pathology and Laboratory Medicine**, Service Chief or appropriate supervisor will initiate an incident report, as necessary.
- 11) **Pathology and Laboratory Medicine**, Chief will identify any exposed personnel and coordinate a base line exam with VA Occupational Health for a base line exam.
- e. **Identify a Suspicious Package.** The following information is provided as guidance to all individuals who may handle packages or mail. Everyone should maintain an increased level of vigilance and use a common-sense approach in the evaluation of your service's mail. Make it a practice of evaluating mail prior to opening it. The mail room screens for suspicious packages as part of their routine handling of mail. A suspicious package might have some of the following indicators:



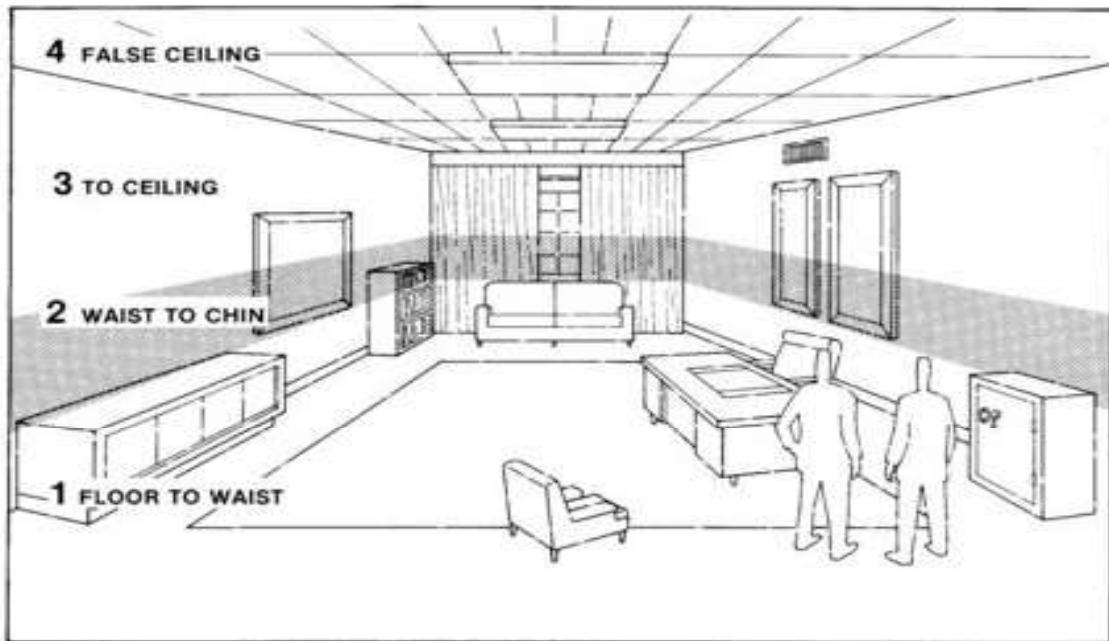
**Figure 1 – Suspicious Letter or Package**

- f. **Searching for a device.** Search procedures and the evacuation of patients, visitors and employees may depend upon the location and information about the bomb, time of day, validity of information, etc. If the threat can be localized to a section or sections of the facility, then a complete search of the facility may not be necessary. The decision to limit the search will be made by the Director or designee based on available information.
- g. **Interior Search Procedures:** DO NOT DISTURB ANY SUSPICIOUS ITEM'S FOUND.
- 1) Upon entering search area, two-person teams will **Stop, Listen for ticking sounds and Look** for anything unusual (**see Figure 2**).
  - 2) Visually inspect every room/area systematically using the approach detailed in the following illustrations (**see Figure 2**):



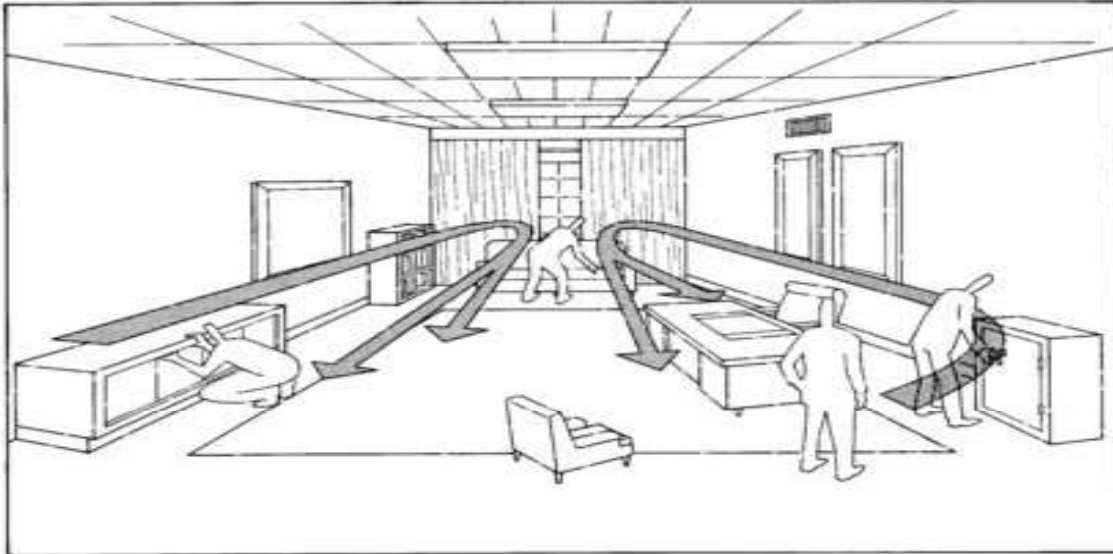
**Figure 2 – Stop, Look & Listen.**

- 1) Floor to hip height
- 2) Hip height to chin
- 3) Chin to ceiling
- 4) False ceiling



**Figure 3 – Divide Room into Search Areas.**

- 3) DO NOT search above ceiling tiles. Report displaced tiles to the Search Coordinator.
- 4) DO NOT search unopened drawers, cabinets or lockers (see Figure 4)



**Figure 4 - Do not open drawers, cabinets. Do not search above ceiling tiles.**

- 5) Annotate rooms that have been inspected.
- 6) Close the door after a room has been searched. Place a room inspected tag (any type of sign) on the door.
- 7) For areas without doors caution tape shall be placed in an obvious fashion to those entering the area.
- 8) Report all search results to the VA Police.

**2. Shelter in Place consideration:**

- a. When the evacuation location or specified holding areas have not been searched for possible secondary devices, decision to shelter in place may be made.
- b. When there is insufficient number of first responders to conduct effective evacuation, staff should shelter in place until notified to evacuate.
- c. **Pathology and Laboratory Medicine**, Chief will disseminate information to staff.

**3. Explosive safety rules:**

- a. Evacuations considerations (**Time, Distance and Shielding**). There are three general considerations when deciding whether to evacuate and how to conduct evacuation: time, distance and shielding.
  - 1) **TIME** - The amount of time until detonation:
    - a) Will evacuation time be sufficient?
    - b) Will special populations prohibit evacuation in enough time?
  - 2) **DISTANCE** – Recommend minimum evacuation distances.

TYPE OF CONTAINER	MINIMUM EVACUATION DISTANCE	
	Feet	Meters
Estimate the Size		
Small box (<28lbs)	985	300
Briefcase	1123	342



Compact Sedan	1500	457
Full Size Sedan	1750	534
Passenger or Cargo Van	2750	838
Small Box Van (14' Box)	3750	1143
Box van/water or fuel truck	6500	1982
Semi-trailer	7000	2134

Source: Alcohol, Tobacco & Firearms Guidebook

- 3) **SHIELDING** – Can reduce or minimize the destructive impact of an explosion, thus reducing evacuation distancing required for personnel protection.
- a) **Shielding considerations:** more is always better i.e., the more shielding between you and the explosive device the better chance of protecting yourself from injury.
  - b) Structural difference affect shielding effectiveness, i.e., cinder block wall provides greater shielding then sheetrock walls.
  - c) Minimum evacuation distances might be difficult to achieve.

## F. MISSING PERSON

All VA employees will immediately execute an organized process to help locate any person/child who is reported to be missing or abducted on VA property. A missing person is regarded as someone who has been documented as a patient receiving treatment in a VA facility or a visitor accompanying the mentioned patient and cannot be located.

1. **Description of the Event.** A missing patient event is when a staff member notices a patient is missing, staff receives a report of a wandering person in the facility grounds, patient does not report back to the facility for an expected appointment. Special consideration must be taken for the following categories:

### 2. Responding to Event:

#### a. IMMEDIATE ACTION:

- 1) Search all common and patient areas, to include restrooms.
- 2) Once it is established that the person is missing contact VA Dispatch **ext. 75555**.
- 3) Ensure you have the missing person's proper name and any descriptive data.
- 4) Provide full description to include last time seen, what clothing they were wearing, easily recognizable characteristics (wheel chair, tattoos, amputees, scars, etc.).
- 5) Coordinate the Facility Lock Down.

#### b. REPORTING A MISSING PATIENT (CODE GRAY):

- 1) If the missing person is a VA Patient and considered an at-risk patient, the Site Manager, Service Chief or designee will:
  - a) Gather the last four of the social security number.
  - b) Print out patient's picture from CPRS to use in search.





- c) Have patient's history worksheet that is filled out and up to date. Psychological status specially to include mental status (dementia, PTSD, paranoia, delusional, suicidal, fears, etc.).

- 2) Provide the information to the lead VA Police Officer on duty and the PENTAD.

**c. REPORTING A MISSING CHILD (CODE ADAM):**

- 1) Any staff member who is informed of a missing or abducted child will take the following steps immediately upon receiving such information from any person:
  - a) Immediately Contact VA Police at ext. 75555 before attempting to safely recover a missing child.
  - b) Obtain the name and contact information of the person reporting the child missing and ask that person to remain with you until the arrival of Security, VA Police or local police.
  - c) Obtain a detailed description of the child to include the name, age, eye and hair color, approximate height and weight, and a description of the clothing and shoes that the child may be wearing and have that information available upon the arrival of security assistance.
  - d) Provide the child's descriptive information and any other information obtained to the Security/VA Police or local police (If a picture is available, please provide a copy to the Security/VA Police Officer).
  - e) VA Police Service will take command and control of the search.
  - f) Follow instructions given by the VA Police or Contract Security personnel immediately. These may include, but not limited to, securing doors, forming search parties and organizing searches.
- 2) Police officers and/or security will gather information relative to the missing child and maintain a record of actions as they progress during the coordinated search process.

**d. Staff Actions:**

- 1) When notified that a child is missing, all employees will assist in conducting a preliminary search.
  - a) VA Police Service will initiate lock down of the facility.
  - b) Staff will be notified of a missing child by announcing missing person code "CODE ADAM" on the paging system.
  - c) All staff initiates search and start searching around their areas and report finding to VA Police Service.
  - d) Staff members will search all common areas, treatment and patient's rooms and offices.
  - e) Staff members will wait outside the searched areas until released by search team.
  - f) All empty or closed rooms must be checked and re-locked. Post evacuated magnet on the door to indicate the room was checked and cleared.



## G. HAZARDOUS MATERIAL RESPONSE

1. **Description of the Threat/Event.** A hazardous materials spill can be the result of human carelessness, an intentional act, or a natural hazard. Human carelessness occurs predominantly during the manufacture, transport, or storage of the material. An intentional act would be considered either a terrorist act, criminal act, or act of vandalism. A hazardous materials spill can be the secondary effect of a natural hazard (e.g., flooding, earthquake, or severe weather). In a healthcare setting, medical waste must be monitored, reported and securely stored. Known hazards in the Primary Care Clinics are in the laboratory (Sodium Hydroxide, HCL, sulfuric acid).
2. **Preparedness Strategies.** All employees have both a need and right to know the hazards and identities of the chemicals they are exposed to when working as identified in the Hazard Communication Program.
  - a. **Pathology and Laboratory Medicine** will maintain a Hazard Communication Plan that complies with federal and state requirements. Applicable regulations are the Occupational Safety and Health Administration (OSHA) Hazard Communication Standard (HCS) 29 CFR1910.1200, the Environmental Protection Agency (EPA) Community Right-To-Know (SARA).
  - b. **Pathology and Laboratory Medicine** will ensure that labels on incoming containers of hazardous chemicals are not removed or defaced and containers are properly stored
  - c. will maintain all Safety Data Sheets (SDS) for incoming containers of hazardous chemicals and ensure that they are readily accessible to Healthcare System employees.
  - d. **Pathology and Laboratory Medicine** Employers shall ensure that employees are provided information and training on the associated hazards of chemicals in their workplace.
  - e. The following chemicals are commonly located in **Pathology and Laboratory Medicine**:

CHEMICAL	LOCATION	QTY	SOLID/LIQUID
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See [Dublin VAMC PL&MS SDS](#)

3. **Response Strategies.** In the event of a **small spill** of a solid, liquid, body fluids or medical waste, contained in the immediate use area, (i.e., work bench, cabinet, small surface area, patient area). Immediately take the following actions:
  - a. Contain the spill with available resources.
  - b. If the hazardous material does not require evacuation, contact Environmental Management Service immediately for clean-up.
  - c. If the hazardous material requires evacuation of the immediate area, complete the follow actions:



- 1) Contain the spill as much as possible, before you evacuate (if this can be done safely),
  - 2) Evacuate the immediate area.
  - 3) Secure the area, and establish and monitor an entry control point
  - 4) Make the required notification.
- d. Pathology and Laboratory Medicine**, Chief or designee will contact VA Police to assist with the evacuation and monitor the entry control point. Ensure you provide as much details about the chemicals and amount and location of spill.
- 1) The Chief, Occupational Safety Health and Environment shall evaluate any safety concerns associated with the spill. After the initial evaluation, contact any additional support that may be required:
    - a) The Safety Technician shall ensure the proper ventilation, use of Personnel Protective Equipment and air quality sampling, when required.
    - b) The GEMS Coordinator will aid in hazard evaluation, waste disposal, and notification of the contractor if applicable.
    - c) Contact Environmental Management Service immediately for clean-up.

## **H. NETWORK DISRUPTION PLAN CODE PURPLE**

**See Lab General Manual VISTA Downtime Contingency Plan Version 2.0**

## **I. TORNADO PLAN (CODE YELLOW-TORNADO)**

### **1. Description of the Threat/Event**

A tornado is a violently rotating column of air extending from a thunderstorm to the ground. Tornadoes develop from severe thunderstorms in warm, moist unstable air along and ahead of cold fronts. Damage to the facility and injury to personnel can be significant depending upon the intensity of the Tornado and its proximity to CVVAMC facilities.

Tornado Watch: Weather conditions are favorable for the formation of funnel clouds.

Tornado Warning: Funnel cloud has been sighted in the area either on the ground or via radar.

### **2. Impact on Mission Critical Systems**

A tornado can cause the loss of commercial power or natural gas, cause significant structural damage and severely hamper patient care.

### **3. Mitigation/Preparedness Activities of the Threat/Event;**

#### **a) Hazard Reduction Strategies and Resource Issues**

- 1) All employees need to be knowledgeable of the Tornado Plan and can implement the plan quickly; due to the often-short notices for tornado response.
- 2) Severe weather will be monitored; patients, visitors, and staff will be alerted to its existence

**b) Preparedness Strategies and Resource Issues**

Patients, visitors, and staff will be informed on pending weather conditions; the difference between watches and warnings via overhead paging, e-mail and VA Emergency Alerting and Accountability System. Plans are in place to move towards interior spaces and away from windows.

**4. Response/Recovery from the Threat/Event****a) Hazard Control Strategies/Immediate Priorities:****1) In the event of a Tornado Watch:**

- a. Rapidly communicate the hazard to personnel – Dispatch will announce the Tornado Warning over the overhead announcement and VA Emergency Alerting and Accountability System.
- b. All hospital personnel
  1. Should review the tornado procedures and stay alert to changing conditions and further announcements.

**2) In the event of a Tornado Warning:**

If a tornado warning is issued from the National Weather Society (NWS) for the Laurens County –then the Tornado Warning will be announced overhead.

**a. When tornado warning is announced or received implement tornado procedures:**

- 1) Relocate everyone to predesignated shelter in place locations.
- 2) Window coverings will be pulled and doors closed.
- 3) If additional help is needed during duty hours, request help from the ICC ext. 73598/73599 or Safety Office ext. 72869 or 75555 during WHEN hours.

**3) In the event the facility is struck by a tornado:**

- a. Rescue/treatment of injured persons
- b. Notification of local authorities
- c. Assessments of any on-going negative effects (e.g., fire, structural damage)
- d. Shut down utilities serving the damaged area
- e. Relocation of patient care and business functions until restoration can occur

**4) Hazard Monitoring Strategies:**

- a. Emergency Manager/Safety Office will monitor weather.
- b. An assessment of mission-critical systems should be conducted after each period of severe weather.

**5) Recovery Strategies and resource issues:**



- a. The IC will develop and implement event driven strategies to restore full operations.

**6) All Departments**

- a. Do not resume normal operations until the “All Clear” has been authorized by the Hospital Incident Commander, local authorities and announced overhead.

**5. Specialized Staff Training**

- a) Risk mitigation procedures during Tornado Watches/Warnings.
- b) Internal education efforts should address the difference between a Tornado Watch and a Tornado Warning.

**J. COVID/Pandemic Procedures**

**1. Description of the Threat/Event**

COVID/Pandemic outbreak in the facility or service line could cause disruptions in process and procedures available. Current masking policies will be followed.

**2. Impact on Mission Critical Systems**

An outbreak could result in procedures being cancelled, appointments being changed to virtual and many areas working from home. There could be an influx of patients or a reduction in available staff.

**The Pathology and Laboratory Medicine** could see the following impacts as a result of a COVID outbreak or Pandemic:

- a. **Influx of patients that require diagnostic testing**
- b. **Decreased available staffing if large numbers of staff become sick**

**3. Mitigation/Preparedness Activities of the Threat/Event;**

- a) **Hazard Reduction Strategies and Resource Issues**
  - i. **Wear masks**
  - ii. **Wash hands**
  - iii. **Social distance**
  - iv. **Exercise judicious use of COVID testing supplies**
- b) All employees need to be knowledgeable of the facility COVID Plan.
- c) See Lab General Manual Pandemic/COVID-19 Laboratory Operational Contingency Plan