

PROGRAM Standard Operating Procedure – Laboratory Services	
Title: MIC10420 – Accessioning QASI Surveys	Policy Number: 15-156-V1
Program Name: Laboratory Services	
Applicable Domain: Lab, DI and Pharmacy Services	
Additional Domain(s): NA	
Effective Date: 12/04/2024	Next Review Date: 12/04/2026
Issuing Authority: Director, Laboratory and Diagnostic Imaging Services	Date Approved: 12/04/2024
Accreditation Canada Applicable Standard: NA	

GUIDING PRINCIPLE:

QASI, the Public Health Agency of Canada's international program for **Q**uality **A**ssessment and **S**tandardization of **I**ndicators ensures that accurate and reliable rapid testing for MTB is ongoing in Northern, Remote and Isolated (NRI) sites across Canada. QASI provides external quality assessment through the administration of proficiency testing panels, and comprehensive corrective action, training and support to those testing sites requiring assistance in achieving or maintaining quality testing standards.

The Stanton Territorial Hospital Microbiology Laboratory participates in the following QASI external assessment challenges:

1. QASI-MTB

PURPOSE/RATIONALE:

This standard operating procedure describes how to accession QASI surveys in a standardized way so that results do not affect epidemiology statistics and so that patient specific system rules are applied correctly.

SCOPE/APPLICABILITY:

This standard operating procedure applies to Medical Laboratory Technologists (MLTs) processing competency survey specimens.

SAMPLE INFORMATION:

- Testing material consists of liquid samples
- Refer to the directions accompanying each survey for specimen handling

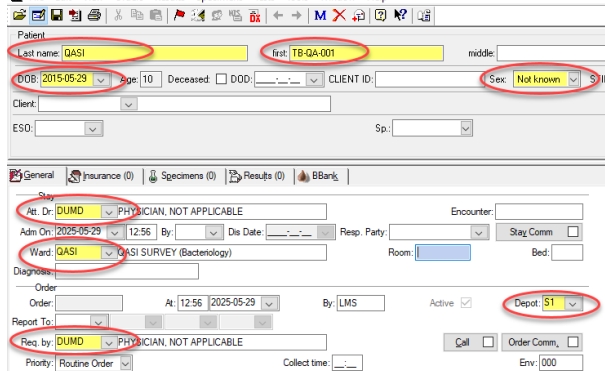
SPECIAL SAFETY PRECAUTIONS:

Containment Level 2 facilities, equipment, and operational practices for work involving infectious or potentially infectious materials or cultures:

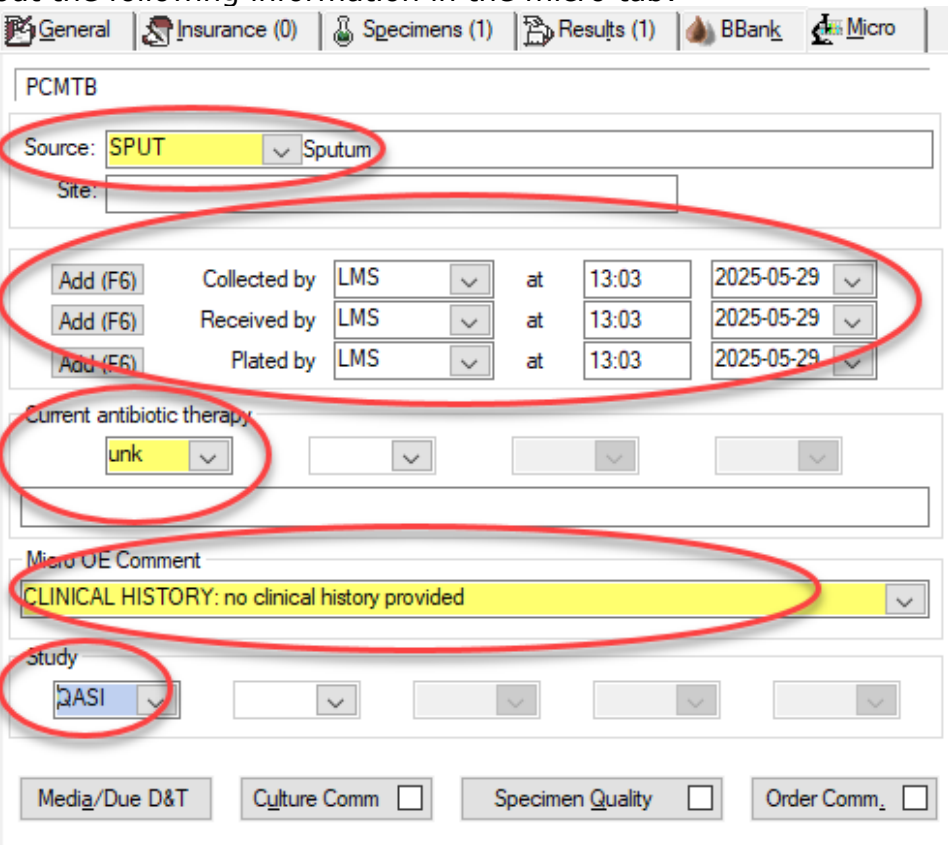
- Ensure that appropriate hand hygiene practices be used
- Lab gown must be worn when performing activities with potential pathogens
- Gloves must be worn when direct skin contact with infected materials is unavoidable
- Eye protection must be used when there is a known or potential risk of exposure of splashes
- All procedures that may produce aerosols, or involve high concentrations or large volumes should be conducted in a biological safety cabinet (BSC)
- The use of needles, syringes and other sharp objects should be strictly limited

All patient specimens are assumed to be potentially infectious. Routine Practices must be followed. Since viable micro-organisms are used, all cultures must be handled with appropriate precautions. All equipment in contact with cultures should be decontaminated by appropriate methods.

PROCEDURE INSTRUCTIONS:

Step	Action
Ordering QASI samples in SoftMic	
1	In Order Entry, select "New" to create a new patient
2	<p>Fill out the following information in the general tab:</p>  <p>LAST NAME: QASI</p> <p>FIRST NAME: QASI Specimen No.</p> <p>AGE: Will not be indicated on the kit instructions. Use any age</p> <p>SEX: Will not be indicated on the kit instructions. Use not known</p> <p>REQ. BY: DUMD</p> <p>ATT. DR.: DUMD</p> <p>WARD: QASI</p> <p>DEPOT: S1</p>

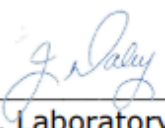
Disclaimer Message: This is a **CONTROLLED** document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the electronic file version prior to use.

3	Fill out the following information in the micro tab: 	
	ORDER: PCMTB	
	SOURCE: SPUT (sputum)	
	COLLECTED/RECEIVED/PLATED: Add yourself	
	ANTIBIOTIC THERAPY: Choose unk	
	MICRO OE COMMENTS: Record the clinical history as no clinical history provided	
	STUDY: Select the study QASI NOTE: Without this step, the specimen will not qualify to the review worklist	
4	Place the requisition barcodes for all specimens accessioned on a separate piece of paper and attach to the paperwork that accompanied the survey. Place all papers on the Dark Room bench.	

APPROVAL:

April 12, 2024

Date


Director, Laboratory and Diagnostic Imaging Services

REVISION HISTORY:

REVISION	DATE	Description of Change	REQUESTED BY
1.0	19 Jul 22	Initial Release	L. Steven
2.0	19 Feb 24	Procedure reviewed	L. Steven

Disclaimer Message: This is a **CONTROLLED** document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the electronic file version prior to use.