

Notes on disaster preparedness

From The Lab Guy, Tim Dumas

The East Coast has hurricanes, the Midwest tornadoes, and the West Coast has earthquakes. Up north, we have winter. Some people consider *that* a disaster, but it is not bad once you get used to it.

There is one disaster that is common in winter and that is the ice storm. The main problem with the ice storm is loss of power. Trees fall on lines, power lines freeze and break as they fall, and it takes quite a while to restore electricity. We could expect to rely on generator power for weeks. That generator power is rationed to the neediest. In the lab, priority is given to lab analyzers, not computers. It seems to me this problem situation could be common to other disasters as well.

What happens during a power outage in an ever-increasing world of paperless medical centers and offices? With no computers, we are locked out of our patient files, QC data is temporarily unattainable, and how do we get results to the doctor? Start by asking your staff how they would complete their jobs without a laboratory information system (LIS) or electronic medical record (EMR). Next step? Work together. Each department needs to explain how it would achieve its tasks with a paper trail, then show how that process would network with the other departments to gain optimum productivity. Just like the old days. Here is a list of log sheets that may be helpful:

- **daily patient log:** Date, name, ID#, DOB, doctor, test ordered, time, and drawn by;
- **department logs:** Name, ID#, test and results, time completed and tech initials;
- **analyzer QC log:** Date, lot#, expiration date, QC test results, QC ranges, accepted, and tech initials; and
- **patient results form:** This form is sent to the provider with test results. A duplicate should be kept in the lab, if possible.
 - name, ID#, DOB, doctor, test ordered, results, reference ranges;
 - place for critical-value notification.
 - date, time, and reporting tech initials.

You get the idea. Any log or data sheet that exists in the LIS or EMR should have a paper hard copy. Maintaining enough copies to run at least a week without computers, and store with your other disaster-prep supplies. When things are back to normal, you can enter data into the LIS/EMR, and life is good again. Here is hoping that wherever you are — North, South, East, or West — you plan for the worst ... hope for the best! □

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From the Safety Lady, Terry Jo Gile, MT(ASCP), MA Ed

Here are three *essential* tips that many people did not think to use until after Hurricanes Katrina and Rita hit back in 2005. Experience can be the best teacher, but these two storms were a hard lesson for first responders.

- First, have battery back-up for all computers that can last for three days (see story on facing page for more details on power back-up). In most cases, utility companies attempt to restore emergency responders first. This includes fire stations, police, and hospitals. On a personal note, if you are in the market to buy a house, purchase one that is located on the same grid as a hospital since that grid will likely be one of the first to have power restored!
- Use walkie-talkies instead of cell phones. Nearly everyone has a cell phone today. Cell phones are great, but often cell towers are damaged or destroyed in major storms. To be able to communicate within the hospital, you need walkie-talkies that operate reliably and without the aid of a cell tower.
- Line up a sister hospital that can receive your lab work in the event of a disaster. While New Orleans' labs were all affected by the storms, generally you can find a helpmate laboratory down the street, across town, or even in another region that is operational and can handle the workload. You may have access to support within your own health system at another location.
- Remember that, during a crisis, only emergency lab work will be done. All ambulatory patients or those needing elective procedures will be sent home. Wherever possible, other patients will be transferred to other hospitals, leaving only the most severe cases to be cared for — which opens up whole nursing floors to be used for hospital employees and their families. In this event, esoteric testing will not be needed or can be collected and sent out. □

Best-selling author, professional speaker, and safety consultant Terry Jo Gile, The Safety Lady, has helped thousands of laboratorians create safety-savvy laboratories. Her book, *Complete Guide to Laboratory Safety – 2nd ed.*, is the consummate safety reference tool specific to clinical labs. Contact her at www.safetylady.com.