

COPY

TITLE: POLICY: DISASTER PROTOCOL

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.

- A current list of employee contact information will be maintained.
 - Contact information should include: cell phone, email and land line phone numbers
- A current list of hospital/consignee contact information will be maintained.
- Critical Documents (emergency contact list, media contacts, hospital contacts, insurance information) will be kept on Office 365: Sharepoint, Team Site, Senior Staff location
- Communication to media and hospitals.
- 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 as directed
- 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 consult the following as applicable: copies of each are located in the QA Director's Office
 - i. AABB Disaster Operations Handbook: <https://www.aabb.org/programs/disasterresponse>:
 - ii. Pandemic influenza preparedness and response: WHO guidance document: <http://www.who.int/csr/en/>
 - iii. Pennsylvania Pandemic Response Plan: www.pandemicflu.state.pa.us.
 - iv. NYDOH Pandemic Influenza Preparedness and Response Plan: <https://www.health.ny.gov/diseases/communicable/influenza/pandemic>
 - v. OSHA: Pandemic Influenza Preparedness and Response Guidance for Healthcare Workers and Healthcare Employees: <https://www.osha.gov/Publications/3328-05-2007-English.html>

COPY

TITLE: POLICY: DISASTER PROTOCOL

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: see Policy: Key Technical Personnel for designee.

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. CBB Executive Director or designee will determine scope of CBB operations (center closing, staffing needs, etc.)
4. An All Staff alert is sent via email with direction for staff. Each department head is responsible to make sure their employees are contacted utilizing phone call, text and/or email. If applicable, donors will also be notified.
5. 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.
6. Ship units directly to the receiving hospital using the fastest available mechanism
 - a. CBB employed courier or staff member
 - b. CBB contracted courier
 - c. Cabs
 - d. Professional courier service
 - e. Hospital staff
 - f. Local law enforcement
7. 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.
8. 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).

COPY

TITLE: _____ **POLICY: DISASTER PROTOCOL** _____

9. Depending on the level of emergency and 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. Issue a media appeal
 - d. Altering or extending CBB donation hours
 - e. Schedule of emergency blood drives
10. Departmental Responsibilities:
- Note: prior to utilizing volunteers, consult the FDA Guidance for Industry: Recommendations for Blood Establishments: Training of Back-up personnel, Assessment
- a. Laboratory
 - i. All blood that can be processed should be processed and made available for distribution to hospitals
 - ii. Evaluate measures to have testing performed and transportation options available.
 - iii. Implement manual procedures if necessary
 - iv. Review stocks of critical consumable supplies
 - v. Review ability to store excess blood components
 - vi. Assess the need for additional staffing
 - vii. Assist other departments if possible
 - b. Donor Collections
 - i. Assess the need for additional staffing
 - ii. Perform additional blood collections as need dictates
 - 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:
 1. The public on the CBB website via text or email
 2. Communications to hospitals/consignees.
 - e. Warehouse & Maintenance Coordinator or designee
 - 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.

COPY

TITLE: _____ **POLICY: DISASTER PROTOCOL**

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 Operations Handbook
2. Assess the need for increased blood collections and/or purchasing of product.

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

1. Unable to transport products to CBB for processing (e.g. road closing due to weather related issues):
 - i. Contact nearest hospital/consignee blood bank and assess ability to store collected units.
 - ii. Transport units to CBB as soon as feasible.
 - iii. Request temperature documentation from storing blood bank
2. Move blood components if needed:
 - i. Ship tested product to hospitals, if applicable. Consign products in the normal manner.
 - ii. Ship untested product per the Memoranda of Understanding:
 1. Mark products as untested/quarantine.
 2. Move untested blood/blood products to Partner and mark "Quarantine".
 3. Utilize manual consignment form to document products being sent. (Unit # and product code).
3. Assure back up power supply is maintained to protect current blood supply and maintain operations
4. Notify utility vendor contacts for priority status for fuel, water, phone
5. Implement use of manual processes as necessary in the event of computer downtime.
6. Consult the AABB Disaster Operations Handbook 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.

COPY

TITLE: _____ **POLICY: DISASTER PROTOCOL** _____

G. Testing

1. A Disaster scenario will be tested at least every other year or as directed by the Executive Director. These may be in conjunction with the Erie County Department of Public Safety.
2. Disaster phone drills will be tested at least biannually or as directed by the CBB Executive Director
3. Fire Drills will be conducted annually (see Fire Drill Policy).
4. Periodic testing of manual processes in the event of computer downtime will occur. (see Backup Procedure in Event of Computer Failure, Product Disposition: Storage Unit Failure or Disaster Incident and Component Production Log procedures).

References:

FDA Guidance for Industry: Recommendations for Blood Establishments: Training of Back-up personnel, Assessment

Policy: Fire Drill

Policy: Key Technical Personnel

Product Disposition: Storage Unit failure or Disaster Incident SOP

Component Production Log

AABB Disaster Operations Handbook: <https://www.aabb.org/programs/disasterresponse>:

Pandemic influenza preparedness and response: WHO guidance document: <http://www.who.int/csr/en/>

Pennsylvania Pandemic Response Plan: www.pandemicflu.state.pa.us.

NYDOH Pandemic Influenza Preparedness and Response Plan:

<https://www.health.ny.gov/diseases/communicable/influenza/pandemic>

OSHA: Pandemic Influenza Preparedness and Response Guidance for Healthcare Workers and Healthcare Employees: <https://www.osha.gov/Publications/3328-05-2007-English.html>

COPY

TITLE: POLICY: DISASTER PROTOCOL

Original Effective Date	Revised by	Revision	Supersedes Revision #
6.1.01	D. Pirschel	Addition of Charles Cole Memorial Hospital (Coudersport, PA)	1.001
	D. Pirschel	Deleted: Maps Remove BRD Union Square address	1.002
	D. Pirschel	Added: The Disaster protocol will be tested at least every other year or as directed by the Executive Director. These may be in conjunction with the Erie County Department of Public Safety Fire Drills will be conducted annually (see Fire Drill Policy). Periodic testing of manual processes in the event of computer downtime will occur. (see Backup Procedure in Event of Computer Failure, Product Disposition: Storage Unit Failure or Disaster Incident and Component Production Log procedures). Evaluate measures to have additional testing performed and transportation options. Deleted: Initiating early/extra infectious disease testing runs	1.003
	D. Pirschel	Deleted Google Docs: login- cbb.gacoord@gmail.com for department heads to utilize in the event of a crisis. Director, Donor Operations, Manager, Donor Recruitment Added: Office 365: Sharepoint, Team Site, Senior Staff location	1.004
6.1.01	K. Kramer	Deleted: Operation Manager as needed Invoice Added: see Policy: Key Technical Personnel for designee CBB Executive Director or designee will determine scope of CBB operations (center closing, staffing needs, etc.) An All Staff alert is sent via email with direction for staff. Each department head is responsible to make sure their employees are contacted utilizing phone call, text and/or email. If applicable, donors will also be notified. CBB employed courier or staff member CBB contracted courier service Warehouse & Maintenance Coordinator or designee Receive /or /blood products: Unable to transport products to CBB for processing (e.g. road closing due to weather related issues): Contact nearest hospital/consignee blood bank and assess ability to store collected units. Transport units to CBB as soon as feasible. Request temperature documentation from storing blood bank tested if applicable. Consign products Ship untested product per the Memoranda of Understanding: <ol style="list-style-type: none"> 1. Mark products as untested/quarantine. 2. Move untested blood/blood products to Partner and mark "Quarantine". 3. Utilize manual consignment form to document products being sent. (Unit # and product code). in the event of computer downtime. Disaster phone drills will be tested at least biannually or as directed by the CBB Executive Director Policy: Key Technical Personnel	1.005

COPY

TITLE: POLICY: DISASTER PROTOCOL

REVIEW/APPROVAL/IMPLEMENTATION

REVIEWED BY:			
Department Head	Name	Signature	Date
Finance Manager	Sarah Uglow	<i>Sarah E Uglow</i>	4/9/19
Collections Management	Jennifer Stephany	<i>Jennifer Stephany</i>	4-8-19
Technical Director	Tracy Collier	<i>Tracy Collier</i>	4-8-19
QA Director	Kristin Kramer	<i>Kristin Kramer</i>	4-8-19
APPROVED BY:			
Position	Name	Signature	Date
Executive Director	Deanna Renaud	<i>Deanna Renaud</i>	4/5/19
Medical Director	Jeffrey A. Richmond, MD	<i>J. Richmond</i>	4-8-19
IMPLEMENTATION DATE:		APR 22 2019	

REVIEW			
MEDICAL DIRECTOR	DATE	MEDICAL DIRECTOR	DATE

COPIES: POLICY, CBB Website

RETIRED SOP

SOP RETIRED BY	TITLE	SIGNATURE	DATE RETIRED

COPIES RECEIVED

LAB	ITD	BRDM	PANY
HR	ED	CBB	WNYM
			WNYV