

**TITLE: DISASTER PROTOCOL POLICY**

**PURPOSE:** To identify, organize and manage the blood center and the community resources for continued blood center and hospital transfusion service operations prior to, during and after a significant emergency.

**COMMUNICATIONS:**

Secure and excellent communications is critical to the successful handling of an emergency. Each person covering the blood bank during an emergency must be prepared to help in any way requested.

- Each department will maintain a current department telephone roster for use.
  - Contact information should include: cell phone, email and land line phone numbers
- A list of hospital contact information will be maintained.
- Management personnel who are contacted as part of the initiation of the Disaster Call Plan should respond by:
  - Contacting the Blood Center to assess its current needs and their department's needs.
  - Report to the Blood Center for duty.
- Staff who are contacted by management staff will report to their department as directed.
- Unable to communicate with hospitals: contact AABB Disaster Task Force as soon as possible

**PROCEDURE:**

1. Disaster: any occurrence that causes great harm or damage and overwhelms the capabilities of existing facilities
2. External Disaster: an event occurring outside Community Blood Bank (CBB) that has the potential to create a sudden concentration of casualties or a sudden interruption of supplies and/or CBB functions
  - May occur as a result of :
    - Fires
    - Explosions
    - Severe storms
    - Civil disorders
    - Earthquakes
    - Flooding
    - Industrial accidents
    - Acts of terrorism
    - Multiple injury accidents
    - Pandemic illness
3. Should a crisis of national scale occur, refer to the AABB Disaster Operations Handbook.

**TITLE: DISASTER PROTOCOL POLICY**

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**A. Receiving Hospital (hospital receiving patients from disaster):**

1. The receiving hospital is to contact CBB as soon as feasible.
2. After hours, contact the CBB on-call technologist
3. The hospital should be prepared to provide CBB with:
  - a. The anticipated number of casualties
  - b. Projected blood needs
  - c. Indicate which other hospital facilities have been contacted for assistance.
  - d. Indicate if the disaster is internal and if blood products need to be moved or if an evacuation is to be performed
4. The receiving hospital should contact regional hospitals in closest proximity for assistance.

**B. CBB Personnel:**

1. Whoever receives the first call of a disaster will notify the CBB Executive Director (or any supervisor in the event of unavailability) and Medical Director (or pathologist on call).
2. CBB Executive Director or designee will decide whether to contact ABC/AABB and initiate ABC/AABB Disaster Plan and maintain communication with other regional and national blood centers and organizations as needed.
3. Depending on the location of the emergency, CBB Staff will contact the largest hospitals (UPMC-Hamot and Saint Vincent Health Center) first for automatic release of non-emergent units. Request every available unit, with preference given for group O units.
4. Ship units directly to the receiving hospital using the fastest available mechanism
  - a. cabs
  - b. professional courier,
  - c. hospital staff
  - d. local law enforcement
5. Contact smaller hospitals separately.
  - a. Ship all available products directly to CBB using the fastest available mechanism (cabs, professional courier, hospital staff, and local law enforcement).
  - b. Dispatch the on-call tech to CBB to receive the units if after normal working hours.
6. Contact the receiving hospital for updated information.
  - a. Additional products may be sent either directly to the receiving hospital or to a designated trauma center depending on the updated information using the most expedient mechanism (professional courier, cab, state or local law enforcement or CBB courier).

**TITLE: DISASTER PROTOCOL POLICY**

7. Depending on the level of emergency and the amount of products needed, additional measures may be required. These include:
  - a. Release of products prior to the completion of testing
  - b. Importing blood products from other blood centers
  - c. Initiating early/extra infectious disease testing runs
  - d. Issue a media appeal
  - e. Altering or extending CBB donation hours
  - f. Schedule of emergency blood drives
  
8. Departmental Responsibilities:
  - a. Laboratory
    - i. All blood that can be processed should be processed and made available for distribution to hospitals
    - ii. Implement manual procedures if necessary
    - iii. Review stocks of critical consumable supplies
    - iv. Review ability to store excess blood components
    - v. Assess the need for additional staffing
    - vi. Assist other departments if possible
  
  - b. Donor Collections
    - i. Assess the need for additional staffing
    - ii. Assist in additional blood collections if necessary
    - iii. Review stocks of critical consumable supplies
    - iv. Assist other departments if possible
  
  - c. Recruitment
    - i. Monitor upcoming drives for status  
Offer to change locations or dates if necessary
    - ii. Arrange for emergency blood drives. Reschedule cancelled or postponed drives as soon as possible
    - iii. Assist other departments if possible
  
  - d. Public Relations
    - i. Prepare and release press announcements regarding blood donation needs. All releases should include time and location of collection sites.
    - ii. Ensure messages are approved by Executive Director
    - iii. Current information may be made available to the public on the CBB website and can be communicated via mass email.
  
  - e. Inventory Manager
    - i. Review stocks of critical consumable supplies and facilitate ordering if needed
    - ii. Fill all vehicles with fuel and secure equipment in vehicles
    - iii. Assure generators are working and maintained.

**TITLE: DISASTER PROTOCOL POLICY**

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**C. Sending Hospitals:**

1. The hospital should be prepared to provide CBB with:
  - a. Current inventory levels
  - b. Anticipated future need
2. Cooperate with CBB request to move product.
3. Hospitals requested to send units should follow normal internal procedures for emergency release of in-house blood inventories. Depending on the level of emergency, it may be necessary to cancel/postpone elective surgical procedures or non-emergent transfusions.
4. It will be the responsibility of sending hospitals to transport the blood to CBB utilizing the most expedient means of transport

**D. Disaster Requiring Much Larger Amount of Blood than Usual**

1. Consult the AABB Disaster Plan
2. Assess the need for increased blood collections and/or purchasing of product.

**E. Disaster that temporarily restricts or eliminates CBB's ability to collect, test, process and distribute blood**

1. Assure back up power supply is maintained to protect current blood supply and maintain operations
2. Move blood components if needed.: ship product to hospitals as needed. Invoice in the normal manner.
3. Notify utility vendor contacts for priority status for fuel, water, phone
4. Outsource donor testing to approved laboratories. Implement use of manual processes as necessary
5. Consult the AABB Disaster Plan as needed

**F. Disaster that creates a sudden influx of donors requiring accelerated drawing of blood to meet an emergent need elsewhere.**

1. Review stocks of critical consumable supplies
  - i. Collection and processing supplies
  - ii. Personal Protective equipment (include hand sanitizer and face masks if appropriate)
  - iii. Laboratory supplies
2. Assess need for adequate staffing of all blood center functions
3. Develop messages for:
  - i. Donors and donor groups
  - ii. Staff
  - iii. Public
4. Establish regular timely communication with hospitals about inventories and other special needs.