
 <div style="text-align: center;"> <h1 style="margin: 0;">OSPITAL NG PARAÑAQUE</h1>  </div>		Document Code: OSPAR- ANCI- LAB-2022-11
ANCILLARY DIVISION APPROVAL MATRIX		Issue Date:
		Section / Department LABORATORY SECTION
		Policy Title: POLICY ON SECURITY OF SUPPLIES , SPECIMENS AND CONFIDENTIALITY OF RECORDS
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INTRODUCTION:

The laboratory is a complex facility within the hospital premises that contains valuable testing equipment and supplies, patient's samples/specimens, paperwork's, records and patient's data. As part of the hospital and the City Government of Paranaque's assets, it must be protected from unauthorized access, removal, theft, and mishandling.

OBJECTIVE:

To maintain the highest level of protection of all laboratory supplies and equipment, patient specimens and maintain and observe confidentiality of patient records.

RESPONSIBILITY:

All laboratory staff has the primary responsibility in maintaining the highest level of Laboratory Security measures.

PROCEDURE:

I. PHYSICAL OR ARCHITECTURAL SECURITY

- A. Keeping the doors secured and closed all times
- B. Maintaining the integrity of the modular walls, locks, and barriers.
- C. Maintaining the integrity of the lock of the supplies, equipment and records.
- D. Controlled and secured roof and windows access to the laboratory



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E. Keep all keys of the laboratory in a secure place for laboratory personnel's use only.

II. ELECTRONIC SECURITY

- A.** Maintain that control and alarm systems are fully functioning
- B.** Restrict password protection procedures only to the authorized laboratory personnel
- C.** Use of video surveillance system
 - 1. recognizing unusual activity in real time, which requires staff dedicated to watching the camera output and is most effective when the presence of individuals alone is suspicious;
 - 2. validate entry authorization by verifying the identity of the worker
 - 3. verify identity of unauthorized personnel after unauthorized access

III. OPERATIONAL SECURITY

- A.** Limit access to the Laboratory: The laboratory is a restricted area for authorized laboratory personnel only.
- B.** Restricting non laboratory personnel from entering the laboratory without prior approval from the Chief Medical Technologist
 - 1. authorization procedure
 - 2. Back ground check: Question the presence of unfamiliar/suspicious individuals in laboratory and/or hospital common areas. Report all such persons and/or suspicious activity immediately
- C.** Visitor sign-in sheets or logs shall be made available for monitoring



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- D. The Chief Medical Technologist and/or Section Heads shall have control of keys and access cards,
- E. Presence of the Civil Security Unit (CSU) at the laboratory entrance.

IV. INFORMATION SECURITY

- A. Secure and update computer passwords regularly to deter unauthorized access to computer records and data.
- B. Update a secured backup systems and shredding of sensitive information
- C. Laboratoryresultsshallonlybereleasedtothepatientanditsauthorized next of kin upon presentation of an authorization letter with Identification Card.
- D. Laboratoryresultsshallonlybereleasedtootheralliedhealthpersonnel whom the patient is in direct care of.
- E. All laboratory charted results shall be logged and be duly signed by the receiving personnel
 - 1. Releasing and Receiving Logbook
 - 2. Outgoing Communication Logbook
- F. Maintainadetailedinventoryofalllaboratorysuppliesandequipmentand have it readily available for review to deter any unauthorized removal, theft, and mishandling.
- G. Report potentially missing supplies and equipments ,documents, samples/specimen: Incident Report