

**Emergency Preparedness Policy & Procedures
 Department of Clinical Laboratories
 The Ohio State University Wexner Medical Center**

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Document Author:	Document Owner:	Acknowledgement / Required Copy Holders*:
Tracy Nickison	Sandra VanVranken	All laboratory testing personnel, and other deemed applicable staff members and faculty

Approval*:
Laboratory Administration Division Director Laboratory Medical Directors University Hospitals Laboratory Medical Director, University Hospitals East Laboratory Medical Director, Morehouse Laboratory Medical Director, Spielman Laboratory Medical Director, CarePoint East Laboratory Medical Director, CarePoint Lewis Center Laboratory Medical Director, CarePoint Gahanna Laboratory Medical Director, Stoneridge II Laboratory Medical Director, Polaris Laboratory Medical Director, Ackerman Laboratory Medical Director Histology LLC Medical Directors at Doan, East, Morehouse and Chambers Road

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

Emergency Preparedness Policy & Procedures
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1. POLICY

- 1.1. The Clinical Laboratories will follow the OSU Wexner Medical Centers Emergency Preparedness policies and procedures and will provide core services in support of patient care and hospital activities during emergency conditions.
- 1.2. All laboratory personnel will be familiar with emergency procedures and will be prepared to respond to a variety of emergency situations.
- 1.3. All personnel will participate in drills to help maintain staff preparedness with drill outcomes being evaluated for effectiveness and/or opportunities for improvement.
 - 1.3.1. **UH, UH East and James refers to OSUWMC Department of Safety and Emergency Preparedness, Emergency Operations Plan and Emergency Procedures on *One Source*.**
 - 1.3.2. **Ambulatory sites refer to Safety and Emergency Preparedness / Ambulatory Resources...Ambulatory Occupant Safety Handbooks on *One Source*.**
- 1.4. 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), terrorism/pickets/armed aggressor(Code Silver), infant/child abduction(Code Adam)

2. PURPOSE OF DOCUMENT

- 2.1. 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

- 3.1. This document applies to all laboratory employees and all divisions of the Clinical Laboratories.

4. RESPONSIBILITY

- 4.1. The Medical Directors of the Clinical Laboratories is 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

- 5.1. All Emergency Classification Codes will be announced by overhead page and/or displayed via One Source banner alerts.
- 5.2. 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.
 - 5.2.1. Lab Compliance will initiate the Lab Emergency group on the app **Group Me**.
 - 5.2.2. Course of action will be determined based on the current emergency situation and information known at that moment in time.

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- a. Actions can and will most likely adjust as information is received and the situation evolves.
- 5.3. 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
- 5.4. For Codes Grey (level 1 or 2): The Medical Director & Laboratory Compliance will receive Medical Center page and emergency notifications and will page out to the 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:

- 6.1. 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 Security***
- 6.2. UH, UH East and James: Rainbow cards can be found on *One Source: Safety and Emergency Preparedness, References, [Rainbow Cards](#)*.
- 6.3. Ambulatory Sites: Rainbow cards can be found on *One Source: Safety and Emergency Preparedness / Ambulatory Resources, [Ambulatory Rainbow Card](#)*

Disaster Response	<u>Code Yellow</u>
Bomb Threat	<u>Code Black</u>
Infant/Child Abduction	<u>Code Adam</u>
Fire Procedures	<u>Code Red</u>
Weather/Tornado Procedure	<u>Code Gray</u>
Armed aggressor	<u>Code Silver</u>

7. **CODE YELLOW:** A Code Yellow can be an internal (hospital/lab based disaster) or external (community based disaster) event. Medical Center Hospital Incident Command Center is in complete charge of all personnel and activities during emergency conditions.

7.1. Activation:

- 7.1.1. UH, UHE & the James Administration and/or Medical Center Safety 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.
- a. UH Incident Command Center locations: Ross Heart Hospital Huntington Board Room (primary), CL045 James Cancer Center and CCT (secondary)
- b. UHE Incident Command Center locations: C113 Administrative Conference room (primary), East medical library (secondary), Hawthorne House 2nd floor (tertiary)
- c. Alternative incident command centers used for UH/UHE/James Code Yellow:
- Care Point Gahanna, room 723
 - Care Point Lewis Center, room 2210B
 - Eye & Ear Institute, room 3000

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- Morehouse Medical Complex, Pavilion auditorium

7.1.2. Ambulatory sites: Incident Command Teams will run the incident at each ambulatory location.

7.2. Responsibilities & Response:

7.2.1. The Clinical Laboratories will have various functions depending on the nature of the situation and laboratory emergency/contingency plans could be activated.

7.2.2. Lab Compliance will:

- a. Page the Lab Emergency group via **Group Me**
- b. 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
 - initials of the lab compliance staff sending out the page

7.2.3. Individual laboratory managers (or designee) will: *(Managers are responsible for arranging on call coverage for their laboratory (ies) during their vacation/unavailable times)*

- a. Notify their staff that a Code Yellow has been called.
- b. Provide as much detail as is available:

- the type of disaster
- site of disaster, if applicable
- number of "patients" involved
- 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****

- c. Complete the laboratories Staff availability sheets

- Staff Availability sheets are found in the [Emergency Preparedness](#) folder per laboratory department and 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 time frame of availability.
 - OR 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 within 15 minutes of notification (make a copy and send information that is available within 15 minutes and continue calling staff)
 - M-F 4:30-p-7am, Sat/Sun and holidays fax sheets to Lab CPA 614-293-0545

- d. Ensure that the laboratories are prepared to perform primary services

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- Look at reagent/blood product availability
- Staff availability
- Complete **Clinical Laboratories Code Yellow Assessment** ([See Table 2](#))

7.2.4. 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.

- a. 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.

7.2.5. The Clinical Laboratories Compliance Department will:

- a. Function as communication liaison to the Hospital Incident Command Center and relay communications to the appropriate laboratory managers, medical directors and personnel.
- b. Communicate the location that staff should report to gain access to medical center buildings in the event entrance ramps are blockaded.
- c. Assist all departments however possible.

7.2.6. The Clinical Pathology Faculty on-call will cover medical issues in conjunction with and as directed by the Medical Director and/or department chair.

- a. Notifications will be expanded further if indicated by the status of the alert and as updates become available.

7.3. **Primary Services: critical service labs include Transfusion Services, The Morgue and The James Lab.**

a. **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.

b. **THE JAMES 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 labs will be determined based on anticipated work volume

c. **ANATOMIC PATHOLOGY (MORGUE):**

- Provide morgue services at RM 005
- Establish satellite services as needed

d. **AMBULATORY LAB SITES:**

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- 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 pick up and delivery delays

7.3.2. Each division of the Clinical Laboratories will establish support agreements as required (interdepartmental, with outside agencies, vendors) for continued operations of critical functions

7.4. **Secondary Services:** The necessity to recall employees to work to provide secondary services will be made by the Hospital Incident Command Center in conjunction with Laboratory Administration. (See Medical Center Emergency Operations Plan)

7.4.1. 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.

7.5. *Departmental call trees should be implemented during a drill to accurately assess the preparedness of the Clinical Laboratories at OSUWMC in the event of an actual emergency*

7.6. Internal Laboratory Plan for Internal Lab Disaster

7.6.1. Internal Plan for The James Laboratory Services

- a. 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
- b. Specimens are triaged and tested according to life threat and STAT priority: chemistry, hematology (including differentials), blood gas, and coagulation testing
- c. Internal disasters affecting The James, critical testing samples are rerouted to CCL (primary) and UH East RRL (secondary)
- d. If both The James and CCL are unable to process specimens due to disaster, send specimens to UH East RRL (primary) or Morehouse (secondary) for testing.
- e. Disaster plan for immunochemistry samples; send directly to UH East Rapid Response Laboratory
- f. Blood gas samples are sent to Respiratory Therapy at OSUWMC first. If OSUWMC respiratory is impacted, send to IDSCU Laboratory or UH East Respiratory.

7.6.2. Internal Plan for UH East Rapid Response Lab

- a. If UH East RRL is impacted by disaster, route all specimens to OSUWMC labs (primary), or Morehouse (secondary)

7.6.3. Internal Plan for Morehouse and SSCBC Labs

- a. If Morehouse and/or SSCBC are impacted by a disaster, all specimens must be routed to OSUWMC labs (primary), then UH East RRL (secondary)

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7.6.4. Internal Plan for Toxicology and Critical Care Laboratories

Primary Area	Secondary Location
The James Laboratory: Acetaminophen, Salicylate and ethanol	UHE RRL
Critical Care Laboratory: Digoxin, lithium, phenobarbital, phenytoin, valproic acid and vancomycin.	UHE 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	Lidocaine will be sent to Mayo Clinic.

7.6.5. Internal Plan for Transfusion Service Area

- a. In the event that OSUWMC Main Campus Transfusion Services are impacted by an internal disaster, specimens and staff will be routed to UH East Rapid Response Laboratory for testing
- b. If UH East Rapid Response is affected by an internal disaster, specimen testing is sent to OSUWMC Main Campus until the crisis has been resolved at UHE RRL.

7.7. Termination of internal or external disasters:

7.7.1. The Medical Center Hospital Incident Command Center will inform the Medical Center Operator when to announce termination of the Code Yellow.

7.7.2. The announcement "Code Yellow - all clear" preceded by an audible alert will be made and repeated every 5 minutes for 15 minutes.

7.7.3. After the "all clear", assess the situation and resume normal laboratory operations ASAP.

8. **CODE BLACK:** The OSU Wexner Medical Center will provide a coordinated program to minimize or eliminate workplace exposure to bomb threats, potential biological/chemical hazards and select agents identified by the Department of Homeland Security. **DO NOT USE CELL PHONES OR OTHER PERSONAL ELECTRONIC DEVICES**

8.1. Code Black notifications are via overhead page and OneSource banner alerts.

8.2. 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

8.2.1. Common features of suspicious packages:

- a. Liquid leaking from package
- b. No return address
- c. Hand written or poorly typed address
- d. Misspelling of common words
- e. Restrictive markings such as confidential or personal
- f. Excessive weight or the feel of a powdery or foreign substance
- g. Foreign postmarks and or writing
- h. Source of the package is not recognized by the recipient/addressee

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8.3. Laboratory Testing Request for Suspected Biologic Agent: e.g. anthrax, smallpox, tularemia

8.3.1. The Clinical Laboratories follow the OSU Wexner Medical Center policy of Standard Precautions and considers every specimen as potentially infectious. In addition to Clinical Laboratories' Infection Control Procedures the following procedures are in effect for suspected biologic agent specimens or suspicious packages.

- a. Unless otherwise notified by the Microbiology Division Director, the Clinical Laboratories only process specimens for clinical disease from symptomatic patients. Environmental and/or exposure specimens are referred to the ODH Laboratories.
- b. Determine origin of specimen.
 - Human: Determine the body site of the specimen

Organism	Body Site	Processing Procedure
Anthrax	Nares or nasal swab	These specimens will be referred to the Ohio Department of Health and the Division Director of Microbiology will be notified
	Stool, Blood Culture, Sputum, Spinal Fluid	Process test request in standard manner in bio-safety hood using Standard Precautions at all times. Keep culture plates covered (similar manner as <i>AFB</i> cultures).
	Skin swab: Swab of vesicular fluid, vesicle, or eschar . Swab from intact skin; routine swab.	Contact ordering physician to obtain additional source detail.
		Process test request in standard manner in bio-safety hood using Standard Precautions at all times. Keep culture plates covered (similar manner as <i>AFB</i> cultures).
		These specimens will be referred to the Ohio Department of Health and the Division Director of Microbiology will be notified
Brucella	Blood, Bone Marrow, Joint Fluid	Process test request in standard manner in bio-safety hood using Standard Precautions at all times. Keep culture plates covered (similar manner as <i>AFB</i> cultures).
Smallpox	Any	These specimens will be referred to the Ohio Department of Health and the Division Director of Microbiology will be notified
Tularemia	Blood Culture, tissue or scraping of ulcer, aspirate of involved tissue	Process test request in standard manner in bio-safety hood using Standard Precautions at all times. Keep culture plates covered (similar manner as <i>AFB</i> cultures).

- Non-human - environmental: These specimens will be referred to the Ohio Department of Health and the Division Director of Microbiology will be notified.

c. Determine test request indications.

- Possible or rule out (r/o) exposure: notify the Division Director of Microbiology. These specimens will be referred to the Ohio Department of Health.

8.4. Laboratory response to a Code Black:

8.4.1. Remain CALM and notify SECURITY at 614-293-8500 immediately

8.4.2. Turn off all cell phones and two-way radios to avoid potential detonation

8.4.3. If an item is discovered during the search for a suspicious package, notify Security (3-8500) on hospital network phones only—**NOT** on cell phones, ask for Security Supervisor and secure item(s) under direct observation until they arrive. Do not touch, move, or disturb the object in any way.

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8.4.4. Ambulatory sites need to fill out and submit to Department of Safety and Emergency Preparedness a [CODE BLACK](#) form.

9. **CODE ADAM:** Called for a missing patient or visitor that is an infant/child
- 9.1. PROCESS: If a visitor or patient approaches any staff member to inform them of a missing child or infant, the employee must call Security at 3-8500. Obtain description of the child/infant including name, age, gender, race, weight, height, hair color, eye color and clothing
 - 9.2. The hospital operator will announce “Code Adam” for a missing patient or visitor that is an infant or child.
 - 9.3. Hospital staff positioned in patient care areas will check their areas for:
 - 9.3.1. Any unattended infant or child
 - 9.3.2. Any persons carrying or traveling with an infant or child
 - 9.3.3. Any persons hurrying to leave the hospital with a car seat, package, duffel bag, backpack, or other container that could conceal an infant or child.
 - 9.4. Bathrooms and other secluded areas
 - 9.5. If the child has been located by the staff member, notify Security at 3-8500.
 - 9.6. If the child has been abducted and is with a suspect, follow the suspect but do not try to stop him/her. Notify Security at 3-8500 with the physical description of the suspect, providing location and direction the suspect is going.
 - 9.7. Remain calm: keep patients, visitors and other staff calm. Patient safety is #1.
 - 9.8. Termination: Only Security or the Incident Commander can terminate a Code Adam by announcing “Code Adam—All Clear”
 - 9.9. Ambulatory Sites need to submit a [CODE ADAM](#) form to Department of Safety and Emergency Preparedness
10. **CODE RED:** OSU Wexner Medical Center inpatient facilities are defined as DEFEND IN PLACE entities (FIRE ZONE), while outpatient centers are full evacuation buildings (FIRE EVACUATION).
- 10.1. 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. and P.A.S.S. 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.
 - 10.2. 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 department reports fire suppression performance data quarterly to the Business & Environment of Care Committees.

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10.3. Evacuation:

- 10.3.1. “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”
- 10.3.2. 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
- 10.3.3. Each division and/or section of the Laboratories shall establish an emergency meeting place to enable accounting for all personnel in the area.
- 10.3.4. 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.
- 10.3.5. **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
- 10.3.6. Secure the exit door, proceed to the nearest horizontal fire exit and follow the directions of the charge person indicated above.
- 10.3.7. 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.
- 10.3.8. 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.
- 10.3.9. Wait at the emergency meeting location until the “all clear” is given or until further instructions are received.

Total Vertical Evacuation meeting locations:

Histology, Surgical Pathology, Immunohistochemistry	12 th Avenue grassy area next to Hamilton Hall
Flow Cytometry, Blood Bank, Phone Room and Lab Admin Offices.	In front of Wiseman Hall
EM lab in Starling-Loving, Biomarker Reference Lab,	Front of Hamilton Hall on Neil Ave.
Special Function, Toxicology, Critical Care Lab, Cytology (processing and office), CPA, Ross lab, Micro Processing, POCT/Compliance	Flag poles in front of the main hospital
OSU East Rapid Response and Microbiology labs (if leaving from front door of the lab)	Loading dock
OSU East Rapid Response and Microbiology labs (If leaving lab by the back door near the break room)	The Grotto outside Wallace Auditorium
Martha Morehouse Medical Plaza Tower and Pavilion	Flagpole across from tower (outside and to the left of main pavilion doors)
Stoneridge phlebotomy	Employee parking lot
Polaris Molecular Laboratory	Parking lot by the gas station
Molecular Pathology & Cytogenetic Laboratories on Ackerman Road	Basketball court area west of 680 Ackerman labs

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Care Point East phlebotomy	Employee parking lot
Spielman Laboratory 2 nd Floor Spielman Phlebotomy 1 st floor	Patient parking lot A Patient parking lot B
Carepoint Gahanna	Parking Lot B
Carepoint Lewis Center	Parking Lot A
Upper Arlington	Parking Lot area
The James Lab & Autopsy	Biomedical Research Tower
POCT and Lab Compliance	Safe Auto Panera Bread

***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.

10.4. 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 3-8500 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)

10.4.1. Evacuate the area by going to the next fire zone away from the fire.

10.4.2. Wait there until the fire is extinguished and “Code Red All Clear” has been announced or the responding fire department calls a vertical evacuation.

10.4.3. Ambulatory sites must fill out a [CODE RED](#) form and submit to Department of Safety and Emergency Preparedness

10.5. 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:

10.5.1. 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.

10.5.2. Maintain an accurate and updated Chemical Inventory – to minimize flammable and combustible liquids

10.5.3. Verify that all chemicals are in approved storage cabinets or safety cans.

10.5.4. 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.

10.5.5. 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.

10.5.6. 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 have will have appropriate portable fire extinguishers located every 50 feet inside the laboratories

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- Medical Center Safety along with Life Safety personnel 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 must be performed via Medical Center Safety & Life Safety personnel ***

10.5.7. 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

10.5.8. 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.

10.5.9. 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

11. CODE GRAY:

11.1. 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.

11.2. Level 1: Tornado Warning

11.2.1. The hospital operator will announce a Level 1 Code Gray when a Tornado Warning has been declared for Franklin County.

11.2.2. 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

11.2.3. Close all drapes or blinds to cover glass areas

11.2.4. Staff will be apprised via overhead announcements of developments that may affect the hospital

11.2.5. Fill out [Code Grey form](#) and submit to Department of Safety , Ambulatory Sites use [Ambulatory Code Grey Form](#)

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11.3. Level 2: The hospital operator will announce Level 2 Code Gray for adverse weather conditions affecting Franklin County. **No immediate preventative action should be taken.**

12. **CODE SILVER:**

12.1. The Medical Center will announce a Code Silver in response to a risk of violence or an armed aggressor within the Medical Center. Specific information may be announced on specific areas involved, however all locations should be on alert and ready to respond.

12.2. Any staff member observing an unauthorized individual with a weapon should **call 911**.

12.3. Security will be dispatched to the area

12.4. Move out of the open areas and secure patients if in patient care areas

12.5. Turn off the lights in the laboratory (or patient care area) and close the doors

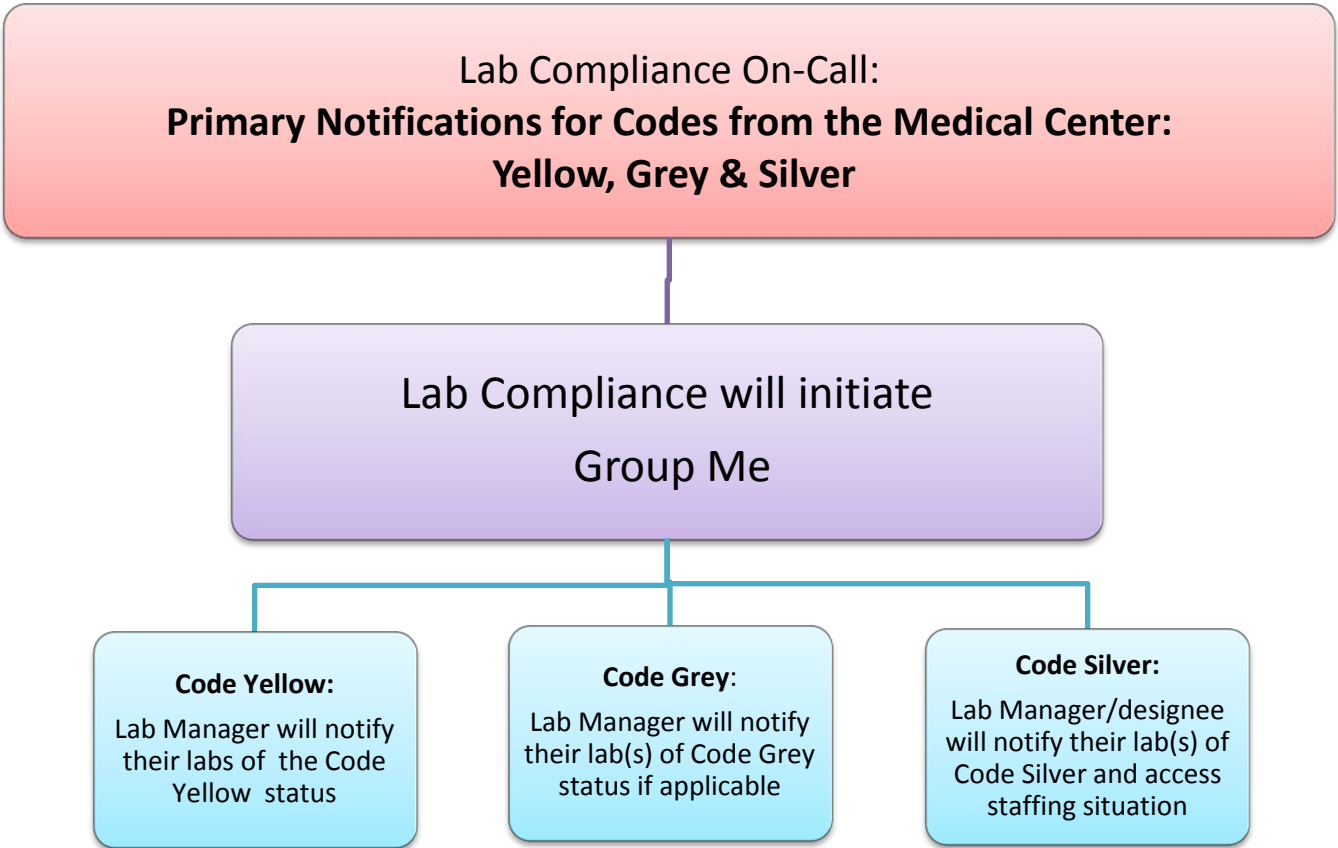
12.6. Turn cell phones, pagers and mobile devices to vibrate

12.7. **DO NOT** call Security unless you have further information to report regarding the incident.

12.8. Do not speak to the media unless authorized to do so.

12.9. Only the Director of Security, Incident Commander, law enforcement, or their designee can terminate a Code Silver

12.10. Code Silvers may or may not accompany and Code Yellow, and in these situations, Lab Compliance and Lab Administration should determine the appropriate course of action for staff moving about the medical center.



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

- Autopsy suite 614-247-7485
- BRL 614-247-6388
- CarePoint 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
- Stoneridge 614-366-3473
- Tissue Typing Lab 614-293-8554
- Upper Arlington 614-293-0252
- Lab Admin Office: 614-293-8673 (M-F 8-4:30p)

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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 pathologylabcompliance@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. _____

- 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: _____

- Debriefing: _____

**Emergency Preparedness Policy & Procedures
 Department of Clinical Laboratories
 The Ohio State University Wexner Medical Center**

Additional Transfusion Services Tasks

Time	Initials	
_____	_____	Obtain Transfusion /ED liaison name _____ and beeper # _____
_____	_____	Notify Transfusion Services Laboratory Manager.
_____	_____	Note time disaster call received, type of disaster, number of persons involved on Blood Inventory Worksheet.
_____	_____	Notify manager/Lead Technologist on duty or Lead Technologist on call.
_____	_____	Manager/Lead Technologist will call in needed personnel and complete Transfusion Service Disaster Call In Report.
_____	_____	Take inventory of blood and blood components (allocated and available) and record on Blood Inventory Worksheet.
_____	_____	Notify the American Red Cross (ARC) of disaster and severity of disaster if mass casualties are anticipated.
_____	_____	Order blood/blood components from ARC as necessary on STAT basis.
_____	_____	Note on Blood Inventory Worksheet time "all clear" message is given. Place all disaster paperwork in manager's mailbox.
		Comments

13. REFERENCES:

- 13.1. OSU Wexner Medical Center Department of Safety & Emergency Preparedness: [Emergency Operations Plan, FY2016](#)
- 13.2. OSU Wexner Medical Center: [Safety and Emergency Preparedness / Emergency Procedures](#)
- 13.3. OSU Wexner Medical Center: [Safety and Emergency Preparedness / Ambulatory Resources](#)

14. RELATED DOCUMENTS: Refer to Q Pulse System or Document Detail Report for related Laboratory Policies, Procedures, and Master Forms