

Methodist Health Services Corporation & UnityPoint Health Methodist Proctor  Laboratory 7000  ADMINISTRATIO N	Page # 1 of 2	Section: UPPIA LA: Exposure Control	Policy #: 06.003 Formerly: H 03
	Approved by: see signature block at end of document		Date: 1/20/16
	Date Revised: Supersedes 1/2016, 10/22/12, 8/22/11, 6/11/10, 7/1/08, 2/1/06, 9/13/04, 8/11/04, 10/10/02, 5/1/00, 12/10/97, 6/30/96, 9/9/94, 9/17/92		
	Date Reviewed: Supersedes 2/18/15, 3/21/14, 6/13/13		
	Policy/Revision Submitted by: Richard Borge		
CAP Standard: N/A			
POLICY GUIDELINE ON: <b>Safe Handling Practices in the Laboratory</b>			

## I. POLICY

Laboratory staff will follow safe work practices while handling potentially infectious materials.

## II. PURPOSE

To outline safe work practices laboratory staff is to follow.

## III. POLICY SCOPE

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

## III. GENERAL INFORMATION

Safe work practices have always been an important part of a laboratory employee's job duty. With the increased incidence of HIV and HBV in the work place, this concept has become the cornerstone of most job duties in a hospital laboratory.

## IV. PROCEDURE

- A. Biological safety hoods are advised whenever procedures are conducted which could create an aerosol.
- B. Protective, insulated gloves should be worn when handling dry ice, heated materials, hot pipets from the oven and solutions from hot plates.
- C. Mechanical pipetting devices must be used for manipulating all liquids in the laboratory. Mouth pipetting/suctioning of blood or other potentially infectious materials is absolutely **prohibited**.
- D. Use of needles and syringes should be limited to situations in which there is no alternative.
  1. To prevent needle stick injuries, needles should not be recapped using a two handed technique, purposely bent or broken by hand.
  2. Recapping, using a one-handed technique or by a mechanical means is only allowed for those activities/procedures where no other option is available.
  3. Routine recapping using a one-handed technique for phlebotomy procedures is **not** allowed unless the needle used is one of the approved safety needle devices.
  4. After use, all sharps should be placed in puncture-resistant biohazard containers.
- E. Biological safety cabinets (Class I or II) should be used whenever procedures are conducted that may have a high potential for generating droplets.
- F. Body fluid spills should be cleaned up immediately with Sani Cloth or 10% bleach.
- G. Sani Cloth or 10% bleach should be used to clean up work counters and bench tops, dirty keyboards, and phones following testing activities.
- H. Work counters and bench tops should be straightened up at the completion of each shift to prevent accidents. Protective coverings such as imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible, when they become overtly contaminated or at the end of the work shift if they may have become contaminated during the shift.
- I. Safety goggles are to be worn when performing the following tasks:
  1. heating liquids
  2. working with an acid or base
  3. working with bulk chemicals
  4. when sharpening microtome knives or when preparing tissue processors.

5. When spraying or splashing of reagents are possible during maintenance procedures.
- J. It is highly recommended that employees do not wear contact lenses at work. If they are worn, safety glasses should be worn for extra protection.
- K. Clean goggles and glasses after use and return them to where they belong.
- L. Equipment, which may become contaminated with blood or other potentially infectious materials, shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless the Manager of the section can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.
  1. A readily observable label shall be attached to the equipment stating which portions remain contaminated.
  2. It is the laboratory's responsibility to see that this information is conveyed to all affected employees who come in contact with the equipment during its servicing.
- M. All personnel (MMCI and non-MMCI) servicing equipment which may have become contaminated with an infectious body fluid shall be provided with gloves and a fluid resistant laboratory coat.
  1. A face mask will be provided if needed.
  2. It is required that servicing personnel will follow Universal Precaution practices by wearing the provided Personal Protective Equipment in performing their duties.

#### **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 when there are changes in practice standards, or requirements.
- B. 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.
- C. All policies are retained 8 years after being discontinued or revised.
- D. All procedures are retained 2 years after being discontinued or revised

**REVISION HISTORY (began tracking 2013)**

<b>Rev</b>	<b>Description of Change</b>	<b>Author</b>	<b>Effective Date</b>
1	Added policy scope, and changed logo to reflect organization name change.	T. Lanan	6/13/13
2	Reviewed for both campuses, updated of cleaning material	R. Borge	1/20/16

**Reviewed by**

<b>Lead</b>	<b>Date</b>	<b>Director</b>	<b>Date</b>
J. Loser	3/21/14	<i>Richard J. Borge</i>	3/21/14
J. Loser	2/18/15	<i>Richard J. Borge</i>	2/18/15
		<i>Richard J. Borge</i>	1/20/16