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| <b>Name of Policy:</b>   | <b>Blood Bank Emergency Operations Plan</b>  | <br><b>Effective Date: 6/9/2008</b><br>Initial Effective Date: 9/2002 |
| <b>Policy Number:</b>  | 3364-108-112   |  |
| <b>Department:</b>   | Pathology/Laboratory – Blood Bank  |  |
| <b>Approving Officer:</b>  | Associate Professor<br>Director, Clinical Pathology/Hematopathology                            |  |
| <b>Responsible Agent:</b>  | Core Lab Coordinator<br>(Michelle Bartkowiak, MT(ASCP)SBB)<br>Manager, Lab (Cynthia O’Connell) |  |
| <b>Scope:</b>  | Pathology/Laboratory – Blood Bank  |  |
| <input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy <input checked="" type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy |  |  |

**(A) Policy Statement**

The Blood Transfusion Service has a plan to continue operations and aid in recovery efforts in the event of disaster.

**(B) Purpose of Policy**

To provide blood and blood products to meet emergency needs in the event of disaster, internal or external emergencies.

**(C) Procedure**

**Section 1: Evacuation of Laboratory**

Two units of group O, Rh negative red blood cells are kept in the refrigerator on the “O negative AVAILABLE” shelf at all times. The units bear the “Crossmatch Test Not Completed” label. Attach a temperature-indicator to the back of each unit when released. Expiration and condition of the units are checked daily by BTS technologists. In the event of evacuation of laboratory personnel from the laboratory, place the O negative units in a large cooler with ice packs and transport to an announced location for emergency use. Two additional units of O, Rh negative red blood cells are available in the Emergency Department Trauma Room refrigerator.

**Section 2: Blood Bank Disaster Plan**

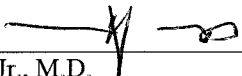
1. Perform inventory inquiry (IN-AS) and compare levels to minimum disaster levels listed below:

| MINIMUM UNITS | ABO/Rh |
|---------------|--------|
| 50            | O POS  |
| 20            | O NEG  |
| 50            | A POS  |
| 16            | A NEG  |
| 16            | B POS  |
| 6             | B NEG  |

2. Order additional units from ARC
3. Notify Lab Manager/Senior Tech, or O.D. of inventory levels and orders.
4. Bring staff to minimum of 3 technologists.
5. Prepare labeled segment tubes for crossmatch.
6. Follow standard procedures for compatibility testing and use of uncrossmatched blood. All Blood Bank specimens must have BB ID system with two unique identifiers.

Emergency electrical power is available through the RED outlets. In addition, Zone 3, 6 and 2 are connected to emergency power. Flashlights and power strips are available in the labeled drawer.

Use power strips to plug in equipment for one workstation. The Hemocare server and APBC server are connected to emergency power. If the UPS alarms, there is an interruption to emergency power. Follow appropriate procedures (BBIS manual, C.006 and C.007) to shut down the server and APBC and use downtime procedures (C.008). Avoid opening freezers and using waterbaths, if possible.

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| <b>Approved by:</b><br><br><br>_____<br>Robert L. Booth, Jr., M.D.<br>Associate Professor<br>Director, Clinical Pathology/Hematopathology<br><br>Review/Revision Completed By:<br>Michelle Bartkowiak, MT(ASCP)SBB | <b>Review/Revision Date:</b><br>9/02<br>1/05<br>1/2008<br>6/9/2008<br><br><b>Next Review Date:</b> 6/1/2011 |
| <b>Policies Superseded by This Policy:</b>  |   |

*It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.*

**References:**

Reference: AABB Standards for Blood Banks and Transfusion Services, current edition.