

SUNY DOWNSTATE MEDICAL CENTER

UNIVERSITY HOSPITAL OF BROOKLYN POLICY AND PROCEDURE

Subject:	<u>EMERGENCY/ DISASTER PLAN</u>	No.	<u>LAB 31</u>
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Reviewed by:	<u>Laboratory Supervisors</u> <u>Peter J. Howantiz, M.D.</u> <u>Maria I. Mendez</u> <u>Bonnie Arquilla, DO</u>	Supersedes:	<u>11/05</u>
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Approved by:	<u>Peter J. Howantiz, M.D.</u> <u>Anny Yeung, RN, MPA</u> <u>Margaret Jackson, MA, RN</u> <u>David Conley, MBA</u> <u>Michael Lucchesi, M.D.</u> <u>Debra D. Carey, MS</u>	The JC Standards:	EC.4.10
		Related Policies (EMER-4) Disaster Preparedness	
		Issued by:	Regulatory Affairs

I. PURPOSE

The intent of this policy is to ensure that the Clinical and Anatomic Pathology Laboratory Staff is familiar with the Departmental Emergency Management Plan (EMP), internal and external.

II. POLICY

In the event of a snow emergency, transit strike or other crises, all employees are required to arrive on schedule for their assigned shift. Travel arrangements are the responsibility of the individual employee. All the employees will remain on duty, until released by incoming staff.

In addition, the following arrangements will be made appropriate:

- A. Supervisors subject to approval may be authorized to stagger work schedules.
- B. Voluntary car pools will be established and posted.
- C. Recall of staff that live within walking distance of the University Hospital.
- D. Institutional provision of emergency sleeping accommodations for staff required to stay overnight or longer.
- E. Institutional provision of additional parking and/or extended hours of parking.
- F. Emergency information area will be established.

III. DEFINITION(S)

None

IV. RESPONSIBLE

Clinical and Anatomic Pathology Laboratory Staff

V. PROCEDURES/GUIDELINES:

a. Identification and Communication of a Potential Disaster

i. What to do if you learn of a potential Disaster

Any employee who learns of an occurrence that might constitute a disaster should attempt to obtain the following information:

1. The nature of the occurrence
2. Estimated number of casualties
3. Expected number and estimated time of arrival of victims

ii. Who to notify of a potential Disaster

1. The same action shall be taken for all potential disasters.
2. The employee who learns of the occurrence must notify the Laboratory Administrator and or Administrator on Duty (AOD) during the day at ext. 2403 or 1515, on off-tours at 4683 or by pager (917) 218-4439 and Hospital Police at ext. 2626.
3. The AOD must then notify the Senior Administrator on site.
4. The AOD and Senior Administrator will decide if the occurrence requires activation of the hospital's Emergency Management Plan. On off hours the AOD will confer with Senior Administrator on Call and the Senior ED Physician on site before activation of the plan.
5. Only CEO, CMOI, CAO, Administrator on Site (AOD) and the Senior ED Physician have the authority to initiate the Emergency Management Plan for Disasters.

b. Initiation of the Emergency Management Plan:

The Emergency Management Plan may be initiated in two distinct phases, **Alert** and **Activation**.

Alert:

The Alert Phase of the **EMP** is when a potential disaster situation exists that could effect the medical center but does not warrant full activation of the plan (distant severe weather, terrorist threat, major event in the city).

The Alert Phase is also for situations where there is an emergency situation at the medical center that partially compromises our ability to fulfill the hospital's mission (partial utility failure, ED crowding, VIP patient, planned utility shutdown, equipment failures, etc.)

The Alert Phase is to be utilized as a time for senior administration to evaluate the potential needs of the facility and make contingency plans for the specific event. This will include, but not be limited to opening the UHB Command Center (Refer to UHB EMP)

Activation:

The Activation Phase of the EMP is to be utilized when a disaster has occurred at the medical center or outside the facility and it is expected to compromise or impact the operation of the hospital. (Refer to UHB EMP)

Laboratory Command Center:

During weekday office hours, the Laboratory Conference Room, A2-430, Ext. 2805 will serve as the Laboratory Command Center location.

During off-hours, the Central Accessioning Room, A2-427, Ext. 2815, will serve as the Laboratory Command Center location.

Laboratory Administrator:

The Laboratory Administrator or designee will:

- Assess staffing and supply needs
- Act as a liaison between the triage officers and/or the Command Center
- Maintain Communication Log
- Reassign staff to address the needs of the situation
- Initiate calls to inform key laboratory personnel.

The Laboratory Administrator or Designee will activate the Laboratory Command Center.

The Laboratory Shift Supervisor will serve as the designee during off hours.

Supervisors:

Supervisors will coordinate all activities in their laboratories. All laboratory personnel are subject to immediate recall in an effort to mobilize as much manpower as possible. Each supervisor for their areas will evaluate staffing needs.

Morgue Attendant:

The morgue attendant will survey the refrigerator capacity and implement backup procedures, if necessary. Additional bodies may be stored in the Anatomy cadaver refrigerator. The amount of space available is dependent upon the cadaver inventory during the disaster. (See protocol Lab-25). Should the Anatomy cadaver refrigerator fill to capacity, storage outside of UHB will be coordinated through the command center. In the absence of the Morgue Attendant, the Laboratory Administrator or designee will delegate the refrigerator capacity assessment to available personnel.

TOTAL REFRIGERATOR CAPACITY	6
CURRENT MORGUE CENSUS	“ “
AVAILABLE CAPACITY	“ “

Clerical Personnel:

Clerical Personnel will handle all necessary clerical work.

Blood Bank:

The Blood Bank Supervisor will act as liaison between outside blood resources and the Blood Bank to ensure an ample blood supply. Inventory will be evaluated and the New York Blood Center (NYBC) will be notified. Arrangements will be made to increase the blood supply. Should the inventory be depleted before restocking, provisions will be made via Hospital Administration to procure addition stock from other suppliers or hospitals, if possible, if appropriate. The following inventory assessment will be provided to the Laboratory Command Center liaison:

Blood Bank	Can provide	Urgently needed
Packed RBC's		
Platelets		
Cryoprecipitate		
Fresh Frozen Plasma		
Other (Specify)		

Specimens and Requisitions:

Should the computer systems malfunction, manual requisitions will be used. All patients must be positively identified. Each specimen and requisition must identify the patient by name or descriptive title and his/her own unique identification number.

In the event of an internal disaster, all specimens will be processed in Kings County Hospital Center.

VI. ATTACHMENT

Personnel Contact List

Date Reviewed	Revision Required (Circle One)		Responsible Staff Name and Title
8/04	Yes	No	Alix Laguerre, Lab Administrator
11/05	Yes	No	Alix Laguerre, Lab Administrator
11/06	Yes	No	Alix Laguerre, Lab Administrator
	Yes	No	