

## SA 3 Laboratory Infection Control Policy

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### Approval and Periodic Review Signatures

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1.0	Approved and Current	First version in Document Control	3/10/2022	6/9/2005	Indefinite



## LABORATORY INFECTION CONTROL POLICY

### **PURPOSE:**

To establish an Infection Control Policy for Pathology & Laboratory Medicine Section (P&LMS).

### **II. POLICY:**

To ensure compliance with established infection control policies and procedures within the VA Medical Center, JCAHO (Joint Commission on Accreditation for Healthcare Organizations), CAP (College of American Pathologists), OSHA, and all other governing bodies.

### **III. RESPONSIBILITIES:**

**A. Chief, Pathology & Laboratory Medicine Section:** will be responsible for:

1. The infection control program for Pathology & Laboratory Medicine Section.
2. Consulting with Chief of Staff and Chairperson, Infection Control Committee on matters pertaining to infection control hospital-wide.
3. Serving as a member of the Infection Control Committee.
4. Ensuring that all Pathology & Laboratory Medicine Section employees receive/maintain training as required by 29 CFR 1910. 1030 (initial training upon employment and at least annually thereafter).
5. Ensuring Pathology & Laboratory Medicine Section employees complete the annual Infection Control review in VA computer training package.

**B. Medical Technologist-Microbiology Dept.:** will be responsible for:

1. Acting as coordinator between the Infection Control Manager, Chief, Pathology & Laboratory Medicine Service, Supervisory Medical Technologist, and Laboratory Safety Officer.
2. Monitoring staff for possible incidents, exposures or hazards and helping ensure infection control policies and procedures are practiced at all times.
3. Assisting the Pathology & Laboratory Medicine Safety Subcommittee in recognizing potential problem areas and maintaining a safe work area.
4. Serving on the Infection Control Committee as a technical advisor regarding organism testing, frequency, sensitivity and resistance patterns.
5. Assisting the Infection Control Manager follow-up with appropriate screening of patients and/or employees following an outbreak or exposure.
6. Providing the Infection Control Manger with a copy of all positive AFB smears and culture reports.

**C. Supervisory Medical Technologist:** will be responsible for:

1. Coordinating with Chief, P&LMS and Laboratory Safety Officer enforcing established policies and procedures for P&LMS staff.
2. Supervising the staff technologists/technicians and phlebotomists to ensure adherence to established infection control and safety practices.
3. Ensuring engineering controls (i.e., fluid-resistant labcoats, masks, gloves, etc.) are ordered, in place, and properly used.



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**D. Laboratory Safety Officer:** will be responsible for:

1. Serving as the safety training officer, conducting mandatory infection control classes, training for new employees and recurrent training for previously trained staff. Documents investigations and assists facility Safety Manager for all exposure and adverse incidents.
2. Ensuring that all P&LMS employees adhere to infection control policies.
3. Ensuring that all P&LMS are issued and use personal protective equipment as required by the Bloodborne Pathogen Standard.
4. Providing guidance between exposed employee and Employee Health, Infection Control Manager, and facility Safety Technician.
5. Preparing a comprehensive Laboratory Safety Manual for employees. (Section 3, 'Infection and Exposure Control')

**E. P&LMS Staff:** responsible for:

1. Observing 'Universal Precautions' at all times.
2. Properly utilizing engineering controls to reduce exposures.
3. Practicing infection control policies and procedures to reduce risk of exposure.
4. Immediately reporting any unsafe incident or hazard to the Safety Subcommittee, Safety Officer, or Supervisory Medical Technologist.
5. Maintaining personal protective equipment (PPE) in proper condition.

### IV. INFECTION CONTROL PRACTICES:

A. Patient Contact:

"Universal Precaution" will be practiced consistently for all patients and/or employees when in contact with blood, and body fluids. Appropriate barrier precautions will be used to prevent skin and mucous membrane exposure when contact with blood or other body fluids is anticipated.

B. Barrier Precautions:

1. Gloves will be worn and changed with each patient, when contaminated, pinholes appear, or become ineffective as barrier protection. (Latex-free provided to allergic staff)
2. Masks, protective eyewear (face shields, goggles, respirators) and gowns will be worn during procedures that are likely to generate body fluid droplets or aerosols.
3. Tourniquets will be decontaminated or discarded when visibly soiled or known contamination exists.
4. Gloves and protective clothing will be autoclaved if soiled with blood and/or body fluids.
5. Needles are never recapped, bent, broken, or reused. Dispose needles/holder in puncture resistant containers properly labeled with "Biohazard" warning label. A self-sheathing needle system (Punctur-Guard) or similar protective device will be used for all blood collections.
6. Centrifuge specimens sealed or capped to prevent aerosols.

C. Biological Specimens:

1. General:



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- a. Treat all specimens with universal precautions.
- b. Do not pipet any specimen by mouth. Use mechanical pipettors.
- c. After completion of laboratory testing or after holding period, place specimens in biohazard bag, place in collection cans located in the washroom for removal by EMS personnel.
- d. Spills of body fluids will be decontaminated by using 10% Clorox or Amphyl.
- e. All work surfaces will be decontaminated at the end of each workday by employees assigned to the respective area. Carts will be cleaned and maintained by the user. Paper collection bags located on collection carts will contain only regular waste items-no biohazard materials will be placed in the bags.

### 2. Histology Specimens:

1. Tissues are placed in 10% formalin while fluids for cytology studies are fixed in Saccomanno fluid. Both solutions are toxic and are effective disinfectants.
2. Tissues and fluids not formalized will be handled aseptically until placed in a fixative.
3. Therapeutic Phlebotomy:  
All blood drawn from therapeutic phlebotomy will be placed in a biological container, disposed in collection can in washroom, and removed by EMS personnel. These specimens will not be used for any reason.

## V. PERSONNEL:

1. Personnel that become ill with a communicable disease will refrain from direct patient contact.
2. Eating, drinking, or smoking in the Laboratory is prohibited. The designated break room will be utilized for food and drink storage and consumption. No patient specimens allowed in break room area and no food or drink allowed in technical work areas. Smoking is only allowed at designated "Smoke Areas" outside the building. Food and drink will not be stored in reagent refrigerators.
3. Uniforms will be clean and of the designated type for Laboratory Service employees. (Scrubs, fluid-resistant labcoat).
4. Employees will utilize fluid-resistant protection when working with possible splashes or spills.
5. Wash hands frequently, especially after glove removal, before eating, and before leaving technical work areas.
6. Keep supervisors and Safety Officer advised of all potential biological hazards or contamination.

## VI. AUTOPSY:

Precautions during autopsies:

1. All persons performing or assisting in postmortem procedures will wear gloves, masks, protective eyewear, gowns or fluid-resistant aprons, and shoe covers.



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2. When performing autopsy on known positive TB patients or CJD, respirators must be worn.
3. Instruments and surfaces contaminated during postmortem procedures will be decontaminated with an appropriate chemical germicide by employees assigned to that work area.

### **VII. Equipment:**

Autoclaves, refrigerators, freezers will be within acceptable limits at all times. These items must be kept clean and decontaminated as needed.

### **VIII. References:**

P&LMS Safety Manual, section 3, "Infection and Exposure Control"  
JCAHO Manual on Hospital Inspection  
OSHA- 29 CFR 1910.1030 (Bloodborne Pathogen Standard)