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|  | DOCUMENT TYPE: <input checked="" type="checkbox"/> Procedure | ORIGIN DATE IN TITLE 21 |
| CLIA Lab Director: Dr. Gregory Pomper | LAB DEPARTMENT: Central Processing | CONTACT: Central Processing Management |

APPLICABLE LABORATORY(S):

- North Carolina Baptist Hospital (NCBH)
- Lexington Medical Center (LMC)
- Davie Medical Center (DMC)
- Wilkes Medical Center (WMC)
- High Point Medical Center (HPMC)
- Westchester
- Clemmons

PROCEDURE STATEMENT

The purpose of this procedure is to provide laboratory testing personnel with guidelines for daily, weekly, monthly, and as needed maintenance

SCOPE

- i. Procedure Owner/Implementer: Central Processing
- ii. Procedure Prepared by: Central Processing Manager
- iii. Who Performs Procedure: Central Processing Team Members

DEFINITIONS

- A. Procedure: A process or method for accomplishing a specific task or objective.
- B. WFBH Lab System: Wake Forest Baptist Lab System is a health system that includes Wake Forest Baptist Medical Center and all affiliated organizations including Wake Forest University Health Sciences (WFUHS), North Carolina Baptist Hospital (NCBH), Lexington Medical Center (LMC), Davie Medical Center (DMC), Wilkes Medical Center (WMC), High Point Medical Center (HPMC), Lab at Westchester and Lab at Clemmons.

PROCEDURE

A. Spin Rotation

Note: Upon completion of each item listed below, initial the Central Processing Spin Rotation Maintenance Checklist in the corresponding box for the item and date. If any checklist item is unacceptable, document the corrective action on the checklist.

Daily – 1st Shift – First Spin Rotation

1. Complete Reproductive Endocrinology (RENDO) and Clemmons Allergy Packing Lists
 - a. Follow Job Aide CP 1.1 RENDO and Clemmons Allergy Packing Lists
2. Clean the work areas with disinfecting wipes and restock supplies
3. Clean the inside of the centrifuges with disinfecting spray and paper towels
 - a. Remove any specimen labels from the carriers
4. Record the Spin refrigerator and freezer temperatures according to procedure CP 2 Monitoring of Temperature Regulated Equipment
5. Check Hydrochloric acid (HCl), Boric Acid, and Acetic Acid expiration dates and volumes
 - a. Verify the HCl has not expired
 - i. If expired, follow Job Aide CP 1.2 Changing HCl Dispenser
 - b. Determine if sufficient volume of HCl remains in bottle
 - i. If insufficient volume, follow Job Aide CP 1.2 Changing HCl Dispenser
 - c. Verify the Boric Acid and Acetic Acid have not expired
 - i. If expired, replace with valid expiration preservatives
 - ii. Disposal of expired reagents
 - Remove from use
 - Label EXPIRED
 - Contact Lab Compliance for pickup and disposal
6. Discard Extra Urine Culture tubes >72 hours old
 - a. Verify and dispose rack in the computer
 - i. Open "Container Storage" function
 - ii. Select the rack to be discarded
 - iii. Verify the Dispose date
 - Dispose date should be the date you are disposing the samples or 4 days after the date placed in the storage rack
 - iv. Select "Dispose All"
 - v. Change the "Dispose" date to 4 days from the current date to begin using the rack for the current day's specimens
 - vi. Close the "Container Storage" function

- b. Dispose of the specimens in the large biohazard trash (large gray container under the Spin counter)
- c. Change the date label on the rack to the current date

Note: The racks should progress in chronological order (1, 2, 3, 4) to match the specimen dates chronologic order

7. Discard extra blood tubes >24 hours old in the large biohazard trash (large gray container under the Spin counter).
 - a. Label an empty rack for the day's extra blood tube samples.
8. Check autoclave buckets; change if full
 - a. If bucket is full
 - i. Tape the bags closed
 - ii. Record CP, date and time, and initials on the tape
 - iii. Bring the closed, full bucket to the Autoclave Room
 - iv. Obtain a new autoclave bucket and line with 2 bags
 - Extra autoclave buckets are located in the storage room behind the autoclaves in Microbiology

Daily – 2nd Shift – Second Spin Rotation Recommended

1. Clean the work areas with disinfecting wipes and restock supplies
2. Clean the inside of the centrifuges with disinfecting spray and paper towels
 - a. Remove any specimen labels from the carriers
3. Check HLA, Special Heme, Medical Genetics, and Allergy bins to ensure specimens are directed to the correct lab
 - a. Review the tests for samples in each bin and verify the samples are in the correct bin for where the tests are performed. Check that samples are centrifuged, aliquoted, and stored appropriately. If samples are in the wrong bin, move to the correct bin.
4. Check autoclave buckets; change if full
 - a. If bucket is full
 - i. Tape the bags closed
 - ii. Record CP, date and time, and initials on the tape
 - iii. Bring the closed full bucket to the Autoclave Room
 - iv. Obtain a new autoclave bucket and line with 2 bags

- Extra autoclave buckets are located in the storage room behind the autoclaves in Microbiology

Daily – 3rd Shift – First Spin Rotation

1. Clean the work areas with disinfecting wipes and restock supplies
2. Clean the inside of the centrifuges with disinfecting spray and paper towels
 - a. Remove any specimen labels from the carriers
3. Check HLA, Special Heme, Medical Genetics, and Allergy bins to ensure specimens are directed to the correct lab
 - a. Review the tests for samples in each bin and verify the samples are in the correct bin for where the tests are performed. Check that samples are centrifuged, aliquoted, and stored appropriately. If samples are in the wrong bin, move to the correct bin.
4. Check autoclave buckets; change if full
 - a. If bucket is full
 - i. Tape the bags closed
 - ii. Record CP, date and time, and initials on the tape
 - iii. Bring the closed full bucket to the Autoclave Room
 - iv. Obtain a new autoclave bucket and line with 2 bags
 - Extra autoclave buckets are located in the storage room behind the autoclaves in Microbiology
5. Change the refrigerated extra rack at midnight
 - a. Place the current day's extra rack in the walk-in refrigerator
 - b. Dispose of the specimens in the oldest extra rack in the large biohazard trash (large gray container under the Spin counter)
 - c. Place the empty rack into the Spin refrigerator labeled with the current date

Weekly

Note: Some tasks may be performed on various days of the week, but must be performed at least once per week.

1. Rotate the "Rejected Sample" rack and "Hold" bin – Perform on Wednesday
 - a. Dispose of specimens held in the oldest rejected sample rack and hold bin in the large biohazard trash (large gray container under the Spin counter)
 - i. The discard date should be listed on the rack and bin

Monthly

1. Perform expired supplies and reagents audit per CP 29, Detecting Expired Supplies and Reagents
2. Clean the balance with canned air
 - a. Aim the canned air nozzle into the opening below the weighing platform and spray to remove any dust
 - b. Repeat on both sides
3. Clean the exterior surfaces of the biosafety cabinet
 - a. Follow Job Aide CP 1.4 Cleaning the Biosafety Cabinet
4. Clean the interior compartments of the biosafety cabinet
 - a. Follow Job Aide CP 1.4 Cleaning the Biosafety Cabinet

B. Tube Room Rotation

Note: Upon completion of each item listed below, initial the Central Processing Tube Rotation Maintenance Checklist in the corresponding box for the item and date. If any checklist item is unacceptable, document the corrective action on the checklist.

Daily – 1st Shift – First Tube Rotation

1. Record the RVP refrigerator temperature according to procedure CP 2 Monitoring of Temperature Regulated Equipment
2. Check Surg Path (Surgical Pathology), Cyto (Cytology), PCR (Molecular Diagnostics), HLA, Special Heme, and Medical Genetics bins to ensure specimens are directed to the correct lab
 - a. Review the tests for samples in each bin and verify the samples are in the correct bin for where the tests are performed
 - i. If samples are in the wrong bin, move to the correct bin
 - b. Verify samples with a Beaker packing list have the correct destination selected
 - i. If samples have an incorrect packing list destination, correct the packing list before samples are picked up or delivered
3. Consolidate loose Surg Path, Cyto, and PCR samples into larger biohazard bags
 - a. Place individual, small biohazard bags intended for the same testing lab into large biohazard bags

- i. Pack separate bags for each testing lab – Surg Path, Cyto, and PCR
- 4. Clean the work areas with disinfecting wipes and restock supplies

Daily – 2nd Shift – Third or Fourth Tube Rotation Recommended

1. Check Surg Path (Surgical Pathology), Cyto (Cytology), and PCR (Molecular Diagnostics), bins to ensure specimens are directed to the correct lab
 - a. Review the tests for samples in each bin and verify the samples are in the correct bin for where the tests are performed
 - i. If samples are in the wrong bin, move to the correct bin
 - b. Verify samples with a Beaker packing list have the correct destination selected
 - i. If samples have an incorrect packing list destination, correct the packing list before samples are picked up or delivered
2. Consolidate loose Surg Path, Cyto, and PCR samples into larger biohazard bags
 - a. Place individual, small biohazard bags intended for the same testing lab into large biohazard bags
 - i. Pack separate bags for each testing lab – Surg Path, Cyto, and PCR
3. Clean the work areas with disinfecting wipes and restock supplies

Daily – 3rd Shift – First or Second Tube Rotation

1. Check Surg Path (Surgical Pathology), Cyto (Cytology), and PCR (Molecular Diagnostics), bins to ensure specimens are directed to the correct lab
 - a. Review the tests for samples in each bin and verify the samples are in the correct bin for where the tests are performed
 - i. If samples are in the wrong bin, move to the correct bin
 - b. Verify samples with a Beaker packing list have the correct destination selected
 - i. If samples have an incorrect packing list destination, correct the packing list before samples are picked up or delivered
2. Consolidate loose Surg Path, Cyto, and PCR samples into larger biohazard bags

- a. Place individual, small biohazard bags intended for the same testing lab into large biohazard bags
 - i. Pack separate bags for each testing lab – Surg Path, Cyto, and PCR
- 3. Clean the work areas with disinfecting wipes and restock supplies
- 4. At midnight, pull all requisitions from folders
 - a. Pull all manual requisitions, packing lists, and manifests from hanging folders in Central Processing
 - b. Place all requisitions, packing lists, and manifests into the red bin labeled “Unsorted.”
- 5. At midnight, pull specimen logs from window
 - a. Pull all specimen logs with documented specimens from the clipboard at the specimen drop-off window
 - b. Place the specimen logs into the red bin labeled “Unsorted.”

Weekly

- 1. Stock and check expiration dates of supplies in Tube Room (e.g. lab coats, gloves)
 - a. Verify all supplies stored in the Tube Room area have valid expiration dates
 - i. If expired supplies are found, remove from use and properly dispose of
 - b. Restock area with supplies, rotating inventory based on expiration dates
- 2. Check expiration date of phlebotomy supplies
 - a. Verify all phlebotomy supplies have a valid expiration date
 - i. If expired supplies are found, remove from use and properly dispose of
- 3. Check inventory of phlebotomy supplies
 - a. Verify supply of phlebotomy supplies is adequate
 - b. If additional supplies are needed, contact Inpatient Phlebotomy with a list of needed supplies

- i. Inpatient Phlebotomy will deliver as they are able

C. Other Equipment Maintenance

- Equipment with a green identification tag will be maintained by clinical engineering per the Department of Pathology Laboratory Equipment Service Procedure
- 1. Centrifuge speeds and timers are checked at least annually to ensure they are properly functioning for their intended use
 - a. Checks are performed more frequently if indicated by the manufacturer
- 2. Balances and scales are checked at least annually to ensure they are properly functioning for their intended use
 - Pumps and balances not labeled with a green identification tag will be maintained according to Chemistry procedure Miscellaneous Maintenance.

REFERENCES

- A. Sorvall ST 15 Instruction Manual
- B. Sorvall Legend Micro 21 Instructions for Use
- C. Ohaus Harvard Trip Balance Series 1400 and 1500 Instruction Manual
- D. Labconco Purifier Logic+ Biological Safety Cabinets User's Manual

RELATED PROCEDURES/POLICIES

- A. CP 2 Monitoring of Temperature Regulated Equipment
- B. Environmental Health and Safety Procedure: Safety Check of Eyewash Stations and Safety Showers
- C. Department of Pathology Laboratory Equipment Service Procedure LC-SOP-0020
- D. Chemistry Procedure Miscellaneous Maintenance

LINKED DOCUMENTS (TITLE 21)

- a. Form CP 1.1 Central Processing Spin Rotation Maintenance Checklist

- b.** Form CP 1.2 Central Processing Tube Rotation Maintenance Checklist
- c.** Form CP 1.3 Central Processing Supply Checklist
- d.** Job Aide CP 1.1 RENDO and Clemmons Allergy Packing Lists
- e.** Job Aide CP 1.2 Changing HCl Dispenser
- f.** Job Aide CP 1.3 Eyewash Maintenance
- g.** Job Aide CP 1.4 Cleaning the Biosafety Cabinet

REVISION DATES: REVIEW CHANGE SUMMARY AS REPRESENTED IN TITLE 21.