

HISTOLOGY LABORATORY

**EMERGENCY
PROCEDURES**

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1 Chain of command

A current list should be kept of employees and their telephone and pager numbers for use in the event of an emergency requiring their assistance. The department head will contact other staff members and the laboratory manager. The lab manager will contact supervisors who will contact their personnel. If a contact person cannot be reached, the next person on the list should be notified.

2 Disaster plan

In the event of an emergency which requires additional staff to respond, the disaster plan (also called "Code Yellow Alert" or "Code Yellow Activate") will be implemented. The situation may involve mass casualty or an environmental/man-made emergency.

2.1 Announcement

The announcement "Code Yellow Alert" or "Code Yellow Activate" will be heard on the PA system. The word "disaster" will not be used. Information about the emergency can be obtained by calling the hospital disaster information line.

2.2 Pathology departmental duties

During work hours

- report to the autopsy area to offer assistance to the medical examiner
- remain on duty until relieved

If an emergency occurs while you are at home

- keep your phone free, do not call the hospital
- if not called, report to work at your regular scheduled time

if called to duty:

- park in employee parking lot
- enter through any entrance other than the emergency entrance
- carry and present your name tag, ID card, or other form of identification

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- report to autopsy and offer assistance to the medical examiner
 - if assistance is not needed in autopsy, report to the emergency department waiting room

2.3 Reference

University of Utah Safety Services. *University Medical Center fire and safety manual.*

3 Evacuation

3.1 Meeting place

If evacuation is ordered, all personnel should meet at a previously designated location. An alternate location should be chosen in case the first choice is inaccessible.

3.2 Evacuation procedure

- The division supervisors, lab manager and division heads will meet immediately on the event of an emergency to decide if evacuation proceedings should begin. In the event of a fire alarm, evacuation is eminent and the decision of the supervisors is not necessary,
- Supervisors will return to their laboratories and start evacuation procedures.
- The laboratory should be shut down by doing the following:
 - close hood sashes
 - put microtome blades away
 - cover flammables
 - close the door on the way out
- Take the flashlight and fire blanket and follow the fire exit routes, do not use the elevators
- A head count will be made by each supervisor (or their designee). The results of the count will be given to the next higher authority in the chain of command. Missing persons should be reported to the emergency control center (emergency department).
- Do not return to the laboratory until all is clear and the emergency has ended.

3.3 Evacuating the handicapped and the incapacitated

Either the supervisor or the acting supervisor will be responsible for evacuating those who cannot get out on their own. Incapacitated persons should be wrapped in a fire blanket and pulled out of the building.

3.4 Disaster box

Each division should keep a disaster box in their area. The disaster box includes

- the hospital and departmental emergency preparedness plans
- emergency telephone numbers
- a map of the area
- a flashlight and batteries
- a portable radio
- hard candy
- plastic baggies
- felt tip markers
- a small first aid kit

4 Fire safety

Fire safety training is conducted annually. Documentation is retained in employees' files. All employees should be alert for potential fire hazards and take potential action. Open flames are not allowed in the histology laboratory.

When a fire occurs, evaluate the type and extent of the fire. If it is a large fire, all personnel should evacuate. Control measures should only be taken for small isolated fires.

4.1 RACE

When a fire is discovered or suspected, do the following:

Rescue: Rescue patients and warn those in the immediate area.

Alarm: Sound the fire alarm by pulling the pull station. Do not use the telephone; the pull station is connected to the hospital operator and the fire station. Someone should stay by the pull station to direct fire fighters.

Contain: Shut doors and windows to contain the fire. Clear exitways.

Extinguish: Put out the fire only if it is safe to do so. Evacuate the immediate area.

4.2 Evacuation

- When the alarm sounds everyone must evacuate.
- Know all possible exit routes from your building.
- Keep all exit routes clear and unobstructed; do not use hallways for storage.
- Learn where pull stations and fire extinguishers are.
- Fire drills are conducted quarterly. Documentation is to be completed and retained with this manual.

4.3 Types of fires

There are three common types of fires. The method of extinguishing the fire depends on the type of fire.

4.3.1 Class A

Class A fires involve wood, paper, plastics, and other solid combustible materials. APW and ABC extinguishers are most effective against this type of fire, however, CO₂ may be used with small fires. CO₂ extinguishers may be ineffective for extinguishing Class A fires because they may not be able to displace enough oxygen to successfully put the fire out. Class A materials may smolder and reignite.

4.3.2 Class B

Class B refers to burning flammable liquids such as gasoline, oil, grease and acetone. Use ABC or CO₂ type extinguishers for these fires; do not use water. If flammable liquids have spilled but not ignited, sand, activated charcoal, or another non-flammable absorbent may be used to contain the spill.

Natural gas fires are also of Class B. They are extinguished by CO₂, but the gas must be shut off first.

4.3.3 Class C

Class C fires are fires involving electricity. Dry chemical extinguishers may be used, but CO₂ is the most effective. If possible, turn off the power source. The fire then becomes a Class A or B fire.

4.4 Fire extinguishers

Different types of fire extinguishers are designed to fight different types of fires. The three most common types of fire extinguishers are described here.

4.4.1 Air pressurized water (APW)

Air pressurized water extinguishers are designed for Class A fires only. They should not be used on liquid or electrical fires.

4.4.2 Carbon dioxide (CO₂)

Carbon dioxide is a non-flammable gas that extinguishes a fire by displacing oxygen. The carbon dioxide is also very cold as it comes out of the extinguisher, so it cools the fuel as well.

4.4.3 Dry chemical (ABC)

Dry chemical extinguishers are designed to fight Class A, B, and C fires. ABC extinguishers coat material with a thin layer of chemical dust, separating the fuel from the oxygen in the air. The powder works to interrupt the chemical reaction of fire, so these extinguishers are very effective at putting out fire.

4.4.4 Operation

1. Pull out the pin with a slight twist to break the plastic tab. Do not squeeze the handle while removing the pin. If the extinguisher is heavy, place it on the floor to remove the pin.
2. Aim at the base of the fire. If you aim at the flames, the extinguishing agent will fly through. The fuel must be hit.
3. Squeeze the handle. This releases the pressurized extinguishing agent.

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4. Sweep from side to side until the fire is out. Stand eight to ten feet from the fire. Once the fire is out, be careful of reignition.

4.5 References

University of Utah Safety Services. *University of Utah safety manual.*

University of Utah Medical Center. Safety. *Fire and mass casualty plans.*

Life Safety Program. Fire. VI.

5 Incident reporting

An incident is any occurrence that is not consistent with the routine care of a patient, normal functioning of the hospital or regular activities of staff, patients, visitors, volunteers or students. Injury does not have to occur; the potential for injury an/or property damage is sufficient for an occurrence to be considered an incident.

5.1 Purpose

Incident Reports are confidential records used to:

- identify opportunities to improve patient care
- document the event specifically, objectively and in a timely manner
- identify an event requiring the involvement of the risk management department
- identify opportunities to protect patients, employees, visitors and hospital resources and institute preventive, protective, and corrective measures
- monitor and evaluate the effectiveness of actions taken to improve patient care

5.2 Procedure

An employee who discovers an incident should

1. render care to correct and prevent any further injury or harm
2. notify the laboratory supervisor, lab manager, or chief of surgical pathology

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3. notify biomedical engineering and risk management immediately when any equipment is involved in an incident
 4. protect the evidence
 5. document the incident

5.3 Documentation

The Incident Report should be completed accurately and legibly. The incident should be described exactly as it was witnessed and all details must be included. The report must be dated and submitted before the end of the shift. Incident reports are located in the supervisor's office.

5.3.1 Employee injury

An Employee First Report of Injury form must be filled out for job-related injury of an employee. If an Employee First Report of Injury is completed an Incident Report need not be filed. See section 6 "Injury reporting" for complete procedures.

5.3.2 Medical records

Documentation of the incident in the patient's medical record should be brief and concise, stating facts only. The cause of the incident must not be noted as error. Avoid subjective remarks that assign guilt, blame or responsibility. Do not indicate in the medical record that an incident report was completed.

5.3.3 Evaluation

Incident Reports must be reviewed and evaluated by the involved hospital departments, risk management and quality assurance.

5.3.4 Confidentiality

Incident reports are not to be copied nor reproduced in any fashion. Incident Reports must be hand-delivered or electronically transmitted to their destination. Do not use the hospital mail system.

5.4 Supervisor responsibility

The laboratory supervisor, lab manager, or chief of surgical pathology should assure that all identified incidents or serious injuries are reported and that Incident Reports are delivered by hand to the hospital quality assurance department within the first working day following the incident.

Incident reports should be reviewed to assure that incidents are described accurately and that any actions taken to prevent recurrence are appropriately documented.

Supervisors should investigate incidents and provide follow-up with employees of other departments involved. Corrective action should be taken as appropriate and the supervisor follow-up portion of the Incident Report should be completed.

6 Injury reporting

It is the responsibility of the hospital to provide a safe work environment and require compliance with occupational safety and health standards so that work-related injuries and illness are minimized. Should an injury occur, it is the joint responsibility of the employee and the supervisor to complete the Employee First Report of Injury (workmen's compensation) form and submit it to safety services within twenty-four hours. Blank forms are located in the supervisor's office. Copies of the Employee First Report of Injury are retained in the employee's file and by safety services.

6.1 Definitions

6.1.1 Occupational injury

Any injury which results from accident or exposure occurring in the work environment.

6.1.2 Occupational illness

Any abnormal condition or disorder other than one resulting from an occupational injury caused by exposure to environmental factors associated with employment; this includes acute and chronic illness or diseases which may be

caused by inhalation, absorption, ingestion, or direct contact of hazardous substances found in the workplace.

6.1.3 Lost work days

Days which the employee would have worked but could not because of occupational injury or illness. The number of days includes all days missed whether they are consecutive or not.

6.2 Reporting

Injuries not requiring treatment should be reported on the Employee First Report of Injury. The form should be submitted to safety services within twenty-four hours.

Injuries requiring treatment should be treated immediately in the emergency room. Safety services should be notified within one hour and the Employee First Report of Injury should be completed and submitted within twenty-four hours.

6.3 Workmen's compensation insurance

When the attending physician requires that the employee remain off the job for more than three days due to an occupational injury or illness, the employee is eligible for workmen's compensation insurance. Payment is based on a percentage of the employee's salary and the number of dependents in their household. Accrued sick leave will be used to make up the difference between the workmen's compensation payment and the employee's regular pay until sick leave is no longer available.