

PROCEDURE

Corewell Health East - Laboratory Safety and Loss Prevention - Dearborn, Taylor, Trenton, Wayne

This Procedure is Applicable to the following Corewell Health sites:

Corewell Health Dearborn Hospital, Corewell Health Taylor Hospital, Corewell Health Trenton Hospital, Corewell Health Wayne Hospital

Applicability Limited to:	N/A
Reference #:	33309
Version #:	2
Effective Date:	09/25/2025
Functional Area:	Clinical Operations, Laboratory
Lab Department Area:	Lab - Safety/Disaster

1. Principle

Corewell Health Laboratories have a strong commitment to safety and loss prevention. The safety program is comprehensive and is supported at administrative levels. Performance according to the guidelines of the safety program is a critical indicator of effectiveness for laboratory personnel.

2. Responsibility

Laboratory personnel share responsibility for safety. This includes not only compliance with established policies and procedures, but also identification and reporting hazards.

- A. The Laboratory Safety Officer assists in the development, implementation, review, and administration of all safety policies.
- B. Laboratory Managers and Supervisors are responsible for identification of hazards in their sections, enforcement of safety policies, and coordination with the Laboratory Safety Officer for hazard reduction and/or elimination.
- C. Laboratory Safety representatives, laboratory Safety Officers along with the Corporate Laboratory Safety Committee have a responsibility to assist in implementation and administration of safety policies. These individuals are essential to the proper functioning of the safety program and should be a primary resource in their lab areas for response to safety concerns.
- D. Laboratory Personnel are responsible for hazard identification and compliance with safety policies.

3. Policy

It is the policy of Corewell Health Laboratories to operate in an environment free from recognized hazards that are likely to cause physical harm to employees. Personnel and visitors to the Laboratory are required to follow the guidelines of the safety program while in the Laboratory.

4. Guidelines

- A. The safety and health program is designed to minimize danger to employees through identification and elimination of or minimization of hazards.

Entities will reference associated Documentation contained within this document as applicable
Printouts of this document may be out of date and should be considered uncontrolled.

- B. The program will also ensure compliance with applicable Federal, State and Local regulations. These regulations include safety and health standards, as well as standards for proper handling of hazardous materials.
- C. The program emphasizes education as a tool for communicating appropriate safety behavior to personnel.
- D. The Corewell Health Laboratory corporate safety committee, including the Safety Officer, and/or Safety Representative shall meet on a regular basis. Activities are reported to the Laboratory Quality Assurance and Improvement Committee and documented in the Safety Committee meeting minutes.
- E. Safety policies are maintained electronically within the hospital document management system. Policies are reviewed at a minimum of biennially or when major changes are made to the policy. Laboratory personnel, including current and new employees, students, pathologists and residents, must read the information contained in the safety policies and understand the hazards that exist in their work area.
- F. Regular safety and health surveys shall be performed to identify hazards and monitor compliance with safety policies.
- G. Accidents and incidents shall be promptly investigated to identify causation and implementation of corrective and preventative measures.
- H. New personnel should receive a safety and infection control orientation prior to beginning work that entails exposures to any hazard. This orientation may be conducted by the Laboratory Safety Officer or his/her designee and should be documented on the new employee checklists and retained in the employee's personnel file.
- I. Regular safety in-services should be held for laboratory personnel. These programs should cover fire safety, chemical hygiene, Standard Precautions, emergency response and evacuation.
- J. Each laboratory site should include a safety update as a regular part of their periodic site meetings. Meeting minutes should reflect the date, attendees, and topic(s). Any new hazards or procedures introduced into the laboratory should be preceded by education. The Laboratory Safety Officer is available to assist with this education, if necessary.

5. Resources

- A. [Hazard Communication Program](#)
- B. [Corewell Health East - Laboratory Annual Safety Assessments - All Beaumont Hospitals](#)
- C. [Corewell Health East - Laboratory Education - New Hire Orientation - All Beaumont Hospitals](#)

6. Revisions

Corewell Health reserves the right to alter, amend, modify or eliminate this document at any time without prior written notice.

7. Procedure Development and Approval

Document Owner:

Larah Crawford (Sr Safety Specialist)

Writer(s):

Deborah Poloch (Medical Technologist Lead)

Reviewer(s):

Ashley Beesley (Mgr, Laboratory), Fatima Bazzi (Supv, Laboratory), Helen Anonick (Supv, Lab Processing), Helga Groat (Mgr, Laboratory), Kristen DiCicco (Mgr, Laboratory), Kristie Chennault (Supv, Lab Processing), Kylene McIntosh (Mgr, Lab Support Svcs), Lori Saad (Mgr, Lab Support Svcs), Marie Borg (Supv, Lab Processing), Stephanie Mullins (Supv, Laboratory)

Approver:

Entities will reference associated Documentation contained within this document as applicable
Printouts of this document may be out of date and should be considered uncontrolled.

Christopher Ferguson (Dir, Laboratory Services), Jeremy Powers (Chief, Pathology), Muhammad Arshad (Chief, Pathology), Sarah Britton (VP, Laboratory Svcs)

8. Keywords
Lab safety