LB.17.1.15 Waste disposal/control plan (chemical, biological and sharps) using prick proof containers and leak proof bags.

LB.17.1.16 Provision and use of first aid kits.

LB.17.1.17 Reporting of infection and safety incidents.

LB.17.2 The laboratory has safety and infection control training program that includes:

LB.17.2.1 Initial training and competency assessment.

LB.17.2.2 Annual training, recertification and competency assessment.

LB.17.3 The laboratory has a system for monitoring the laboratory safety and infection control program.

LB.17.3.1 Documented safety and infection control audits are conducted at regular predefined-intervals (at least twice yearly).

LB.17.3.2 Findings of the audits are reported to the laboratory director, the facility safety officer, the infection control department, and other concerned parties.

LB.17.3.3 Corrective actions, whenever needed, are taken and documented.

Standard Intent:

The laboratory director is the ultimate responsible person for laboratory safety. He/she will be responsible for providing laboratory personnel with a comprehensive safety manual and assigning a safety officer to provide guidance and monitoring. The safety manual outlined above addresses common laboratory risks and hazards. Specialized laboratories might need to develop additional safety requirements to meet specific risk factors.

LB.18 The laboratory has a services/specimen collection manual.

LB.18.1 The laboratory develops a services/specimen collection manual that includes the following:

LB.18.1.1 Available tests and services on and off-site (reference laboratory) and their Turn Around Times (TAT).

LB.18.1.2 Methods of patient preparation.

LB.18.1.3 Procedures for positive patient identification.

LB.18.1.4 Quality and quantity of sample.

LB.18.1.5 Phlebotomy and sample collection procedures.

LB.18.1.6 Recognizing and handling adverse reactions to phlebotomy.

LB.18.1.7 Specimen labeling.

LB.18.1.8 Requisition and required clinical data.

LB.18.1.9 Specimen handling and transportation.

LB.18.1.10 Specimen rejection criteria.

LB.18.2 Laboratory services/specimen collection manual is available to all relevant departments.

Standard Intent:

Because of the importance of clinical information, instructions must be included in a manual and made available at all sites where specimens are collected. Instructions must include procedures and instructions for proper patient preparation, positive patient identification, quality and quantity of sample, phlebotomy, recognizing and handling adverse reactions to phlebotomy, specimen labeling, requisition and required clinical data, specimen handling and transportation and list of specimen rejection reasons. It is acceptable for this information to be electronically available to users.

LB.19 The laboratory establishes Turn Around Times (TAT) for routine and STAT tests.

LB.19.1 Turnaround Times are clearly defined for routine and STAT tests.

LB.19.2 Turnaround Times are established in agreement with relevant clinical departments.

LB.19.3 Turnaround Times are communicated, Implemented, and monitored.

Standard Intent:

TAT needs to be defined clearly; Collection-to-reporting or receipt-in-laboratory-to-reporting. This definition needs to be included in written agreement or memo of understanding with all clinical departments, more importantly, with critical care areas. The agreement needs to include the expectations for TAT, requests for patients with special transfusion needs and the notifications of delays in obtaining suitable products, and transportation of components and products. Agreements should be approved by the medical staff, transfusion service medical director, and hospital administration. Furthermore, TAT needs to be monitored (mean or median TAT, or the percent of specimens TAT that falls within the established limits) and reported at predefined intervals.

LB.20 Requests for laboratory tests or services are complete and legible.

LB.20.1 Requests for laboratory tests or services bear sufficient information, including:

LB.20.1.1 Two patient's identifiers (patient's full name and medical record number).

LB.20.1.2 Patient Age and Sex.

LB.20.1.3 Patient location.

LB.20.1.4 Identification of the authorized ordering physician.

LB.20.1.5 Type of specimen and required test.

LB.20.1.6 Date and time of specimen collection.

LB.20.1.7 Identification of the phlebotomist or the person who collected the specimen.

LB.20.1.8 Additional clinical information, as required.