Name of Policy: Blood Bank Emergency Operations Plan Policy Number: 3364-108-112 Approving Officer: Senior Hospital Administrator Director, Blood Transfusion Service Responsible Agent: Blood Transfusion Service Supervisor Administrative Director, Lab Scope: University of Toledo Medical Center Pathology/Laboratory – Blood Bank	UTOLEDO HEALTH Effective date: ~~03/01/2025~~ Original effective date: 09/2002
Key words: Emergency, Operations, Disaster, O Neg, Uncrossmatched	

☐	New policy proposal	☒	Minor/technical revision of existing policy
☐	Major revision of existing policy	☐	Reaffirmation of existing policy

(A) ~~(A)~~ Policy Statement

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

(B) ~~(B)~~ Purpose of Policy

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

(C) ~~(C)~~ Procedure

(1) Section 1: Evacuation of Laboratory

(a) Four~~Two~~ units of group O, Rh negative and four units of group O, Rh positive red blood cells are kept in the refrigerator on the "Trauma Units" shelf at all times. The units bear the "UNCROSSMATCHED BLOOD" 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 one~~a~~ large cooler with ice packs, place the O Positive units in a second large cooler with ice packs, attach a tag stating "O NEG UNCROSSMATCHED" and "O POS UNCROSSMATCHED" in the pocket of the appropriate cooler, and transport to an announced location for emergency use. Two~~Four~~ additional units (four, if inventory permits) of O, Rh negative red blood cells are available in the Emergency Department Trauma Room refrigerator.

(2) Section 2: Blood Bank Disaster Plan

(a) Perform inventory inquiry (Overview) and compare levels to minimum disaster levels listed below:

~~1.~~

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

~~2.~~(b) Order additional units from ~~ARC~~ARC.

~~3.~~(c) Notify Lab Manager/Senior Tech, or O.D. of inventory levels and orders.

~~4.~~(d) Bring staff to minimum of 3 technologists.

~~5.~~(e) 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 patient first and last name and medical record number (MRN). ~~two unique identifiers.~~

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

(3)

(4) Use approved power strips to plug in equipment for one workstation.

(5) Follow appropriate procedures (BBIS manual, Downtime Procedure) in the event of interruption of network services.

Avoid opening freezers and using ~~waterbaths~~water baths, if possible.

(6)

(7) Weather emergencies and other external disaster/public alerts are handled according to UT policy.

(D) References

(1) AABB Standards for Blood Banks and Transfusion Services, current edition.

Approved by:	Policies Superseded by This Policy: • *None*
Lauren Stanoszek, M.D. Assistant Professor Director, Blood Transfusion Service	Initial effective date: 09/2002
Date	All Review/Revision Dates: 9/02 1/05 1/2008 6/9/2008 03/22/2011 3/01/2013 3/2/2015 3/1/2017
Russell Smith Pharm D, MBA, BCPS, CPEL, FACHE Senior Hospital Administrator	3/1/2019 9/26/2019 3/1/2021 3/20/2023 ~~03/01/2025~~
Date	Next review date: ~~03/01/2027~~
Review/Revision Completed by: Danielle Weilnau MLS(ASCP)^{CM}	

~~Approved by:~~		~~Review/Revision Date:~~
~~Lauren Stanoszek, M.D.~~ ~~Assistant Professor~~ ~~Director, Blood Transfusion Service~~	~~Date~~	~~9/02~~ ~~1/05~~ ~~1/2008~~ ~~6/9/2008~~ ~~03/22/2011~~ ~~3/01/2013~~ ~~3/2/2015~~ ~~3/1/2017~~ ~~3/1/2019~~ ~~9/26/2019~~
~~Christine Stesney-Ridenour~~	~~Date~~	

Chief Operating Officer - UTMC Review/Revision Completed By: Danielle Weilnau, MLS(ASCP)CM	3/1/2021 3/20/2023 Next Review Date: 3/1/2025
Policies Superseded by This Policy:	

References:

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