



Approved by: see signature block at end of document

Date: 2/20/18

Review by: 2/12/20

Supersedes: 6/8/17

Date Revised: 6/8/17, 2/20/18

Primary Responsible Parties: Peggy Bennett

Secondary Responsible Parties: Deb Deeb

CAP Standard: NA

**SUBJECT:** WINTER WEATHER COURIER EMAIL POLICY

**I. POLICY:**

Provide notification to couriers clarifying the hours they will/may be needed to work during severe winter weather impacting driving and road conditions.

**II. PURPOSE:**

- A. Courier safety during severe winter weather conditions
- B. Determine and/or accommodate facility needs based on road closures due to winter weather conditions
- C. Assure stability of patient specimens.

**III. SCOPE:**

Applies to all staff utilizing Reference Lab Vehicles

**IV. GENERAL INFORMATION:**

This policy will outline exceptions to the standard schedule of hours worked/ running routes during extreme winter weather conditions.

**V. PROCEDURE**

During severe winter weather conditions, route times may vary due to the impact of both weather and road conditions. If weather is severe enough to impact the 'usual' start time for courier routes, the delay and/or start times will be coordinated and/or cancelled by the department Coordinator or Manager. In either of these situations courier staff are expected to remain available for a later start if road/travel conditions improve. Communication of delayed and/or canceled routes will be communicated via email. Each courier is responsible to check their email prior to the start of their as well as checking at communicated update times.

Examples: No courier service at this time due to road conditions. Check for update email @10:00.

Courier will then check email at 10:00 a.m. for update. This will be ongoing until it is determined that route times will be delayed and/or routes are being canceled.

## VI. 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. 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.

MMCI Laboratory is a CAP accredited facility, as of 7/1/11 the responsibility of new and/or substantially revised policies and procedures will be restricted the Laboratory Director whose name appears on the CLIA certificate, whose signature appears below. The biennial review will be completed by the Administrative Director.

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### POLICY CREATION :

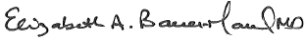

**Author:** *Peggy Bennett*

*June 8, 2017*

**Medical Director:** *Elizabeth A. Bauer-Marsh, MD* 

*February 27, 2018*

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<b>MEDICAL DIRECTOR</b>		
DATE	NAME	SIGNATURE
February 27, 2018	<i>Elizabeth Bauer-Marsh, MD</i>	
<b>SECTION ADMINISTRATIVE DIRECTOR</b>		
February 20, 2018	<i>Dana A. Spears, BS, HTL (ASCP)</i>	

<b>REVISION HISTORY (began tracking 2011)</b>			
Rev	Description of Change	Author	Effective Date
1	Initial Release	P. Bennett	6/2/17

Reviewed by

Lead	Date	Coordinator/Manager	Date	Administrative Director	Date
		<i>Pam Bennett</i> Deb Deeb	6/2/17 2/20/18	<i>Pana Spears</i>	2/20/18
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