

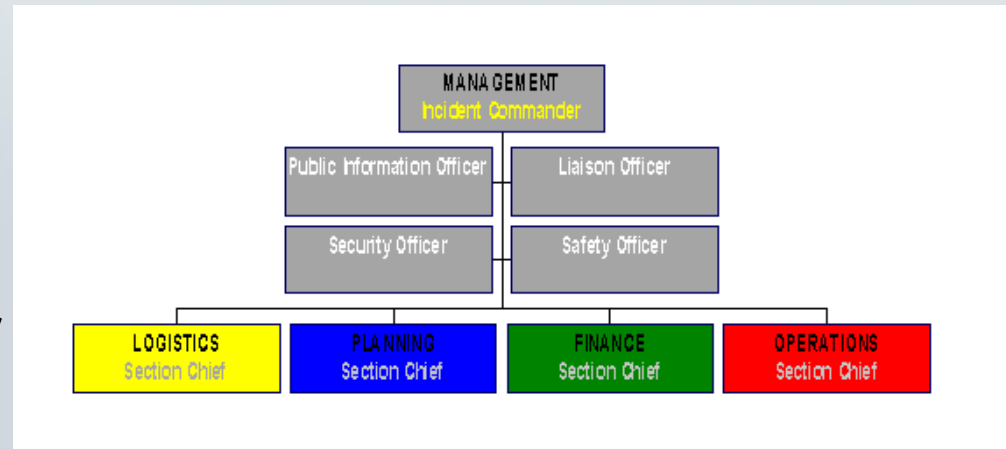
# DISASTER PLAN AND PLANNING IN DUKE TRANSFUSION

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# Overview on a Hospital Scale

- HICS structure - (Hospital Incident Command System)
  - Flexible but reliable structure
  - Splits tasks into predefined roles
- Departmental Sub-Plans
  - ED, OR, Admissions
- Be familiar with the larger plan
  - Backup communication
  - Supply chain
  - Downtime Admissions



TRANSFUSION SERVICE COOLER LOG			EMERGENCY BLOOD RELEASE
PATIENT NAME Unknown, CSN#			
MRN N/A	LOCATION NEAR	DATE & TIME	TECH 
TRANSFUSION SERVICE ONLY AS APPLICABLE: TS OUTDATE CHECKED _____ PLASMA EXP CHECKED _____		COOLER MUST BE RETURNED TO TRANSFUSION SERVICE BEFORE THE DATE AND TIME LISTED.	RETURN COOLER BY



# Inside the Lab

- Protocol starts with call or overhead page to lab
- Disaster Binder
  - Centrally located
  - All procedures and forms
- Disaster Plan Report Form
  - Found in multiple locations
  - One page front and back
  - Steps in order of priority
- PIC alerts lab using intercom
  - All non-critical work suspended
  - Immuno area techs pulled to other areas





# Code Triage Breakdown

- Where is the disaster?
  - External vs. Internal
    - If internal, check done on:
      - Employees
      - Work Space
      - Equipment
      - Critical Supplies
      - Computer Systems
  - PIC delegates roles for lab personnel
    - Quick reference for roles provided, but this is flexible based on need
  - Get First Round out the door
    - Pre-thawed FFP and quick access RBCs





# Code Triage Continued

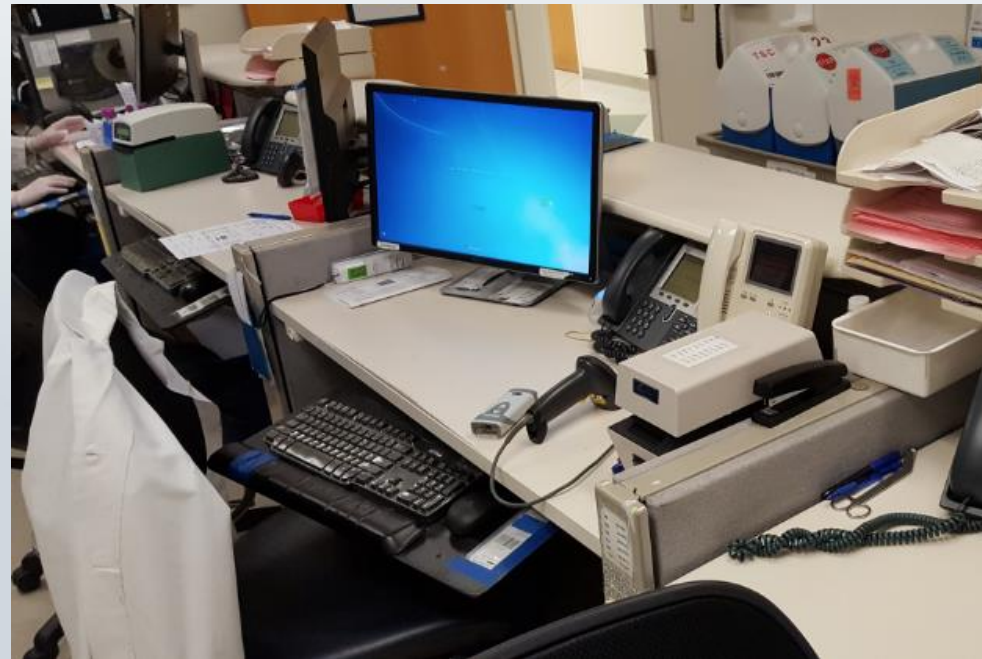
- Designee(s) prep more emergency supplies
  - Ice
  - Coolers
  - Emergency Products
- Activate paging group
  - Use admin to help with calling staff in and securing supplies
  - Return call number is **NOT** the main line!
- Guarantee product supply
  - Take Inventory
  - Alert primary supplier
  - Have a secondary supplier in a different region





# Code Triage Continued

- Guarantee transport logistics
  - Primary and Secondary couriers
  - Confirm drop-off location of products
- Prepare Inventory report for HICS
- Things to remember:
  - Keep counts on high users
  - Remind providers/nurses to collect Type and Screens
  - List of contacts as backup to page





# Putting the Plan in Action

- Practice and Plan
  - Multiple drills per year
    - 1 per quarter
    - All shifts, all PICs take part
      - Know where to go in a real event
      - Know what can be done without supervision
    - Follow-up during and after each drill
      - Part of the form
- Continue to develop
  - “bug out” list
  - Disaster CE
- Identify risks
  - Patient identification
  - Necessity of large volumes of thawed FFP

<https://pagingweb.duke.edu/>

ID 445

Type message “Code Triage  
(Drill or Event!)”

Call 919-684-6286

### TRAUMA PACK

HISTORICAL TYPE/NO TS	NO HISTORY
O NEG	O NEG

4 FFP	TYPE SPECIFIC OR AB	TYPE SPECIFIC OR AB	AB
CRYO			

Trauma Pack  
2 RBCs and 2 ABs

### MASSIVE TRANSFUSION PROTOCOL

	RBCs	PLASMA	PLATELETS	CRYO
ADULT				
ROUND 1	4 O+ or O-	4 AB		
ROUND 2	8 O+/O- OR Type Specific if ABORH done on current TS	8 AB OR Type Specific if ABORH done on current TS	1	1
ROUND 3	8 O+/O- OR Type Specific if ABORH done on current TS	8 AB OR Type Specific if ABORH done on current TS		
PEDIATRIC				
ROUND 1	2 O-	2 AB		
ROUND 2	3 O- OR Type Specific if ABORH done on current TS	3 AB OR Type Specific if ABORH done on current TS		
ROUND 3	3 O- OR Type Specific if ABORH done on current TS	3 AB OR Type Specific if ABORH done on current TS		

### NEONATE SPEC

NEOCD1 Irrad. Er  
with comment neon  
NEO3 Group O Res  
months with comme

CHILD SPECIAL I  
Irradiation End date:  
comment neonate/ch  
after ABC is complete enter  
plasma compatibility

NEOCD2A Group  
NEOCD2AB Group  
NEOCD2B Group  
Neonate/Child that is Group  
additional entry

SICKLE CELL:  
HBSNEG SPECIAL  
SC21 COMMENT

INTRAUTERINE T  
IUBP SPECIAL NEI  
IUBP COMMENT

ABOI Heart:  
ABO11 and ABO12  
ABOI Comment

### ECMO CANNULATION

	RBCs*	FFP	PLTS
PEDIATRIC	2 O-/O+	150 ml	½
ADULT			
<12 kg	2	150 ml	½
13-20 kg	3	200 ml	1 - 2
>21 kg	4	300 ml	1 - 2

\*Wash RBCs as requested

*Don't let what you cannot do  
interfere with what you can do.*

— John R. Wooden