

HACKETTSTOWN REGIONAL MEDICAL CENTER

LABORATORY POLICY MANUAL

DISASTER PROTOCOL (ALL SHIFTS)

(NOTE SEE EMERGENCY MANAGEMENT MANUAL FOR ADDITIONAL INFORMATION)

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Cross Referenced:

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PRINCIPLE: To contact all available staff to report to the hospital in the event of a disaster, and to initiate the blood bank preparedness plan.

PROCEDURE:

1. The telephone operator will page Code Triage over the PA system. This alerts in-house staff that the Emergency Management Plan is being activated. The hospital follows the HEICS system of emergency management and more information is found in the Emergency Management manual on the Coagulation Shelf outside the Manager's office and in the online HRMC Administration Manual.
 2. The phlebotomist on duty or the laboratory manager will check with the ER personnel to determine if it is a drill or an actual disaster. This information will be communicated to other laboratory personnel on duty. In either case, a phlebotomist will proceed to the ER to assess the situation and communicate further needs with the department.
 3. If the laboratory director, clinical manager, technical supervisor, or phlebotomy coordinators are not present in the building, they will be called at their homes (evenings, nights, weekends, etc.) by the technologist on duty. The supervisor contacted will begin calling staff to determine availability to work. In the case of a drill, the people will not be asked to report to work; just if they could respond in the event this was a legitimate disaster.
 4. A blood inventory will be done and additional blood ordered if needed. The inventory will become part of the disaster records. The Blood Bank technician will call the Miller Keystone Blood Center to inquire how much blood is available and how fast it could be here. After hours leave a message; the driver will return call with inventory. This information must be documented on the form provided.
 5. All laboratory employees are to have an updated list of personnel telephone numbers at home.
 6. A record will be kept of the staff responding and indications as to whether they could or could not have responded.
 7. A summary of all the appropriate activities will be kept by the clinical manager and the Nursing Education office.
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