

## Standardized Testing / Operating Protocol Request

General Information			
<b>Title of STOP:</b>	Dry Ice Safety and Safety Inspection Changes		
<b>Requestor Name:</b>	Mathieu Vestal	<b>Submission Date:</b>	12/04/18
<b>Description:</b>	Updated CAP Checklist items require a policy for the safe handling of dry ice along with documented training. The monthly and quarterly safety checklists were updated to reflect these changes along with additional changes for clarity.	<b>Target Date:</b>	12/18/18
Performing Location(s)	Affected Location(s)	Affected Department(s)	
<input checked="" type="checkbox"/> Alamance Cancer Center <input checked="" type="checkbox"/> High Point Cancer Center <input checked="" type="checkbox"/> Wesley Long Cancer Center <input checked="" type="checkbox"/> Alamance Regional <input checked="" type="checkbox"/> Annie Penn Hospital <input checked="" type="checkbox"/> MedCenter @ High Point <input checked="" type="checkbox"/> MedCenter @ Mebane <input checked="" type="checkbox"/> Moses Cone Hospital <input checked="" type="checkbox"/> Wesley Long Hospital <input checked="" type="checkbox"/> Women's Hospital	<input checked="" type="checkbox"/> Alamance Cancer Center <input checked="" type="checkbox"/> High Point Cancer Center <input checked="" type="checkbox"/> Wesley Long Cancer Center <input checked="" type="checkbox"/> Alamance Regional <input checked="" type="checkbox"/> Annie Penn Hospital <input checked="" type="checkbox"/> MedCenter @ High Point <input checked="" type="checkbox"/> MedCenter @ Mebane <input checked="" type="checkbox"/> Moses Cone Hospital <input checked="" type="checkbox"/> Wesley Long Hospital <input checked="" type="checkbox"/> Women's Hospital	<input checked="" type="checkbox"/> Blood Bank <input checked="" type="checkbox"/> Cytology <input checked="" type="checkbox"/> Flow Cytometry <input checked="" type="checkbox"/> Histology <input checked="" type="checkbox"/> Microbiology <input checked="" type="checkbox"/> Phlebotomy <input checked="" type="checkbox"/> Point of Care <input checked="" type="checkbox"/> Rapid Response Lab <input checked="" type="checkbox"/> Respiratory Therapy <input checked="" type="checkbox"/> Specimen Processing	
Training / Competency			
<b>Training</b>	<b>Training Required?</b>	<input checked="" type="checkbox"/> YES * <input type="checkbox"/> NO	
	<b>Training checklist needs to be created or revised?</b>	<input checked="" type="checkbox"/> YES * <input type="checkbox"/> NO	
<b>Competency Forms</b>	<b>Competency Log, Observation form or Blind Sample form needs to be created or revised?</b>	<input type="checkbox"/> YES * <input checked="" type="checkbox"/> NO	
<b>Quizzes</b>	<b>Quiz needs to be created or revised?</b>	<input checked="" type="checkbox"/> YES * <input type="checkbox"/> NO	
<i>* If Yes to the above, Explain:</i> Initial training and a quiz concerning dry ice will occur for all current employees. New employees have the training and quiz added to their new employee checklist.			
Quality			
		<input type="checkbox"/> Section Not Applicable	
<b>Document Control</b>	<b>Document updates needed?</b>	<input checked="" type="checkbox"/> YES * <input type="checkbox"/> NO	
	<b>If Yes, Have docs been submitted to MD?</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<i>* If Yes, List:</i>		New / Revised Docs: SAFE-122-CH Dry Ice Safety and Shipping SAFE-1-CH Monthly Safety Inspection Checklist SAFE-2-CH Quarterly Safety Inspection Checklist QM-6-CH Laboratory General and Safety Training Checklist SAFE-1546C-CH Task Assessments	
Retired Documents:			
<b>IQCP</b>	<b>Does Current Test have a IQCP?</b>	<input type="checkbox"/> YES * <input checked="" type="checkbox"/> NO	
	<b>Will New Test need a IQCP?</b>	<input type="checkbox"/> YES * <input checked="" type="checkbox"/> NO	
<i>* If Yes, Explain:</i>			
<b>Notification to Client</b>	<b>Memo/Notification Needed?</b>	<input type="checkbox"/> YES * <input checked="" type="checkbox"/> NO	
<i>* If yes, mark Distribution below and include memo/notification with STOP Request</i>			
<input type="checkbox"/> GSO/Reidsville Medical Staff <input type="checkbox"/> ARMC Medical Staff <input type="checkbox"/> Pharmacy - DeAnne Brooks / Jim Hasspacher <input type="checkbox"/> #Nursing Leadership (Directors, Asst. Directors, Clinical Nurse Manager) <input type="checkbox"/> Infection Prevention - Melissa Morgan			

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<i>Memo/Notification Notes:</i>			
<b>Accreditation:</b>	CAP Test Menu Changes Needed?	<input type="checkbox"/> YES *	<input checked="" type="checkbox"/> NO
	CMS Analyte Form Changes Needed?	<input type="checkbox"/> YES *	<input checked="" type="checkbox"/> NO
	PT Survey Changes / Orders Needed?	<input type="checkbox"/> YES *	<input checked="" type="checkbox"/> NO
<i>* If Yes, Explain:</i>			

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<b>Billing</b> <input checked="" type="checkbox"/> Section Not Applicable	
<b>Changes</b> <i>* If Yes, Explain:</i>	<b>Billing Changes Required?</b> <input type="checkbox"/> YES * <input type="checkbox"/> NO
	<b>CPT/LOINC Code:</b>
	<b>CDM #:</b> <span style="float: right;"><b>CDM Modifier:</b></span>
<b>Technical Changes</b> <input checked="" type="checkbox"/> Section Not Applicable	
<b>Assigned System Administrator:</b>	
<b>Select One:</b> <input type="checkbox"/> <b>New Test / Instrument</b> <input type="checkbox"/> <b>Existing Test / Instrument</b> Please indicate any necessary changes / additions below or mark N/A <i>Explain Changes / Additions &amp; Attach patient report example or instrument printout</i>	
<b>Reference Range:</b> <input type="checkbox"/> N/A	
<b>Critical Result:</b> <input type="checkbox"/> N/A	
<b>Delta Check:</b> <input type="checkbox"/> N/A	
<b>Technical/Clinical Range:</b> <input type="checkbox"/> N/A	
<b>Autodilution:</b> <input type="checkbox"/> N/A	
<b>Middleware Rules:</b> <input type="checkbox"/> N/A	
<b>Text/Comment Code:</b> <input type="checkbox"/> N/A	
<b>QC Code:</b> <input type="checkbox"/> N/A	
<b>Specimen Requirements:</b> <input type="checkbox"/> N/A	
<b>Specimen Type:</b>	
<b>Container/ Tubes:</b>	<b>Preferred:</b>
	<b>Acceptable:</b>
	<b>Required Volume:</b>
	<b>Minimum Volume:</b>
<b>Special Collection Instructions:</b>	
<b>Autoverification Desired:</b> <input type="checkbox"/> YES * <input type="checkbox"/> NO <input type="checkbox"/> N/A	
<b>ITS Tech Review been initiated / scheduled? *</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <span style="float: right;"><small>* Required if test is on network</small></span>	
<b>IT Information</b> <input checked="" type="checkbox"/> Section Not Applicable	
<b>Computer Systems Involved:</b>	<input type="checkbox"/> Sunquest <input type="checkbox"/> Harvest <b>Order Code:</b>
	<input type="checkbox"/> PowerPath <input type="checkbox"/> WindowPath <b>Worksheet:</b>
<b>Analyzer Interface</b>	<b>Analyzer Interface Required?</b> <input type="checkbox"/> YES * <input type="checkbox"/> NO <span style="float: right;"><i>* If Yes, Please explain</i></span>
	<b>Middleware Needed?</b> <input type="checkbox"/> YES * <input type="checkbox"/> NO
<b>Test Info</b>	<b>Order Code Assigned?</b> <input type="checkbox"/> YES * <input type="checkbox"/> NO <b>Test Code(s) Assigned:</b>
<b>Pre-Live Documentation Complete:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	

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<b>Title of STOP:</b> Dry Ice Safety and Safety Inspection Changes	
<b>Medical Director Approval</b> <i>Quality Department will obtain signatures</i>	
<b>Alamance Regional Medical Director:</b> (Signature/Date) <i>[Signature] MD 12/7/18</i>	<b>MedCenter Mebane Medical Director:</b> (Signature / Date) <i>[Signature] MD 12/7/18</i>
<b>Greensboro/Reidsville Medical Director:</b> (Signature/Date) <i>[Signature] MD 12/13/18</i>	<b>Cancer Centers Medical Director:</b> (Signature / Date) <i>[Signature] MD 12/7/18</i>

Approved and current. Effective starting 11/30/2018. 1719F1 (version 2.1) STOP Request/Notification Template

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<h1 style="color: red; margin: 0;">STOP Notification</h1>	 <h2 style="color: red; margin: 0;">Dry Ice Safety and Safety Inspection changes</h2> <p style="color: blue; font-style: italic; margin: 0;"><i>This has been approved by the Laboratory Medical Directors</i></p>	
<b>When:</b>	12/18/2018	
<b>What:</b>	New CAP checklist items require policies on the safe handling of dry ice, along with documented training. Quarterly safety inspection checklists were updated to reflect the new regulation. Both quarterly and monthly safety inspection checklists were updated for clarity.	
<b>Who is Affected:</b>	<p style="text-align: center;"><b>Location(s)</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Alamance Cancer Center</li> <li><input checked="" type="checkbox"/> High Point Cancer Center</li> <li><input checked="" type="checkbox"/> Wesley Long Cancer Center</li> <li><input checked="" type="checkbox"/> Alamance Regional</li> <li><input checked="" type="checkbox"/> Annie Penn Hospital</li> <li><input checked="" type="checkbox"/> MedCenter @ High Point</li> <li><input checked="" type="checkbox"/> MedCenter @ Mebane</li> <li><input checked="" type="checkbox"/> Moses Cone Hospital</li> <li><input checked="" type="checkbox"/> Wesley Long Hospital</li> <li><input checked="" type="checkbox"/> Women's Hospital</li> </ul>	<p style="text-align: center;"><b>Department(s)</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Blood Bank</li> <li><input checked="" type="checkbox"/> Cytology</li> <li><input checked="" type="checkbox"/> Flow Cytometry</li> <li><input checked="" type="checkbox"/> Histology</li> <li><input checked="" type="checkbox"/> Microbiology</li> <li><input checked="" type="checkbox"/> Phlebotomy</li> <li><input checked="" type="checkbox"/> Point of Care</li> <li><input checked="" type="checkbox"/> Rapid Response Lab</li> <li><input checked="" type="checkbox"/> Respiratory Therapy</li> <li><input checked="" type="checkbox"/> Specimen Processing</li> </ul>
<b>Why?</b>	New CAP standards have come out that require staff to be trained and have policies in place for the appropriate handling of dry ice. This change prompted changes to the Safety Inspection Checklists.	
<b>What you will need to do to prepare:</b>	Training for dry ice must be completed. Please review the following policies to be aware of the changes: SAFE-122-CH Dry Ice Safety and Shipping SAFE-1-CH Monthly Safety Inspection Checklist SAFE-2-CH Quarterly Safety Inspection Checklist QM-6-CH Laboratory General and Safety Training Checklist SAFE-1546C-CH Task Assessments	
<b>Need Help?</b>	Contact your Manager / Supervisor	

## Kesler-Cribb, Sigrid

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**From:** Patrick, John <jdpatrick@auroradx.com>  
**Sent:** Tuesday, December 11, 2018 10:07 AM  
**To:** Kesler-Cribb, Sigrid  
**Subject:** Re: [EXTERNAL] - please read and approve

This message was sent securely using Zix®

Sigrid,

All stops are approved. I'll sign when I'm next at MC, Thursday, 12/13 I think. Don't have schedule handy.  
JDP

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**From:** Kesler-Cribb, Sigrid <Sigrid.Kesler-Cribb@conehealth.com>  
**Sent:** Tuesday, December 11, 2018 9:50 AM  
**To:** Patrick, John  
**Cc:** Kesler-Cribb, Sigrid  
**Subject:** [EXTERNAL] - please read and approve

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This message was sent securely by Cone Health.

Dr. Patrick,

I need to get STOPS out today. Can you approve these STOPS today via email and I will get you to sign the STOPS forms on Thursday when you are at Moses Cone.

Effective Date is December 18, 2018

### [Greensboro/Reidsville STOP Sunquest GUI resulting](#)

Change form Flexilab OEM and MEM to GUI resulting in Sunquest

### [System Wide STOP Drug Screen Report](#)

Urine Drug screen report will identify the detected drugs as parent compounds, metabolites or impurities to comply with CAP updated standard.

### [Moses Cone Microbiology STOP PBP2 Latex Agglutination](#)

PBP2 issued as a confirmatory test for MRSA due to an advisory notice that was sent by BiomeriueX.

### [System Wide STOP Dry Ice safety and Safety Inspection Changes](#)

Updated CAP checklist items require a policy for the safe handling of dry ice along with documented training. The monthly and quarterly safety checklist were updated to reflect these changes along with addition changes for clarity.

### [Wesley Long STOP WL begin performing Lipids](#)

Wesley Long to perform Lipid panels in house

Thanks  
Sigrid

Sigrid Kesler-Cribb, MT(ASCP)  
**Cone Health** | Laboratory  
Quality Manager  
Direct Dial: 336.832.7571 | Fax: 336.832.8748  
Website: conehealth.com

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