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| Megan Board | Sandra VanVranken | All laboratory testing personnel, and other deemed applicable staff members and faculty |

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| **Approval\*:** |
| Laboratory Administrative Division Director  *CLIA / CAP Laboratory Medical Directors*  OSUWMC/The James Clinical Laboratories Medical Director, East Hospital Laboratory Medical Director, Morehouse Laboratory Medical Director, Spielman Laboratory Medical Director, Outpatient Care East Laboratory Medical Director, Outpatient Care Lewis Center Laboratory Medical Director, Outpatient Care Gahanna Laboratory Medical Director, Outpatient Care New Albany Laboratory Medical Director, James Molecular Laboratory Medical Director, Ackerman Laboratory Medical Director  *CLIA Laboratory Director*  Outpatient Care Labs - UA and Hilliard  Histology LLC Laboratory Medical Directors at Doan, East, Morehouse, Chambers Road and Department of Pathology |

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| **\*Approval and Acknowledgements\*** |
| Refer to QPulse system and Document Details report for laboratory directors(s)’ electronic signature approval, employee acknowledgment and effective date. |

1. **POLICY** 
   1. The Clinical Laboratories will follow the OSU Wexner Medical CentersSafety and Emergency Preparedness policies and procedures and will provide core services in support of patient care and hospital activities during emergency conditions.
   2. All laboratory personnel will be familiar with emergency procedures and will be prepared to respond to a variety of emergency situations.
   3. All personnel will participate in drills to help maintain staff preparedness with drill outcomes being evaluated for effectiveness and/or opportunities for improvement.
      1. **UH, East and James refers to OSUWMC Department of Safety and Emergency Preparedness, Emergency Operations Plan and Emergency Procedures on *One Source*.**
      2. **Ambulatory sites refer to Safety and Emergency Preparedness / Ambulatory Resources 🡺 Ambulatory Occupant Safety Handbooks on *One Source.***
      3. **OSU campus locations refer to individual** [**Building Emergency Action Plan**](https://dps.osu.edu/beap) **via the OSU Department of Public Safety website.**
   4. Types of disasters may include fire (Code Red), tornado/severe weather (Code Grey), bomb/explosion, suspicious package (Code Black), utility outage (electricity, heating, cooling, or water), lab computer failure, telephone outage, hazardous material spill (biological, chemical), transportation accident or flood, staff shortage due to pandemic illness (Code Yellow), armed aggressor(Code Silver), infant/child abduction (Code Adam)
2. **PURPOSE OF DOCUMENT**
   1. The purpose of this procedure is to help maintain laboratory and ambulatory operations during a period of unusual circumstances. In addition, to provide personnel the knowledge to assist in maintaining non-laboratory services and to provide each employee the ability to confidently follow proper procedures during an emergency.
3. **SCOPE OF DOCUMENT**
   1. This document applies to all laboratory employees and all divisions of the Clinical Laboratories.
4. **RESPONSIBILITY** 
   1. The Medical Directors of the Clinical Laboratories are responsible for establishing the Emergency Preparedness policy. Laboratory Compliance is responsible for maintaining the policy and ensuring at least annual review.
5. **CODE ALERT: Notifications**
   1. All Emergency Classification Codes will be announced by overhead page and/or displayed via One Source banner alerts.
   2. For Codes Yellow and Silver: The Medical Director & Laboratory Compliance will receive Medical Center page and emergency notifications and act as the central communication point for the clinical and anatomic pathology labs.
      1. Lab Compliance will initiate the Lab Emergency group on the **Group Me** app.
      2. Course of action will be determined based on the current emergency situation and information known at that moment in time.
         1. Actions can and will most likely adjust as information is received and the situation evolves.
   3. If telephone services are inoperable across the medical center, the Incident Command Center has been equipped with cell phones, walkie-talkies, paper and pens for runners to communicate with departments via runners as needed
   4. The Medical Director & Laboratory Compliance will receive Medical Center page and emergency notifications and will use the Group Me app to contact laboratory managers who are then responsible for notifying their laboratories if identified as having inaudible or no paging system and during their normal operating hours.
6. **OSUWMC Emergency Classifications:** 
   1. The OSUWMC "Rainbow Cards" are used to classify emergency procedures and will be posted in each laboratory division in order to be accessible for all employees in an emergency situation. \*\*\*These cards are created and controlled by Medical Center Safety and Emergency Preparedness\*\*\*
   2. UH, East and James: Rainbow cards can be found on *One Source:* Safety and Emergency Preparedness, References, [Rainbow Cards](https://onesource.osumc.edu/departments/Safety/Pages/RainbowCards.aspx).
   3. Ambulatory Sites: Rainbow cards can be found on *One Source:* Safety and Emergency Preparedness / Ambulatory Resources, [Ambulatory Rainbow Card](https://onesource.osumc.edu/departments/Safety/Documents/Ambulatory%20Rainbow%20Card%20FINAL%20color-coded.pdf)

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| Disaster Response | [Code Yellow](#Yellow) |
| Bomb Threat | [Code Black](#Black) |
| Infant/Child Abduction | [Code Adam](#Adam) |
| Fire Procedures | [Code Red](#Red) |
| Weather/Tornado Procedure | [Code Gray](#Gray) |
| Armed aggressor | [Code Silver](#Silver) |

1. [**CODE YELLOW**](https://onesource.osumc.edu/departments/Safety/Documents/docs/Code%20Yellow%202010.pdf)**:** **Code Yellow is an emergency or unforeseen situation that causes or threatens damage/injury to persons or building requiring expansion of services and/or the influx of large number of patients. The initiation of a Code Yellow is determined by designated leadership. The Code Yellow may or may not involve all the business units. However, it is imperative that all areas of the Medical Center be prepared to respond should the need arise.**
   1. **Activation:**
      1. UH, East & the James Administration and/or Medical Center Safety and Emergency Preparedness will determine when a Code Yellow will be initiated. The initiation of a Code Yellow may not involve total Medical Center activity. The Hospital Command Center will determine the degree to which the plan is activated.
         1. UH Hospital Command Center (HCC) locations: 1255 Ross (primary), L045 James (backup).
         2. East Hospital HCC locations: C113 Administrative Conference room (primary), T2115 Medical Library (backup).
         3. Alternative incident command centers used for UH/East/James Code Yellow:
            * Care Point Gahanna, room 723
            * Care Point Lewis Center, room 2210B
            * Eye & Ear Institute, room 3000
            * Morehouse Medical Complex, Pavilion auditorium
      2. Ambulatory sites: Incident Command Teams will run the incident at each ambulatory location.
   2. **Responsibilities & Response:**
      1. The Clinical Laboratories will have various functions depending on the nature of the situation and laboratory emergency/contingency plans could be activated.
      2. Laboratory Compliance will:
         1. Contact the Laboratory Emergency group via **Group Me**
         2. Initial notification will include as much detail as possible:
            * the type of disaster,
            * site of disaster (if applicable),
            * number of "patients" involved,
            * estimated time of arrival (if applicable), and
            * name of the Laboratory Compliance staff sending out the page.
      3. Individual laboratory managers (or designee) will **(*Managers are responsible for arranging on call coverage for their laboratory during their vacation/unavailable times)***:
         1. Notify their staff that a Code Yellow has been called.
         2. Provide as much detail as is available:
            * the type of disaster,
            * site of disaster (if applicable),
            * number of "patients" involved, and
            * estimated time of arrival (if applicable).

*\*\*\* On site lead technologists are responsible for tasks c-f in the absence of an onsite manager, with communication to manager upon completion\*\*\**

* + - 1. Complete the laboratory’s Code Yellow Call List & Staff Availability Worksheet ([L:\Shared\Pathology\APCP\_Safety Em Prep\CODE YELLOW FORMS](file:///L:\Shared\Pathology\APCP_Safety%20Em%20Prep\CODE%20YELLOW%20FORMS)) if requested by the HCC.
         * Code Yellow Call Lists must be completed for all staff currently present at the time of the disaster. Staff does not need to be notified at home unless specifically designated by the HCC or Laboratory Compliance. Please indicate staff present onsite. If the Command Center or Laboratory Compliance requests all columns be competed for all staff, an updated Code Yellow Call Lists must be completed.
         * Code Yellow Call are used for multiple reasons:

Account for current staffing in the medical center/laboratory.

Call staff at home in the event an employee recall is deemed necessary and determine timeframe of availability.

Call staff due to come into work and ask them to stay home until safe to report if deemed necessary based on the current situation.

M-F 7-4:30 pm email to laboratory compliance at [pathologylabcompliance@osumc.edu](mailto:pathologylabcompliance@osumc.edu) within 15 minutes of notification (make a copy and send information that is available with 15 minutes and continue calling staff).

M-F 4:30-p-7am, Sat/Sun and holidays fax sheets to UH CPA 614-293-0545.

* + - 1. Ensure that the laboratories are prepared to perform primary services.
         * Look at reagent/blood product availability.
         * Review staff availability.
         * Complete **Clinical Laboratories Code Yellow Assessment (**[See Table 2](#Table2)).
    1. Employees recalled to the Medical Center should be prepared to identify themselves as employees to law enforcement and/or Security personnel. Employee ID must be presented.
       1. In the event access to the Medical Center and/or university is cut off or limited, laboratory compliance will communicate the location that staff should report to gain access to medical center buildings.
    2. The Clinical Laboratories Compliance Department will:
       1. Function as communication liaison to the HCC and relay communications to the appropriate laboratory managers, medical directors and personnel.
       2. Communicate the location that staff should report to gain access to Medical Center buildings in the event entrance ramps are blockaded.
       3. Assist all departments however possible.
    3. The Clinical Pathology Faculty on-call will cover medical issues in conjunction with and as directed by the Medical Director and/or department chair.
       1. Notifications will be expanded further if indicated by the status of the alert and as updates become available.
  1. **Primary Services: critical service laboratories include Transfusion Services, The Morgue and The James Stat Lab.**
     + 1. **TRANSFUSION SERVICES**:
          - Laboratory will provide cross matching, inventory of units available and determine staffing requirements based on immediate need.
          - Transfusion Coordination will be managed by the transfusion services managers and nursing administration.
       2. **THE JAMES STAT LAB SERVICES**:
          - Assessment of current workload will be performed.
          - Determinations will be made for a large influx of patient testing depending on the circumstances available at that time.
          - Additional staffing needs and or shift of routine workload to back up laboratories will be determined based on anticipated work volume.
       3. **ANATOMIC PATHOLOGY (MORGUE):**
          - Provide morgue services at RM 005.
          - Establish satellite services as needed.
       4. **AMBULATORY LABORATORY SITES**:
          - Ambulatory locations will be kept informed of any emergency situation that could impact patient care, including but not limited to: patients being diverted to offsite draw locations, sample pickup and delivery delays.
     1. Each division of the Clinical Laboratories will establish support agreements as required (interdepartmental, with outside agencies, vendors) for continued operations of critical functions.
  2. **Secondary Services:** The necessity to recall employees to work to provide secondary services will be made by the HCC in conjunction with Laboratory Administration. (See Medical Center Emergency Operations Plan).
     1. The Hospital Incident Command Center will direct staff not involved in primary services as needed in support of other medical center critical functions. Normal operations will be maintained until the need for additional support is determined.
  3. *Departmental call trees should be implemented during a drill to accurately access the preparedness of the Clinical Laboratories at OSUWMC in the event of an actual emergency.*
  4. **Internal Laboratory Plan for an Internal Laboratory Disaster**
     1. **Internal Plan for The James Stat Laboratory Services** 
        1. All specimens are to be packaged according to proper shipping requirements and transported by lab personnel or lab courier if applicable, to the appropriate secondary locations.
        2. Specimens are triaged and tested according to life threat and STAT priority: chemistry, hematology (including differentials), blood gas, and coagulation testing.
        3. Internal disasters affecting The James Stat Lab, critical testing samples are rerouted to CCL (primary) and East Hospital Rapid Response Laboratory (RRL) (secondary).
        4. If both The James Stat Lab and CCL are unable to process specimens due to disaster, send specimens to UH East RRL (primary) or Morehouse (secondary) for testing.
        5. Disaster plan for immunochemistry samples; send directly to East Hospital RRL.
        6. Blood gas samples are sent to Respiratory Therapy at OSUWMC first. If OSUWMC respiratory is impacted, send to IDSCU Laboratory or East Hospital Respiratory.
     2. **Internal Plan for East Hospital RRL**
        1. If East Hospital RRL is impacted by disaster, route all specimens to OSUWMC labs (primary), or Morehouse (secondary).
     3. **Internal Plan for Morehouse and SSCBC Labs**
        1. If Morehouse and/or SSCBC are impacted by a disaster, all specimens must be routed to OSUWMC labs (primary), then EastHospital RRL (secondary).
     4. **Internal Plan for Toxicology and Critical Care Laboratories**

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| **Primary Area** | **Secondary Location** |
| The James Stat Laboratory: Acetaminophen, Salicylate and ethanol | RRL |
| Critical Care Laboratory: Digoxin, lithium, phenobarbital, phenytoin, and vancomycin. | 1. RRL**.** Other TDM’s will be held and stored properly if not more than 4 hours. |
| Toxicology: methotrexate, free phenytoin, gentamicin | If test must be performed STAT, methotrexate can be performed at Nationwide Children’s Hospital. Free phenytoin performed at Ohio Health. |
| Toxicology: Lidocaine, valproic acid | Sent to Mayo Clinic. |

* + 1. **Internal Plan for Transfusion Service Area**
       1. In the event that OSUWMC Main Campus Transfusion Services are impacted by an internal disaster, specimens and staff will be routed to East Hospital RRL for testing.
       2. If East Hospital RRL is affected by an internal disaster, specimen testing is sent to OSUWMC Main Campus until the crisis has been resolved.
    2. **Internal Plan for Clinical Histocompatibility/Tissue Typing Lab Area**
       1. In the event that OSUWMC Clinical Histocompatibility/Tissue Typing Lab are impacted by an internal disaster, specimens will be routed to
          - Allogen Laboratories, Cleveland Ohio, and/or
          - Transplantation Immunology Division Hoxworth Blood Center, Cincinnati Ohio.

## Termination of internal or external disasters:

* + 1. The Medical Center HCC will inform the Medical Center Operator when to announce termination of the Code Yellow.
    2. The "Code Yellow - all clear" announcement will be preceded by an audible alert.
    3. After the “all clear”, assess the situation and resume normal laboratory operations as soon as possible.

1. **[CODE BLACK:](https://onesource.osumc.edu/departments/Safety/Documents/docs/Code%20Black%202010.pdf)**  A suspicious package found in the healthcare facility or premises, receiving a phone call or other message stating that a bomb has been placed in the healthcare facility or premises, suspicious activity on the part of any individual. The Code Black may or may not involve all the business units. DO NOT USE CELL PHONES OR OTHER PERSONAL ELECTRONIC DEVICES.
   1. Code Black notifications are via overhead page and OneSource banner alerts.
   2. Suspicious Package: a package or item that is out of place with which no one in the area is familiar, or which a staff member is not comfortable that it is a routine specimen for laboratory testing. Implement the Medical Center protocol for Suspicious Packages, Letters or Substances.
      1. Common features of suspicious packages:
         1. Liquid leaking from package
         2. No return address
         3. Hand written or poorly typed address
         4. Misspelling of common words
         5. Restrictive markings such as confidential or personal
         6. Excessive weight or the feel of a powdery or foreign substance
         7. Foreign postmarks and or writing
         8. Source of the package is not recognized by the recipient/addressee
   3. Receiving a bomb threat over the phone:
      1. Remain calm. Don’t hang up.
      2. Try to find out the following information:
         1. Type of/and number of device(s).
         2. Name of building device is placed in.
         3. Location of device within building.
         4. Time device is placed.
         5. Time device is set to go off.
         6. Why was the device placed?
         7. Background noise?
         8. Male or female caller?
         9. Speaker’s accent.
   4. Receiving a bomb threat or perceiving a suspicious package /person:
      1. **Notify Security at 614-293-8500 immediately.** Notify another employee near you to call Security if you are on the phone getting the bomb threat information. If you are by yourself, notify Security as soon as the call is complete.
      2. Stay near the phone until Security or OSU police arrive.
      3. **IF A SUSPICIOUS PACKAGE IS OBSERVED. NEVER ATTEMPT TO OPEN OR MOVE THE PACKAGE.**
   5. Laboratory response to a Code Black:
      1. Remain CALM and notify SECURITY at 614-293-8500 (using a landline) immediately.
      2. Turn off all cell phones and two-way radios to avoid potential detonation.
      3. **Department staff should round in their units and look for suspicious packages and/or persons. Check all areas: closets, bathrooms, trashcans, under chairs, tables, etc.**
      4. If a suspicious package is found, call Security immediately at 614-293-8500. Do not call Security if no suspicious package is found.
      5. **IF A SUSPICOUS PACKAGE IS OBSERVED, DO NOT ATTEMPT TO OPEN OR MOVE THE PACKAGE.**
   6. Termination: Only Security or the Incident Commander can terminate a Code Black. The operator will announce Code Black all clear.
      1. Ambulatory sites need to fill out and submit to Department of Safety and Emergency Preparedness a [CODE BLACK](https://onesource.osumc.edu/departments/Safety/Documents/Amb%20Sites%20Code%20Black%20Form.pdf) form.

1. **[CODE ADAM:](https://onesource.osumc.edu/departments/Safety/Documents/docs/Code%20Adam%202010.pdf)**  Called for a missing patient or visitor that is an infant/child.
   1. If an infant/child is missing:
      1. Call Security at 614-293-8500 if you suspect an infant/child is missing. Security will notify the police as appropriate.
      2. Security dispatcher will notify the hospital operator to announce a Code Adam overhead.
      3. Security dispatcher will attempt get a description of the missing infant/child: name, age, gender, race, weight, height, hair color, eye color, and clothing.
      4. In most situations, a description of the missing child will be announced overhead. If the missing child is an infant there will be no description given.
   2. All hospital staff will immediately search their areas for:
      1. Any unattended infant/child.
      2. Any persons carrying or traveling with an infant/child.
      3. Any persons hurrying to leave the hospital with a car seat, package, duffel bag, backpack, or other container that could conceal an infant/child.
      4. Bathrooms and other secluded areas.
      5. Emergency Response Team (ERT) members will go to their assigned areas.
   3. If you find the infant/child:
      1. Notify security at **614-293-8500** immediately.
      2. If the child has been abducted, follow the suspect but do not try to stop him/her. DO NOT put yourself in harm’s way.
   4. Remain calm: keep patients, visitors and other staff calm.
   5. Termination: Only Security or the Incident Commander can terminate a Code.
   6. Ambulatory Sites need to submit a [CODE ADAM](https://onesource.osumc.edu/departments/Safety/Code%20Adam%20Evaluation%20Form/Amb%20Sites%20Code%20Adam%20Form.pdf) form to Department of Safety and Emergency Preparedness.

1. **[CODE RED](https://onesource.osumc.edu/departments/Safety/Documents/docs/Code%20Red%202010.pdf): OSU Wexner Medical Center inpatient facilities are defined as DEFEND IN PLACE entities (FIRE ZONE), while outpatient centers are full evacuation buildings (FIRE EVACUATION).** 
   1. All employees of the Clinical and Pathology Laboratories will know and abide by all fire and safety regulations of The Ohio State University Wexner Medical Center. It is the responsibility of each employee to practice fire safety, and be prepared to respond to a fire emergency and be familiar with R.A.C.E. (Rescue, Alarm, Confine, Extinguish) and P.A.S.S. (Pull, Aim, Squeeze, Sweep) procedures. All new employees will participate in new employee orientation that will include fire education and hands on demo of P.A.S.S. and all current employees will participate in annual fire education to maintain staff preparedness. This includes acknowledgment of fire zone/evacuation maps in Q-Pulse, walk of the fire evacuation route for evaluation and an annual CBL. All personnel in the laboratories will comply with the following procedures for both drills and actual fire emergency.
   2. Fire Suppression: The building code requires that all laboratories are separated from patient care areas by fire-rated construction and automatic fire extinguishing systems. Facilities Services reports fire suppression performance data to the business unit Environment of Care Committees.

## Evacuation:

## “Horizontal evacuation” or FIRE ZONE: the buildings are equipped with doors which close to contain smoke for approximately 2 hours. These doors automatically close when the fire pull alarm has been activated. The staff is to proceed to the next adjacent fire zone, in order to achieve a “horizontal evacuation”

## Vertical evacuation: leaving the building and meeting at a specific location constitutes a vertical evacuation. These meeting places are identified based upon the location of each department

## Each division and/or section of the Laboratories shall establish an emergency meeting place to enable accounting for all personnel in the area.

* + 1. The laboratory manager or lead technologist on-site should take the Red Safety Binder (included: schedule, divisions call tree) when leaving the laboratory and proceed to pre-established emergency meeting place.
    2. **Do not take the elevators**. There is potential for electrical or mechanical malfunctions as well as increased risk of smoke inhalation. If on an elevator when the alarm sounds, exit at the first opportunity and evacuate via nearest stairway
    3. Secure the lab exit door, proceed to the nearest horizontal fire exit and follow the directions of the charge person indicated above.
    4. Upon arriving at the fire door, position yourself and all others such that when the doors are closed, they are between you and the exited laboratory. Close fire doors if necessary.
    5. Secure the area and ensure that no personnel other than Security, Facilities Services, Safety and Emergency Preparedness and Incident Command, or uniformed emergency personnel enter the area.
    6. Wait at the emergency meeting location until the “all clear” is given or until further instructions are received. The evacuation meeting locations will be controlled by Medical Center Administration, the Incident Commander, OSUWMC Security, or appropriate law or fire officials.

Total Vertical Evacuation meeting locations:

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| Renal Immunofluorescence | 12th Avenue behind the pylons |
| Flow Cytometry, Transfusion Services, Phone Room, Lab Admin Offices, Doan Gross Room | In front of Wiseman Hall |
| Starling-Loving (Renal Electron Microscopy, Biomarker Reference Lab) | **North**: In front of the Brain & Spine Hospital.  **East**: Next to Hamilton Hall.  **South**: Along W. 10th Ave. in front of Fry Hall |
| Special Functions, Toxicology, Critical Care Lab, Cytology (processing and office), CPA, Ross Lab, Micro Processing, POCT/Compliance | Flag poles in front of the main hospital |
| Davis Heart & Lung Research Institute (Autopsy Services, UH Molecular Microbiology Labs) | North side of building in front of the building by 12th Avenue |
| East Hospital Anatomic Pathology, Rapid Response, Microbiology (if leaving from front door of the lab) | Tower entrance fountain |
| East Hospital Anatomic Pathology, Rapid Response, Microbiology (If leaving lab by the back door near the break room) | Outside Wallace Auditorium – outpatient surgery portico |
| Martha Morehouse Medical Plaza Tower | Lawn along Kenny Rd (NW of the tower) |
| Martha Morehouse Medical Plaza Pavilion | Parking lot in front of the pavilion |
| Polaris Molecular Laboratory | Parking lot by the gas station |
| Ackerman Road (Cytogenetics, Histology, Immunohistochemistry) | Basketball court area west of 680 Ackerman |
| Outpatient Care East phlebotomy | Employee parking lot |
| Spielman Laboratory 2nd Floor  Spielman Phlebotomy 1st floor | Patient parking lot A  Patient parking lot B |
| Outpatient Care Gahanna | Parking Lot B |
| Outpatient Care Lewis Center | Parking Lot A |
| Outpatient Care Upper Arlington | Parking Lot area |
| Outpatient Care Hilliard | Other side of front parking lot |
| Outpatient Care New Albany | Parking Lot B |
| The James Stat Lab, James Gross Room | Biomedical Research Tower |
| POCT and Lab Compliance | Safe Auto Panera Bread |
| Digital Pathology Scan Center | Center of the Medical Center Oval in front of the James tower |
| Histocompatibility / Tissue Typing Laboratory | Behind 12th Avenue Garage by Arnoff Building |

\*\*\*If staff members are in a different location within the medical center, any of the meeting places mentioned above are acceptable to establish staff availability and assist with evacuation of patients, visitors and other staff if required by hospital security.

* 1. If the fire is within the laboratory, exercise Rescue, Alarm, Confine, and Extinguish techniques: ensure all staff is escorted away from the fire, activate the alarm station located near the stairwell in the hallway or call 614-293-8500 to inform Security. Close all doors to contain the fire, and safely extinguish the fire if possible. Close any sash leading to main hallway (i.e. CPA window, blood bank window, surgical pathology frozen section window)
     1. Evacuate the area by going to the next fire zone away from the fire.
     2. Wait there until the fire is extinguished and “Code Red All Clear” has been announced or the responding fire department calls a vertical evacuation.
     3. Ambulatory sites must fill out a [CODE RED](https://onesource.osumc.edu/departments/Safety/Documents/Amb%20Sites%20Code%20Red%20Form.pdf) form and submit to Department of Safety and Emergency Preparedness
  2. Fire Prevention/Preparedness: A Safety Representative shall be assigned for each laboratory by the Lab Manager. This safety representative will perform the following Fire Safety duties:
     1. Assess the risk of Fire Safety in the assigned area on a continual basis, reporting any non-compliant situations **immediately** to the Lab Manager and the Compliance/Safety Officer.
     2. Maintain an accurate and updated Chemical Inventory – to minimize flammable and combustible liquids
     3. Verify that all chemicals are in approved storage cabinets or safety cans.
     4. Minimize sources of ignition. Examples of sources of ignition may include (but not be limited to) open flames, heating elements, electric motors, frayed electrical cords, non-compliant outlets, friction, and static electricity.
     5. Perform evaluation and report monthly any fire safety-related problems that have been identified during the previous month, including who was notified, and how it was resolved.
     6. Fire Safety Equipment:
        + - Use absorbent material (Spill Pillows) to contain spread of spilled flammable liquids.
          - Know location of fire extinguishers in the laboratory work areas.
          - Laboratories at OSUWMC will have appropriate portable fire extinguishers located at distances in compliance with fire code.
          - Medical Center Safety and Emergency Preparedness will evaluate each lab area in respect to electrical equipment and flammable chemical volumes for appropriate fire extinguisher availability and placement. \*\*\* If construction occurs within your laboratory, a re-evaluation for appropriate placement of fire extinguishers may be performed by Medical Center Safety and Emergency Preparedness. \*\*\*
     7. Fire Exits:
        + - Know location of nearest fire exit to fire zones/evacuation routes
          - Review Fire Safety Map for each work area in Q Pulse
          - Fire Safety Map may be posted inside the laboratory area
     8. Training:
        + - All employees must complete the annual Fire Safety CBL provided by the Medical Center as well as specific Laboratory Fire Safety education which includes the “R.A.C.E.” and “P.A.S.S.”.
          - All employees must review and acknowledge their labs fire escape route in Q Pulse annually.
     9. Annual evaluation of Evacuation Routes:
        + - Each laboratory must evaluate the evacuation route annually. This is the responsibility of the laboratory safety officer and/or laboratory manager. At least once per year, the fire zone / evacuation maps must be carefully examined. The evacuation routes must be physically evaluated and annually documented. Evaluation must include but is not limited to clear exit route and stairwells and properly functioning fire exit doors (not rusted shut, blocked or locked).
          - All clinical laboratory employees must participate in an annual fire drill.

1. **[CODE GRAY](https://onesource.osumc.edu/departments/Safety/Documents/docs/Code%20Gray%202010.pdf):**
   1. The Clinical and Anatomic Pathology laboratories will follow The Ohio State Wexner Medical Centers Code Gray policy and procedure for all severe weather threatening Franklin County.
   2. Level 1: Tornado Warning or Significant Weather Event. **At this time, preventive measures will be taken.**
      1. The hospital operator will announce a Code Gray Level 1.
      2. All patient care areas will respond accordingly by moving all patients, visitors and staff away from glass areas (windows, walls or doors with glass) to an interior corridor.
      3. Close all drapes or blinds to cover glass areas.
      4. Staff will be apprised via overhead announcements of developments that may affect the hospital
      5. Fill out [Code Grey survey](https://onesource.osumc.edu/departments/Safety/Lists/Code%20Gray%20Drill%20HOSPITAL%20BUILDING/overview.aspx) and submit to Department of Safety, Ambulatory Sites use [Ambulatory Code Grey survey](https://onesource.osumc.edu/departments/Safety/Lists/Code%20Gray%20Drill%20Evaluation/overview.aspx). Both surveys are found on the Safety and Emergency Preparedness departmental *OneSource* page.
   3. Level 2: Code Gray Level 2 alerts will not be announced overhead. This is a severe weather announcement to alert staff to be prepared for adverse weather conditions affecting Franklin County. **No immediate preventative action should be taken.**

1. **[CODE SILVER](https://onesource.osumc.edu/departments/Safety/Documents/docs/Code%20Silver.pdf):** The Medical Center will announce a Code Silver in response to a risk of violence or an armed aggressor in a Medical Center facility. Specific information may be announced on specific areas involved, however all locations should be on alert and ready to respond**.** 
   1. Any staff member observing an unauthorized individual with a weapon should **call 911.**
   2. Operator will announce “Code Silver” and provide the last known area of the aggressor. The announcement will repeat every 15 minutes.
   3. Security will be dispatched to the area.
   4. Patient Care Areas:
      1. Staff should follow Run, Hide, Fight principles and be cognizant of ethical patient care decisions that need to be made.
      2. Turn cell phones, pagers, and mobile devices to vibrate. Turn lights off in patient rooms and close the doors.
      3. Remove patients, staff and visitors from open areas such as corridors or waiting areas. If patients cannot be moved, staff may remain.
      4. All patient transportation is to stop immediately.
   5. Non-patient Care Areas:
      1. Staff should follow Run, Hide, Fight principles and be cognizant of ethical patient care decisions that need to be made.
      2. Turn cell phones, pagers, and mobile devices to vibrate. Turn lights off in rooms and close doors.
      3. Move out of open areas. Evacuate the building if possible.
      4. Secure yourself in a room if evacuation is not possible.
   6. DO NOT call Security unless you have information on the event.
   7. Do not speak with the media unless authorized to do so.
   8. Remain calm. Your job is to keep your patients, visitors, and other staff calm. Safety is #1.
   9. Only the Director of Security, the Incident Commander, law enforcement, or their designee can terminate a Code Silver.
   10. Code Silver alerts may or may not accompany a Code Yellow, and in these situations, Laboratory Compliance and Laboratory Administration should determine the appropriate course of action for staff moving about the Medical Center.
2. **INFORMATION TECHNOLOGY (IT) OUTAGE**: Any staff member observing a computer application/equipment, phone or pager outage should notify the Help Desk at 614-293-HELP (4357). Report issues that affect patient care to your supervisor. The outage impact may necessitate the initiation of Code Yellow.
   1. The IT Leader On-Call will communicate the outage via Help Desk, OneSource eAlert and/or Rave.
   2. In the event of a **telephone system outage** use a land line Emergency Phone and refer to the [Emergency Contacts For Backup Phone System](https://onesource.osumc.edu/sites/about/Pages/EmergencyContacts.aspx) list of phone numbers (available on OneSource). In the event of a **paging system outage**, use Haiku/Rover Chat within Epic, internal email, secure email or Cisco Jabber. Contact the hospital operator to request the announcement of Code Blue or STAT pages overhead.
   3. In the event of an **IHIS outage** locate Business Continuity Access (BCA) Downtime computer identified by a label on the computer and/or a red keyboard. The computer must be kept turned on, connected to a local (non- network) printer and both plugged into red emergency outlets.
   4. Locate IHIS Downtime Box. The Downtime Box contains a copy of the [OSUWMC IHIS Downtime Plan](https://onesource.osumc.edu/departments/Safety/Documents/IHIS%20Contingency%20Plans/IHIS%20Downtime.pdf), the Department Downtime Plan, the [IHIS Tip Sheet: Access to IHIS Information During Downtime](https://onesource.osumc.edu/departments/IHIS/Tip%20Sheets/Accessing%20IHIS/Accessing%20IHIS%20During%20a%20Downtime.pdf) (**Tip Sheet and Plans available on OneSource**) and paper forms required to continue care/services specific to the department. In general, the move to use of paper forms comes when patient care is hindered or IT notifies that the outage will last for an extended period of time.
   5. IHIS information can be accessed during downtime in three ways: IHIS Downtime (read-only), BCA Report Printing and BCA Web.
      1. IHIS Downtime (read-only) always try accessing this option first as it provides the greatest depth of information. This is a near-real-time **copy** of the patient medical record only as up-to-date as the time the system went down. Requires power and the OSUWMC network must be up and running. Access from the start menu by selecting All Programs > IHIS Downtime (folder) > IHIS Downtime. Alternatively you may access from the OneSource icons. ‘View more’ and scroll to Citrix. Click on the web address. Log in to Citrix. Click on the IHIS Downtime folder and then on the IHIS Downtime icon.
      2. BCA Report Printing: Used as second option when normal power and/or OSUWMC network/internet/IHIS connectivity is unavailable since it will require time for printing, does not provide as much information. Accessed from the BCA Printing icon located on the BCA computer in each area. The BCA Printing icon may be located on the Start Menu or may appear as an icon along the bottom left of your screen. Inpatient reports that can be printed include: Inpatient Summary – orders/ results/flowsheet info, MAR – 3 day view and a blank MAR Extended Info – progress notes/ H&P/problem list and the Unit Census. Ambulatory reports that can be printed include: DAR (department appointment report) and the Clinical Summary Report.
      3. BCA Web: Available for inpatient only when the OSUWMC network is not available but the internet is available. Provides same reports as BCA Report Printing. Requires power and the internet must be up and running. Accessed from OneSource Applications.
   6. Following system recovery: Inpatient - all paper documentation must be sent to medical records for scanning into the electronic record even if the information was re-entered into IHIS. Ambulatory –paper documentation should be scanned into IHIS as appropriate.

Labs identified as having no overhead paging and/or inaudible paging systems:

* Autopsy Suite 614-247-7485
* UH Molecular Microbiology 614-293-2760
* BRL 614-247-6388
* Outpatient Care Gahanna 614-293-6468
* CPA 614-293-7092
* Histology 614-293-3930
* IHC 614-293-3915
* James C431 AP Lab 614-685-3095
* James Molecular Lab 614-293-0665
* Morehouse Tower Lab 614-293-4014
* Renal Lab 614-293-9258
* Tissue Typing Lab 614-293-8554
* Outpatient Care Upper Arlington 614-293-0252
* Lab Admin Office 614-293-8673 (M-F 8-4:30p)

**TABLE 2: Clinical Laboratories Code Yellow Assessment**

Person completing form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disaster type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated # patients: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Identify staff on-site:
* # of personnel on site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Complete Code Yellow call list & email to [pathologylabcomplaince@osumc.edu](mailto:pathologylabcomplaince@osumc.edu) or M-F 7-4:30 pm
  + M-F 4:30-p-7am, Sat/Sun and holidays fax sheets to Lab CPA 614-293-0545

(Make a copy and send information that is available with 15 minutes and continue calling staff)

* Notify lab department manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Additional # of staff needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Staff Contacted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Expected Time of Arrival: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Reassign personnel to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Services Divisions only**:

Verify **Instruments Operational**

For large number of test requests: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Verify sufficient **Reagents** immediately available for anticipated testing: thawed, room temp, calibrated,

QC run, etc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Discontinue **routine services** as needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Note when **“Code Yellow—All Clear”: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* Notify on-site staff “all-clear”; cancel any re-called staff not regularly scheduled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Debriefing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 **Additional Transfusion Services Tasks**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Time |  | Initials |  |  |
|  |  |  |  | Obtain Transfusion /ED liaison name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  and beeper # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |
|  |  |  |  | Notify Transfusion Services Laboratory Manager or Lead Technologist on site/on call. |
|  |  |  |  |  |
|  |  |  |  | Note time disaster call received, type of disaster, number of persons involved on Blood and Blood Component Order Form. |
|  |  |  |  |  |
|  |  |  |  | Manager/Lead Technologist will call in needed personnel and complete Transfusion Service Code Yellow Form. |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  | Take inventory of blood and blood components (selected and available) and record on Blood and Blood Component Order Form. |
|  |  |  |  |  |
|  |  |  |  | Notify the blood supplier of disaster and severity of disaster if mass casualties are anticipated and order the ‘emergency blood supply’. |
|  |  |  |  |  |
|  |  |  |  | Order blood/blood components from the blood supplier as necessary on STAT basis. |
|  |  |  |  |  |
|  |  |  |  | Note on Blood and Blood Component Order form the time "all clear" message is given. Place all disaster paperwork in manager’s mailbox. |
|  |  |  |  |  |
|  |  |  |  | Comments |

1. **REFERENCES:** 
   1. OSU Wexner Medical Center Department of Safety & Emergency Preparedness: [Emergency Operations Plan, FY 2019](https://onesource.osumc.edu/departments/Safety/Documents/WMC%20EOP%20FY%202019%20Udpate%2012-18.pdf)
   2. OSU Wexner Medical Center: [Safety and Emergency Preparedness / Emergency Procedures](https://onesource.osumc.edu/departments/Safety/Pages/EmergencyProcedures.aspx)
   3. OSU Wexner Medical Center: [Safety and Emergency Preparedness / Ambulatory Resources](https://onesource.osumc.edu/departments/Safety/Pages/Ambulatory%20Resources.aspx)
2. **RELATED DOCUMENTS:** Refer to Q Pulse System or Document Detail Report for related Laboratory Policies, Procedures, and Master Forms