


Methodist Health Services Corporation & UnityPoint Health Methodist Laboratory 7000 ADMINISTRATION	Page # 1 of 3	Section: Exposure Control	Policy #: H - 2
	 Approved by:		Date 5/30/14
	Date Revised: Supersedes 6/16/12, 8/22/11, 6/12/10, 7/1/08, 2/27/06, 8/11/04, 10/10/02, 5/1/00, 12/2/97, 6/2/97, 6/30/96, 9/17/92, 2/28/92 Date Reviewed: 6/13/13, 5/30/14		
	Policy/Revision Submitted by: Jason Loser		
	JCAHO Standard: N/A		
POLICY ON: Universal Precautions Policy			

I. POLICY

All specimens will be handled as potentially infectious by laboratory personnel.

II. PURPOSE

The purpose of this policy is to provide employees guidance in determining how to handle specimens received in the laboratory for testing.

III. POLICY SCOPE

The scope of this policy applies to all Laboratory Staff and Physicians.

IV. GENERAL INFORMATION

- A. The laboratory will follow the practice of universal precautions when skin, eye, mucous membrane, or parenteral contact with a body fluid is possible.
 - 1. The laboratory is considering all body fluids, excretions, tissues, and control sera as potentially infectious.
 - 2. Laboratory staff will follow safe work practices, use engineering controls, and will wear personal protective equipment in order to avoid possible exposures.

V. PROCEDURE:

- A. All specimens should be handled as potentially infectious.
- B. No work area with the potential for occupational exposure will be exempt from following universal precautions and its associated practices.
- C. Disposable (Powderfree non-latex) gloves are to be worn when performing the following or similar tasks: all phlebotomy procedures, labeling specimens, transporting specimens, accessioning samples, centrifugation of specimens, PKU mail outs, preparing slides, pouring off serum/plasma, loading specimens onto instruments, manual testing procedures, tissue specimen processing, tissue toss, body fluid preparation for diagnosis, equipment/instrument cleaning and repair, public screening activities, diener duties during an autopsy, cleaning up blood or other body fluid spills, using laboratory computers in testing areas.
- D. Disposable gloves should be changed as soon as possible when they are visibly soiled to reduce inadvertent contamination of items throughout the work area, such as doorknobs, telephones, and computer keyboards.
- E. Disposable gloves shall not be washed or disinfected for re-use.
- F. Disposable gloves shall be disposed of when they show signs of cracking, peeling, discoloration, tearing, punctures or any other signs of deterioration.

- G. Employees shall wash their hands immediately or as soon as possible after removal of gloves or after hand contact with blood or other potentially infectious materials.
- H. Disposable gloves should be worn when washing anything lab related, such as glassware, pipets, refrigerators, countertops, or test tube racks.
- I. Disposable gloves should be worn when handling mercury, if encountered.
- J. Appropriate sizes of gloves and other personal protective equipment are to be made available to employees.
- K. Employees who have an allergic condition to the gloves must be documented by Employee Health.
- L. Employees shall wash their hands immediately before leaving the laboratory.
- M. Disposable fluid-resistant laboratory coats
 1. Disposable fluid-resistant laboratory coats are provided by the hospital and should be worn whenever exposure to blood or other potentially infectious material is reasonably anticipated. These coats are to be fastened all the way to provide maximum protection. No area of the forearm is to remain exposed.
 2. Phlebotomist obtaining blood samples have their own uniforms and are not required to wear the fluid-resistant coats. If the Procurement Specialist is working at the processing bench, then they are required to wear a fluid-resistant coat.
 3. Any garment that is soiled is removed immediately or as soon as feasible and place in the dirty laundry hamper located in the glassware room. Coats should be changed when soiled or torn.
 4. No personal protective equipment is permitted outside of the testing area (except when going to the patient floors). This includes designated eating areas, break rooms, lobby, gift shop, or restrooms.
 5. It is recommended, but not mandatory, that employees wear their own white laboratory coats when moving about the hospital where they are likely to encounter visitors.
 6. The fluid-resistant laboratory coats are hung in an area so as not to contaminate white coats or employees all weather coats.
- N. Masks and protective eyewear should be worn if mucous membrane contact with blood or body fluid is anticipated. Acrylic bench shields, protective eyewear or masks will be used routinely when popping vacutainers and pouring off/aliquoting specimens.
- O. Employees shall use personal protective equipment when performing duties as listed above unless it can be shown that the employee felt that a rare and extraordinary circumstance arose where the use of the protective equipment would have prevented the delivery of health care and posed a hazard to the safety of the worker or co-worker. In these situations, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

V. MAINTENANCE AND STORAGE

- A. All policies and procedures are reviewed every two years, (except for Safety procedures which are yearly) by Laboratory Administration and or the Medical Director of the Laboratory or designee.
- B. The Laboratory Administration and Medical Director review policies and procedures when there are changes in practice standards, or requirements.
- C. All policies and procedures are reviewed every two years (except for Safety procedures which are yearly) by staff or at the time new or revised ones are put in effect.
- D. All policies are retained 8 years after being discontinued or revised.
- E. All procedures are retained 2 years after being discontinued or revised

REVISION HISTORY (began tracking 2013)			
Rev	Description of Change	Author	Effective Date
1	Added policy scope, changed logo to reflect new organization name.	J. Loser	6/13/13