POLICY MANUAL

Lab-U Diagnostics Clinical Laboratory
Dumaguete City, Negros Oriental, Philippines

2022

TABLE OF CONTENTS

Quality Management 01

Specimen Receiving with Specimen Criteria for Acceptance and Rejection 06

Patient Identifier in Outpatient, Inpatient, ER, and ICU 08

Confidentiality and Release of Patient Information 10

Miscellaneous Equipment 11

Health and Safety 12

Laboratory Risk and Emergency Plan 21

Human Resource Management 30

Endorsement 39

Telephone Etiquette 40

QUALITY MANAGEMENT

General Quality Management Policies

- Quality in the entire system is of utmost importance.
- All laboratory personnel must be properly trained, corresponding with their positions, duties, and responsibilities.
- Lab United (LAB-U) Diagnostics will maintain a quality control system to assure continued precision and accuracy of laboratory results.
- LAB-U Diagnostics will participate in approved and appropriate proficiency testing (PT) programs.

The Quality Management Program

The policies and procedures of the quality management program will be approved by the laboratory director when first written, with notation of approval by signature and date. These will be reviewed by the technical consultants on a regular basis. In the event of a policy or procedure requiring revision, a new policy or procedure will be written, approved by the laboratory director, and distributed to testing sites. The old policy or procedure will be retained in a file for a minimum of two years.

Components of the LAB-U Diagnostics Quality Management Program

A.

PATIENT TEST MANAGEMENT

The laboratory director will monitor and evaluate laboratory information recorded in the Complete Health Record. Chart review will be done and documented at least annually with records maintained. Any errors in documentation will be reported and addressed, brought to the attention of appropriate personnel.

B.

PROCEDURE MANUALS

A written procedure manual containing procedures for all activities and tests of LAB-U Diagnostics will be maintained and kept readily available at all times to personnel in each testing site. The manual will be reviewed at least annually by the laboratory director and/or the technical consultants.

QUALITY MANAGEMENT

C. QUALITY CONTROL (QC) ASSESSMENT

1. Quality control records will be maintained and reviewed annually by a technical consultant. This review is conducted electronically and during onsite visits to all laboratories is documented.
2. Quality control specimens are tested randomly in all national laboratories to assess the waived tests and procedures being performed. These control results are also documented and maintained.

D. TRAINING ASSESSMENT

1. The laboratory director is responsible for assessing, performing, and documenting the training and competency of the LAB-U Diagnostics testing staff. All laboratory testing, under the Clinical Laboratory Improvement Amendments (CLIA), are categorized as waived or non-waived tests.
    a. Waived tests performed by the health department laboratories: Hemoglobins by HemoCue Method, Occult Bloods, Pregnancy Tests, Strep Rapid Test, and Urine Dipstick. All tests are to be performed for each product insert and no competency required for staff performing the tests.
    b. Non-waived tests performed by the health department laboratories: Dark Field Microscopy, Rapid Plasma Reagin (RPR), and Wet Prep Microscopy. Workshop training and competency precedes health department laboratory staff performing stated testing.
    Note: All nonwaived testing staff must provide a copy of their college diploma during inspection.
2. New testing personnel must have competency twice during their first year of training, then annually thereafter.
3. Non-waived workshop trainings are presented twice a year at the Department of Health.

QUALITY MANAGEMENT

E. PROFICIENCY TESTING

LAB-U Diagnostics will participate in an approved proficiency test (PT) program. PT results will be reviewed by testing personnel, validating and verifying that all information is correct and complete before they are mailed, faxed, or e-mailed to the PT program. Investigations of unsatisfactory PT results (performance that does not result in 100% of acceptable responses for each analyte, including graded, ungraded, and unregulated analytes) will be documented by testing personnel and reviewed by the laboratory director.

F. COMPARISON OF TEST RESULTS AND METHOD VALIDATION

Tests performed at multiple sites will be evaluated annually. Any test performed in the absence of a proficiency test will be verified annually, and the results will be reviewed and evaluated by the laboratory director or his/her appointed individual. The results of these evaluations are documented and kept.

G. RELATIONSHIP OF PATIENT INFORMATION TO TEST RESULTS

Laboratory personnel will monitor test requests for appropriateness to the patient's age, sex, and diagnosis. If any test request or result appears inappropriate, proper consultation should be obtained.

H. PERSONNEL ASSESSMENT

An ongoing evaluation of all testing personnel will be conducted through the use of PT results, review of quality control records, Complete Health Records, observation and annual competency evaluations for non-waived testing procedures. These include wet preps, RPRs, and darkfield microscopy. If during competency evaluations an employee is found to be incompetent for one or more procedures, the employee will be restricted from performing the test(s). If he/she is still not competent after reevaluation, the employee is prohibited from performing that testing procedure until he/she has attended training for that procedure and deemed competent.

QUALITY MANAGEMENT

I. COMMUNICATIONS

Problems that occur as a result of breakdowns in communication between testing personnel and the authorized individual who orders or receives the results of tests will be documented. Furthermore, corrective action taken to resolve problems and minimize communication breakdowns will be documented.

J. COMPLAINT INVESTIGATIONS

Investigation of complaints will be made and corrective actions, when necessary, will be taken. Documentation will be maintained.

K. QUALITY MANAGEMENT REVIEW WITH STAFF

Quality issues (e.g. unacceptable PT results, ways to improve the quality of testing, problems identified with QC) will be brought to the attention of LAB-U personnel through use of official memorandums and technical bulletins. Documents will be maintained in the Quality Management Office.

L. RECORDKEEPING IN THE LABORATORY

1. All records will be kept for at least two years. Check the archives record retention schedule for record retention and destruction.
2. Examples of laboratory records include:
    a. Temperature charts used to document refrigerator, freezer, incubator, or room temperatures.
    b. Quality control records.
    c. Proficiency testing records
    d. Documentation of employee competency
    e. Equipment maintenance
    f. Patient test results (e.g. patient logs)
    g. Quality management records.
3. Records of laboratory testing must include:
    a. Patient identification.
    b. Date of testing.
    c. Test performed.
    d. Test results, with units of measure if applicable.
    e. Time of testing.
    f. Initials of person performing the test (non-waiving testing only).
4. Documentation of specimens unacceptable for testing will be maintained in the patient's patient log.

QUALITY MANAGEMENT

M.

LABORATORY LOG

1. The Laboratory Log is designed to assure follow-up on laboratory tests referred from the Department of Health to other laboratories. The Laboratory Log is also a method to track when a specimen leaves and the date the report is received.
2. This tracking system will include patient name, identification number, date of service, tests referred, and date the report was received.
3. Instructions for the Laboratory Log:
    a. Place the page number in the space provided.
    b. Enter the date in the space provided.
    c. Place the label indicating the patient identity on the sheet. Be sure to correct the service date if labels were preprinted.
    d. Indicate the referred tests on the lines provided. Use 1 line per test. If you have more than 6 tests per patient, use the next 6 lines and mark out the space for the label. A list of numbers corresponding to tests most commonly referred is printed at the bottom of the log. Any other tests should be written.
    e. Indicate the date the referred laboratory test report is received.
    f. Have a system devised to locate any test results not received in a timely manner.

Training Schedule

CLASSES

1. **Rapid Plasma Reagin (RPR)**: One-day class for the macroscopic screen for syphilis.
2. **Darkfield Microscopy for the Detection and Identification of Treponema pallidum**: Two-day class to include Brightfield Microscopy, Darkfield Microscopy, and Identification of Treponema pallidum.
3. **Vaginal Wet Mount**: Two-day class to include Brightfield Microscopy and Vaginal Wet Mount.

SPECIMEN RECEIVING

with Specimen Criteria for Acceptance & Rejection

A. Description

Some specimens are inaccurately collected, labeled, and processed. Thus, this manual serves to provide the needed guidelines for the acceptance and rejection of specimens, aiding the medical technologist to obtain correct results for the diagnosis of patients.

B. Objective

This manual will aid in providing a quality service for the laboratory's patients, ensuring the test results are accurate and precise.

C. Scope

This section of the policy manual will only tackle the criteria for accepting or rejecting specimens and receiving specimens. Moreover, it does not include the criteria for specimen collection, and other activities in handling specimens.

D. Guidelines & Policy

Lab United (LAB-U) has the right to reject unapproved specimens, thus, specimen collection should be accurate and precise. On the other hand, approved specimens shall be processed accurately to ensure correct test results and pave the way for the right diagnosis for every patient.

E. Specimen Criteria for Acceptance

Approved specimen shall have the following characteristics:

- Specimen is properly identified.
- Specimen is correctly labeled.
- Specimen is sorted by department where it came from.
- Specific type of test for the specimen is identified.
- Specimen is evaluated for its suitability for specific tests.

F. Specimen Criteria for Rejection

Specimens shall be rejected if any of the criteria is shown:

- Specimen is not identified properly.
- Quantity is not sufficient to test the specimen.
- If the specimen handled is blood, there is hemolysis.
- Specimen is placed in the wrong tube.
- The tube used is outdated and expired.
- There is improper mixing and handling.
- The specimen is contaminated.
- For fasting, collection time is incorrect.
- There is delay or error in processing the specimen.
- Procedure did not follow the testing time limits.

PATIENT IDENTIFIER

in outpatient, inpatient, ER, and ICU

A. Description

The purpose of this manual is to offer instructions on the appropriate way for medical laboratory personnel to distinguish various categories of patients, including outpatients, inpatients, those in the Emergency room, and those in the Intensive care unit.

B. Objective

The goal is to deliver exceptional and superior diagnostic services to patients, which will improve the precision and accuracy of laboratory test results, thereby ensuring that patients receive the appropriate treatment.

C. Registration & Admission

Who should be registered?

All new patients who desire to access the hospital's services, regardless of whether they visit the Outpatient Department, Emergency Room, or are transferred from another medical facility, must complete the registration process. The registration process should be initiated before any healthcare service is provided. Nonetheless, during a medical emergency where prompt care is required, registration may be postponed until after the necessary medical attention has been given.

How shall the registration be done?

To complete the registration process, patients will be asked to complete a registration form that contains essential information about them. Patients who require assistance in filling out the registration form will be provided with the necessary aid.

- The form shall be signed by the patient (or thumb impression taken).
- The details from registration form shall be entered into the registration module of HIS.
- Once the information is saved, the computer will generate a unique identification number (UIN).
- This UIN along with name, address and date of birth of patient shall be printed, signed and handed over to the patient.
- Applicable fee of registration must be collected from the patient for which the receipt must be issued.
- The registration form that was filled and signed by the patient must be stored securely in the registration file.

PATIENT IDENTIFIER

in outpatient, inpatient, ER, and ICU

C. Registration & Admission

In the case of a minor patient, the parent guardian of the patient must sign on the registration form

Following information must be collected from the patient through registration form:

- Name
- Date of Birth
- Gender
- Name of guardian (in case the patient is a minor)
- Relationship with the patient
- Address
- Contact number
- Email address
- Occupation
- Health Insurance details (If applicable)
- Referring doctor's name (if applicable)
- For contacting during emergency
  - Name of person
  - Relationship
  - Contact number

D. Confidentiality of the Information

The details obtained during the registration process are considered the patient's confidential information, and utmost care must be taken to maintain their privacy. Safeguarding this information is a crucial aspect of respecting patients' rights. The data shall solely be utilized for healthcare purposes and will only be accessible to specific hospital departments and staff. This information shall not be disclosed to any external parties. In situations where legal authorities request access to this information, the head of the facility or a designated authority shall be responsible for making the decision.

E. Patient Identifier in Outpatient, Inpatient, Emergency Room & ICU

Accurate patient identification is crucial, and a standardized method of identification, such as the use of wristbands or ID bands, should be implemented after a patient has been registered with the hospital. This will enable medical staff to locate patients easily.

CONFIDENTIALITY & RELEASE

of Patient Information

1. Information about all patients are to be held in strict confidence and released only to laboratory personnel and attending physician directly involved in the patient's care with access limited to only the information that is needed to deliver this care: a need-to-know basis. Staff are also to be cautious about discussing a patient's care in a public area where confidentiality may be compromised.

2. Request for information from sources outside the laboratory should be referred to the department for medical records for proper authorization.

3. Inquiries from patients or their family about their care or test results should be referred to their attending physician.

4. Results may be given only to the patient directly by the laboratory section providing the care upon the attending physicians's specific authorization. Patients may obtain copies of their medical records through their physician or from the medical records department by completing and signing a release form.

5. All problems or special requests not covered above should be referred to the administration for resolution.

MISCELLANEOUS EQUIPMENT

NOTE: ANY EQUIPMENT NOT IN USE IS TO BE PLACED IN STORAGE

A. General Purpose Centrifuges

Centrifuges are typically employed as filtration and/or packing tools for separating components from or within liquid media. To achieve the intended outcome, proper balancing, lubrication, and rotor operation are also crucial. Regular maintenance is critically necessary to guarantee proper instrument operation.

General purpose centrifuges place a centrifugal force upon fluids to separate out cellular components. The centrifugal forces increase with the radial arm length and increasing speed.

Components of a Centrifuge include:

- The chamber which encloses the head and centrifuge tubes.
- A cover.
- The shaft and rotor (which turns the head).
- The motor and drive assembly which impart the force to the shaft and rotor to create
- the desired centrifugal force.
- A control panel with a power switch.

B. Thermometers

Two basic types of thermometers are generally used in the clinical laboratory: bimetallic and mercury columns.
Room Temperature: See “Annual Temperature Chart”

- The room temperature of areas where reagents are stored will be maintained with the temperature range defined by the reagent manufacturer.

C. Laboratory Refrigerators

Biological or chemical materials in conjunction with food and drinks designed for human consumption will not be stored in the same refrigerator.

D. Microbiology Incubator

The purpose of a microbiology incubator is to promote the growth of microorganisms such as *Neisseria gonorrhoeae*. It is constructed to maintain a temperature of 35°C – 37°C (95°F – 98.6°F).

A. Controlling Sources of Exposure

All laboratory tests and operations must be planned and executed to reduce exposure to dangerous chemicals. The three main ways to control exposure are source reduction, engineering controls, and protective equipment, in that order. Examples of source reduction and engineering control strategies include the following.

Source Reduction

- Use the least hazardous chemical (indicated in the Laboratory Test Procedure) that will serve the intended purpose.
- Always close containers when not in use.
- Minimize the surface area of open containers (e.g. use of flask vs. beaker).

Engineering Controls

- Use fume hoods whenever possible.
- Do not use fume hoods for long term storage of equipment or chemicals.
- Avoid the release of hazardous chemicals in rooms with no ventilation system or with re-circulating air systems.
- Use equipment and glassware only for their designed purposes. Never use damaged equipment or glassware.
- If operations must be left unattended, provide for containment of hazardous chemicals in the event of equipment failure.

Protective Equipment

Minimum levels of protective equipment are provided in Section E. However, it should be understood that source reduction and engineering controls are typically more effective methods of exposure control.

B. Personal Hygiene

In the laboratory, good personal hygiene practices are crucial in minimizing hazardous chemical exposure and potential injury from other hazardous conditions, such as broken glass.

- The storage or consumption of food or beverages, application of make-up, and smoking are prohibited in all laboratory areas and hazardous chemical storage areas.
- Avoid "routine" exposures. Do not taste and avoid smelling any hazardous chemicals. Never mouth pipette.
- Wash hands immediately upon contamination, after handling hazardous chemicals, and before leaving the laboratory

B. Personal Hygiene

- Long hair and loose clothing must be kept when working in the laboratory.
- A soiled or contaminated lab coat should be placed in a plastic bag and exchanged for a clean one; contact the Laboratory Manager.
- Shoes must be worn at all times.
- Closed-toe shoes should be worn when working with hazardous chemicals, biological materials, or when moving heavy objects. Sandals or perforated shoes are not acceptable, as feet are not protected from spills or falling objects.
- Note that you are still at risk from the other activities around you, even if you are not actively working on a project yourself as long as you are inside the lab. Therefore, all safety precautions still apply.

C. Housekeeping

Keeping the laboratory work area clean and organized is vital in the safe handling of hazardous chemicals. Only the equipment and chemicals necessary for the particular procedure being performed should be present in the work area. This is especially important when working in a fume hood, since storing numerous containers or pieces of equipment can severely reduce the hood's efficacy. If several people are working in the same laboratory, space and hood requirements access should be discussed and work areas must be agreed upon.

Floors and surfaces should be maintained clean and spills cleaned up immediately as described in Section B. The entire work area should be cleaned at the end of each day. Clean-up includes:

- remove and properly dispose of all hazardous materials from the laboratory or project area, and any shared storage units, refrigerators, stock rooms, chemical cabinets, and waste collection areas
- clean and decontaminate all laboratory equipment, hoods, bench tops, cabinets, and shelves

These procedures are intended to reduce the number of unidentified and unwanted hazardous materials and wastes in the laboratory, thereby reducing disposal costs, and providing a clean and safe lab for work.

The Laboratory Manager inspects for proper clean-up and handling of hazardous materials and will notify the Chief Medical Technologist if proper clean-up, disposal, and decontamination procedures have been followed, and the laboratory employees have fulfilled responsibilities for cleanup.

Any problems resulting from improper management or clean up of hazardous materials at close-out will be addressed by the Chief Medical Technologist.

D. Pets in the Laboratory

Pets are not allowed in the laboratory.

E. Unattended Operations

Avoid leaving operations unattended. When it is necessary to leave an operation unattended, provide for containment of hazardous chemicals in the event of equipment failure. If possible, endorse operation to another medical technologist in the same section.

F. Safety Data Sheets & Lab Safety Information

The OSHA Laboratory Standard defines a "hazardous chemical" as one that exhibits physical or health hazards.

"Physical hazard"

A chemical for which there is scientifically valid evidence that it is a combustible liquid, a compressed gas, explosive, flammable, an organic peroxide, an oxidizer, pyrophoric, unstable (reactive), or water reactive.

"Health hazard"

A chemical for which there is statistically significant evidence based on at least one study conducted in accordance with established scientific principles that acute or chronic health effects may occur...includes...carcinogens, toxic or highly toxic agents, reproductive toxins, irritants, corrosives, sensitizers, hepatotoxins, nephrotoxins, neurotoxins, agents which act on the hematopoietic (blood) system, and agents which damage the lung, skin, eyes, or mucous membranes

Determining the hazard of a chemical is the responsibility of the manufacturer of the chemical. Information on the hazards of a particular chemical can be found on the label, the manufacturer's Safety Data Sheet (SDS), and in reference publications provided in the Procedure Manual.

Safety Data Sheets received from the manufacturer contains detailed chemical information including:

- the contents of a given product
- physical, chemical, and toxicological hazards associated with that material
- appropriate personal protective equipment and clothing necessary (e.g., appropriate type of gloves, goggles)
- safe handling and disposal guidelines

F. Safety Data Sheets & Lab Safety Information

- emergency procedures, including care and contact personnel (e.g., poison contact)
- There are several systems for categorizing the severity of chemical hazards. It is important to recognize the similarities and differences of those systems. The two common systems are the Global Harmonization System (required on SDS) and National Fire Protection Association Hazard Identification System.

G. Chemical Inventory, Transport, & Shipping

All chemicals must be included in the chemical inventory. When a new chemical is received it must be tagged and entered into the inventory by the Laboratory Manager. When containers are emptied or the chemical disposed of, the date must be entered into the inventory. When chemicals are relocated from one storage location to another, the location on the inventory must be updated. Chemicals taken from a storage area for temporary use in the laboratory do not need to change the location.

A bottle carrier or cart must be used when relocating any quantity of an acute toxin and 1 liter or greater containers of flammables or concentrated acids or bases from the stockroom to the laboratory or between laboratories.

All chemical and hazardous materials shipments must be approved to ensure that materials are packaged and labeled properly and that the proper documentation is included in the shipment.

H. Personal Protective Equipment

Protective equipment must be worn to guard against injury from routine or accidental events. Each employee is responsible for choosing appropriate protective equipment for their section and operation. The following personal protective equipment is available for persons working in the laboratory. Know what equipment is necessary for your work.

Eye & Face Protection

The hazards of each laboratory operation must be identified and the approved eyewear worn. Eye protection meeting ANSI Standard Z87.1, as summarized in Table 1 below, is the minimum level of eye protection required.

Table 1 - Summary of ANSI Z87.1-98 Approved Protective Eyewear	
HAZARDS	**APPROVED EYEWEAR**
IMPACT: flying objects, fragments, particles	1,2,3,4,5,6
HEAT: hot sparks	1,2,3.4,5,6
HEAT: high temperature	1,2,3,5,6
CHEMICAL: splash	3,4, or 5(with 3 or 4)
CHEMICAL: irritating mists	4
DUSTS: airborne particles	3,4,6
IR/UV RADIATION: welding, soldering, brazing, cutting	Refer to ANSI Z87.1-89
1. Safety spectacles, with side shields 2. Goggles, flexible fit, regular ventilation 3. Goggles, flexible fit, hooded ventilation	4. Goggles, rigid body, cushioned fit 5. Face shield, plastic window 6. Chipping goggles, eyecup type

Wearing contact lenses is highly discouraged when working with or near chemicals, particularly solvents.

a. Operations Requiring Chemical Splash Goggles

To protect employees from chemical eye hazards, the following operations require chemical splash goggles. When these operations are conducted in a fume hood with the sash lowered, safety glasses are acceptable.

- Use of strong acids or bases (outside pH range of 2 - 10).
- Use of corrosive gases.
- Use of potentially explosive or water reactive chemicals (as defined in Section 5.3).
- Use of acutely toxic chemicals (as defined in Section 5.6) in liquid or powder form.
- Use of cryogenic liquids when there is a risk of pressure buildup or splash or particle hazard.
- Use of other hazardous chemicals in liquid form.
- Any activity when there is an explosion or implosion hazard.

Goggles must be worn by the person whose activity causes the hazard and by adjacent individuals. Section supervisors and the Laboratory Manager are responsible for identifying any additional laboratory tests and operations that pose a splash hazard and require splash goggles.
Face shields are also available for additional protection; chemical splash goggles must be worn under face shields.

a. Operations Requiring Safety Glasses or Splash Goggles

The following operations require the use of safety glasses or splash goggles.

- Operations using or generating liquid or fine particulate chemicals for which splash goggles are not required.
- Chipping, cutting, and grinding activities.
- UV and/or IR protective safety glasses are required when working with instruments generating and releasing UV or IR emissions unless a safety mechanism automatically shuts off the emission source when exposure is possible. Refer to ANSI Z87.1-89.
- When installing or removing regulators on gas cylinders.

Gloves

The need to wear gloves, and the selection of the appropriate gloves, depends on the hazard of the chemical, the potential for contamination during the experiment, and dexterity requirements. It is the responsibility of the Laboratory Manager to choose the appropriate gloves for the staff.

Proper glove selection is a function of the specific chemical resistance of the material as measured by permeation rate and breakthrough time. Disposable latex gloves have limited resistance to most commonly used hazardous laboratory chemicals. They should not be used without investigating their resistance to the chemicals being used, or in operations where contamination is anticipated. When contaminated, they must be removed immediately, and the hands washed. The use of latex gloves also poses a risk of serious allergic symptoms in sensitive individuals and other individuals developing a latex allergy.

More resistant gloves include natural rubber, neoprene, nitrile, butyl, Viton, and polyvinyl chloride. Nitrile gloves are available in the stockroom; other gloves should be ordered as needed.

Recommendations of the glove manufacturer and the material safety data sheet for the particular hazardous chemical should be used in choosing the appropriate glove.

Clothing

The purpose of protective clothing is to prevent skin contamination and to prevent the carrying of contaminants outside the laboratory. Bulky or dangling attire and easily combustible clothing should not be worn in the lab.

Protective Clothing:

The use of a lab coat is strongly recommended in all laboratories. Lab coats must be worn in the laboratory when handling:

Clothing

- any quantity of select carcinogens (see 5.8) or reproductive toxins (see 5.7) that are absorbed through the skin
- any quantity of acute toxins (see 5.6).
- greater than 25 mL of strong acids or bases (outside pH range 2 - 10)

Lab coats are available from the Laboratory Manager. A soiled or contaminated lab coat should be placed in a plastic bag and exchanged for a clean one.

All protective clothing should be removed before leaving the lab area to keep potential contamination restricted to the lab area.

Additional specialized protective clothing should also be used in certain high hazard operations

for example, when using hydrofluoric acid.

Protective Footwear

Shoes must be worn at all times in the laboratory. When working with hazardous chemical or biological materials, or moving heavy objects, closed-toe shoes must be worn. Sandals or perforated shoes are not allowed, as feet are not protected from spills or falling objects.

I. Hoods

The appropriate hood must be used for the operations and tests. Use of the wrong type of hood could increase the potential hazard. All hoods are tested annually to check proper performance.

General Use Fume Hoods

These hoods, designed to protect the user, are appropriate for working with flammables, acids, bases, and organic solvents; they should be operated with the sash lowered to the indicated point (red arrow). Working with the sash lowered to this point creates the necessary draw (air flow into the hood), and adds protection from splashes or explosions.

a. Before using a fume hood observe the following precautions.

1. Remove any bulky items in the hood as these will prevent proper airflow.
2. Turn the hood on and confirm that the hood is drawing air (a tissue or kimwipe held at the opening should be gently pulled into the hood area).
3. Do not store chemicals in the hoods, or remove stored chemicals before use.

b. When using a fume hood observe the following precautions.

1. Do not keep unnecessary materials in the hood.
2. Chemicals or waste stored in a hood must be in secondary containment.
3. Use only intrinsically safe (i.e., explosion proof) equipment when working with flammables.
4. Keep all materials back at least 6 inches inside the hood. The sash should be able to be fully closed in the event of an emergency.
5. Work with the sash lowered to the indicated level (red arrows) for proper venting.
6. Be aware of air disturbances (from opening doors, fans, passers by, etc.), as these will affect the draw of air into the hood.
7. Do not attach signs or materials to the sash as these prevent visibility into the hood and safe operation of the sash.
8. Clean up spills immediately. Training for clean-up must be done, as some materials must be treated first (e.g., acids and bases must be neutralized).

Laminar Flow Hoods & Biological Safety Cabinets

Laminar Flow hoods are used to protect microbiological work from contamination; they contain no UV lamp source. These are also called clean benches, and are used for work with non-hazardous materials when very clean environments are needed for high purity work. The operator sits downstream of the materials and airflow; therefore, toxic, infectious and hazardous materials should never be used in laminar flow hoods.

Biological safety cabinets (a.k.a. tissue culture hoods) are used for hazardous microbiological work such as work with pathogens; they are designed to protect the person, the product, and the environment for operations requiring Biosafety Level 1 and 2, such as tissue culture analysis and bacteriological or virological applications. These hoods contain an ultraviolet lamp source and HEPA filters which are 99.9% efficient for particles of size 0.03 um.

J. Electrical Safety

The voltage and current used in laboratories are potentially lethal. The Laboratory Manager should be notified if unsafe electrical situations exist (e.g., wires are strung across pathways, frayed wires are found, grounding plugs have been removed), or if equipment malfunctions.

Instruments are serviced regularly following the manufacturer's guidelines. Instruments that are out of service should be "locked-out". Lockout prevents equipment from being turned on or operated while being repaired or inspected; equipment cannot be restarted until repairs are complete and the lockout removed. Only trained individuals should perform equipment repair or modification.

K. Machine Tools

The use of stationary machine tools and powered hand tools is subject to the following requirements.

1. All machine tools must be stored in a locked area or locked out when assigned employees are not present.
2. Choose the right tool for the operation. Makeshift or undersized tools are always a hazard.
3. Eye protection must be worn at all times. Safety glasses with side shields meeting ANSI Standard Z87.1-89 are the minimum level of protection. Goggles may be advisable under certain situations.
4. Be sure all safeguards are in place and working before starting work. Guards, as supplied by the manufacturer, must be used when operating equipment. Fabricated tools guards must meet OSHA requirements.
5. Check protable power tools for poor wiring or loose switches. Do not use a tool with a frayed cord or with the grounding prong removed.
6. Chuck keys, calipers, gauges, and other tools should be removed immediately after use. Forgetting to do so may lead to the tool becoming a projectile when the machine is started.
7. Never wear gloves, wristwatches, rings, bracelets, or other jewelry while operating machinery. Long hair and loose clothing should be controlled near operating machinery. Rags, drawings, hand tools, lubricant containers, and other loose objects should be kept away from moving machine parts and machine surfaces that may vibrate during machine operation.
8. Use a vise or clamps to secure the work when possible.
9. When using portable tools do not overreach. Keep a good balance and proper footing at all times.
10. Be aware of potential hazards in your work area. Don't overlook the hazards and workspace requirements of others working nearby. When operating power tools in a strange environment check for flammable liquids, combustible materials, and other hazards before beginning work.
11. Keep out of the way of things that may be thrown by machinery. Some machines produce large amounts of debris. Debris not caught by the machine's dust collection system may be propelled out of the machine in a particular direction and distract or obstruct operator's vision. Some machines may also eject stock material under some circumstances. Table saws and wood jointers, for example, will eject wood stock in the direction of the rotation of the blade if the material is improperly fed. These machines should be operated from one side, minimizing any possible hazards.
12. Chips and debris should be cleaned with a brush and not with compressed air or by hand.
13. Do not remove stock or reach near any moving parts of a machine until those parts have come to a complete stop. Turning the machine "off" does not immediately halt the hazardous motion of many machines.
14. Machine adjustments or lubricating may be done while the machine is operating only if no safeguards are removed or bypassed and only if the operator is not exposed to any hazardous energy.
15. Repair and servicing must be done in accordance with the Lab-U Diagnostics arrangements.

LABORATORY RISK & EMERGENCY PLAN

This section provides the emergency plan the laboratory employees must follow. The laboratory shall hold periodic emergency drills and discussion (both new and regular employees) to constantly remember and practice for the safety of everyone in the laboratory. New employees must be oriented of the laboratory risk and emergency plan. There shall be department safety meetings held regularly.

A. Familiarity with the Laboratory

The laboratory personnel must be familiar with the inventory of flammable, pyrophoric, oxidizing, toxic, corrosive, reactive, radioactive materials, nonionizing radiation, biological materials, compressed gas, and liquified gas. They must be familiar with the quantity present in the laboratory, and the locations of these items. The location of the emergency showers, eye wash, spill kits, fire extinguishers, and fire blankets should be known by all workers. As well as the routes of exit.

B. Hazard Assessment & Risk Minimization

Conduct an assessment of the possible hazards of the laboratory tests, list the identified ways to reduce the risk.

C. Emergency Preparedness

- The laboratory must contain all the contacts for different emergencies.
- The laboratory should have a list of the trained personnel for emergency responses.
- Know the different evacuation routes and meeting places. Place emergency evacuation maps on each room, with specific routes for that room. Place near or on doors for easy access.
- Conduct maintenance on the fire extinguishers and spill kits in the laboratory.

D. Accident Preparedness

- The laboratory staff should be aware of the location of the emergency equipment.
- Emergency posters should be updated and posted on a visible location.
- All electrical wires must be well grounded and in good condition.
- All machines and equipment are checked to ensure that it is in good condition.
- Chemicals should be properly stored. Laboratory workers should be aware of the chemicals present in the laboratory and be guided by the MSDS and Chemical Hygiene Plan of the laboratory.
- Make sure all employees know the exposure risk procedure.

LABORATORY RISK & EMERGENCY PLAN

D. Accident Preparedness

When an emergency or accident occurs. This is the basic procedure that can be applied to all emergency situations.

- The people within the vicinity of the emergency or accident must be aware and stay a safe distance of the area.
- Contain the emergency. That is if the situation is manageable and safe to contain. If not:
- Sound the alarm if the emergency cannot be contained.
- Call the proper authorities that can help solve the problem.
- After the incident, the laboratory manager should conduct an investigation and create a complete report for the Safety committee of the laboratory.

E. Fire & Evacuation

Preparedness

- Wear fire resistant PPE when appropriate.
- Train staff on the hazards and precautions.
- Good housekeeping must be practiced.
- Have proper clearances for sprinkler heads and fire extinguishers.
- Store and use chemicals in the proper designated areas.

When a Fire Alarm Sounds

- Stop all operations and immediately try to evacuate the building.
- Use the primary evacuation route, if blocked, find a secondary route. Make sure to go to the nearest exit.
- Door should be closed as you exit the room, if possible.
- Elevator use is not allowed.
- Help guests, patients, visitors, and the impaired if present and as necessary.
- Once evacuated, go to the designated meeting site and wait for instructions from the emergency response team.
- No one shall reenter the building until the fire department declares the building is safe.

If smoke or fire is discovered

Use the acronym R. A. C. E.

R- Rescue. Any persons in need of assistance should be guided out of the immediate danger if it is still safe to not compromise the rescuer. Remind fellow colleagues to report to the designated meeting site

A- Alarm. Ring the fire alarm to alert everyone in the building. Call the fire station or appropriate emergency response authorities, report the exact location of the fire or smoke.

C- Contain. Contain the source of the fire or smoke if possible. Close the doors as you exit, if possible.
E- Evacuate. Use the nearest and safest exit route to vacate the building. The elevators should not be I operation. Doors that are hot should not be opened. Go to the designated meeting site. Report if there are any people inside the building.

Using a Fire Extinguisher

Make sure personnel are trained in using a fire extinguisher.
Used only for a small fire that started to smolder or flame.

- Always keep an eye on the fire. There should be an exit path between the employee and the fire at all times.
- Use the appropriate fire extinguisher depending on the type of fire.
- Use the acronym P.A.S.S.

Pull – pull the pin or the ring on the handle of the fire extinguisher.
Aim – Aim the nozzle towards the base of the fire. Make sure to be eight feet away from the fire.
Squeeze – squeeze the handle
Sweep – sweep the nozzle side to side (left-to-right) still aiming at the base of the fire. Continue until the fire is contained

- Once fire has been extinguish, move to safe location and report the incident to the proper authorities.
- Have the fire extinguisher replaced or recharged depending on the type of fire extinguisher.

If Clothes Catch Fire

- Follow the Stop, drop, and roll.

1. Stop moving.
2. Drop to the floor.
3. Roll person or oneself on the floor to smother the flame.

- If available, drench with water from an emergency shower or sink hose.
- Seek medical assistance, if necessary.
- Report the incident to the laboratory manager

LABORATORY RISK & EMERGENCY PLAN

E. Medical Emergency, Accident, or Injury

For serious emergencies, immediately call an ambulance or go the nearest emergency room.

In assisting medical emergencies or a personal injury. Please be guided of the following:

- Refrain from moving the injured person, however, if the area is unsafe or can cause further harm evacuate the person safely.
- Stay with the injured person if it is safe to do so and wait until medical assistance arrives.
- Only initiate-life saving measure if you are trained, and the situation deems necessary
- If it's a minor emergency, initiate first aid and report incident.

Hazardous Material on Skin or Splashed in Eye

- Remove any clothing, shoes, jewelry, etc. that got contaminated with the hazardous material.
- Immediately flood exposed areas for at least 15 minutes with lukewarm water from safety shower, eyewash, or faucet. Wash with soap and water for biological and blood exposure. For eyewash, hold eyes open to ensure effective rinsing behind both eyelids.
- After washing or flushing area, immediately seek medical attention.
- Report the incident to the laboratory manager.

Needle Stick or Cut with Contaminated Sharp Item

- Wash the area with the water and soap immediately. This should be done for at least 15 minutes.
- After washing the area, seek medical attention
- Report the incident to the laboratory manager.

Laboratory Acquired Illness

- All laboratory personnel, especially those who handle infectious biological materials should be trained on the safe handling, hazards, and the signs and symptoms of infection of the infectious materials found in the laboratory.

LABORATORY RISK & EMERGENCY PLAN

If an employee suspects of acquiring due to laboratory work:

- Seek medical attention. Explain the work you do and what you work with in the laboratory to the medical practitioners.
- Report illness the laboratory manager/ supervisor
- Before returning to work, consult with medical provider and HR.

E. Biological or Blood Spill

IMPORTANT: Only attempt to clean up and disinfect a biological material spill if you are aware of the material's identification, own the necessary tools, and have faith in your ability to adhere the manual's spill response instructions.

Biological Materials at Biosafety Level 1 or 2

- For extensive pathogenic spills, everyone should leave the affected area immediately.
- If any laboratory person is exposed to the spill, follow the Medical Emergency, Accident, or Injury section.
- Leave the biosafety cabinet on, to prevent the release of aerosols into the laboratory.
- Report the incident to the laboratory manager/supervisor.

Biological materials at Biosafety level 3

- Follow the laboratory-specific standard operating procedure (SOP).
- Report all spills at BL3 to the laboratory manager/supervisor.

If the spill happens outside the biosafety cabinet:

- Alert the people within the immediate area.
- These spills will produce aerosols.
- To reduce risk of inhalation, occupants of the laboratory is advised to hold their breath while immediately leaving the laboratory.
- Post a “Do Not Enter” signage on the door of the laboratory.
- No one should re-enter the laboratory for at least 30 minutes minimum. Within the 30 minutes, the aerosols shall be removed from the laboratory by the exhaust air ventilation system.
- Report the spill to the laboratory manager / supervisor.

LABORATORY RISK & EMERGENCY PLAN

Appropriate personal protective equipment for spill clean-up:

- Lab coat with long sleeves
- Disposable gloves
- Disposable shoe covers
- Safety goggles
- Face mask
- Full face shield

For major biological spills.

- Alert people within the immediate area of the spill
- Attend to injured or contaminated person. Remove them away from the area.
- Close the door of the affected areas
- Put on PPE
- Cover spill with absorbent materials such as paper towels
- Carefully pour a 1:10 dilution of sodium hypochlorite (approximately 5,00ppm also known as household bleach). This is placed in a circular pattern around perimeter of spill, move inward to the center. Avoid any splashing.
- Allow for a minimum of 20 minutes contact time for the solution to be effective.
- Wipe spills area with paper towels from the edges to the center.
- Then wipe the spill area as well as the surrounding area again with disinfectant.
- Place the used items into the proper waste container.
- Disinfect or autoclave the non-disposable materials used.

For minor biological spills

- Wear PPE. It is important to wear disposable gloves.
- Place soaked paper towels with disinfectant over the spill area.
- Place the used paper towels in a plastic bag for disposal. Dispose in the proper waste container.
- Then wipe the area clean with fresh towels soaked in disinfectant.

Note: never pick up shattered glass even with gloved hands. Use mechanical means.

LABORATORY RISK & EMERGENCY PLAN

H. Chemical Spill

General Chemical Spill

Clean up spills if trained and appropriate equipment is available.

- Immediately alert people to vacate the are to a safe distance
- Contact emergency response authorities only if there is a medical emergency and/or fire
- If it is safe to do so, tend to the injured or contaminated person and remove from exposure.
- Seek medical attention, if necessary
- If it is safe to do so, turn off any ignition sources close to a spilled flammable liquid.
- If at all feasible, increase exhaust to the outside by speaking with building operations. Open the fume hood's sash completely if the spill occurred in a laboratory.
- If the spill is in a hood, close the sash. If one is present, hit the fume hood's purge button.
- Report the spill to the laboratory manager/supervisor

A minor spill that the laboratory can manage

- Immediately alert people near the spill
- Wear PPE, use chemical resistant gloves. Get the Chemical spill kit
- Refer to a Safety Data Sheet for details on hazards and cleanup recommendations
- Using the materials from the spill kit, stop the source of the spill and contain it to a small area. Avoid breathing the fumes or walking through spills
- If necessary, treat the chemical and absorb any free liquid using the proper material
  - For corrosive liquid use a neutralizer
  - For flammable solvent use an absorbent such as kitty litter, vermiculite, or specific solvent absorbent spill kit
  - Never clean up nitric acid or concentrated sulfuric acid with organic material. Vermiculite or cat litter are both suitable possibilities.
- Clean up spilt material with a dustpan and hand broom if it is a solid.
- Use tweezers or forceps to gather any broken glass that has liquid spilled on it.
- Wash away residue with water.
- Gather the waste in the proper container, close it or strongly seal it, attach a hazardous waste tag, and transport it to your satellite accumulation area.
- To make sure that all emergency supplies are replaced, speak with your safety representative or the building manager.

LABORATORY RISK & EMERGENCY PLAN

A major spill that the laboratory can manage

- Immediately alert laboratory to evacuate to a safe distance.
- Attend to contaminated or injured individuals and keep them away from exposure.
- Call for assistance by the proper authorities
- If at all possible, raise the sash to the chemical fume hood while evacuating (unless the leak happened in the hood).
- Turn off open heat sources: If the spilled item is combustible and in high quantities, turn off any open heat sources (GC, Bunsen burner, hot plate, heat gun, cauterizing furnace, etc.) quickly and carefully as you leave the room.
- Close the door(s) to the impacted area. Isolate the area and limit access. Place barrier tape or a "Do Not Enter" sign across the door(s).
- If the alarm has gone off, move to a secure area or the prearranged meeting place. Have a person knowledgeable of incident and laboratory assist emergency personnel and the other laboratory personnel should stay at the meeting place.
- Stay out of the area until the fire department or other emergency services tell you to.
- Only enter the area once the authorities says it is safe to do so.

I. Radiation Spill

General Response to Radiation Spills

Note: only clean up radiation spills if trained to do so and only clean when appropriate equipment is available.

- Immediately alert people within the area of the spill.
- To prevent the spread of contaminated area:
    - Restrict access to the contaminated area
    - Monitor personnel before leaving the contaminated area to ensure they are free of contamination.
    - Survey the extent of the spill area.
- Attend to injured or contaminated persons and remove from potential exposure.
- Report the incident to the laboratory manager/supervisor.

LABORATORY RISK & EMERGENCY PLAN

Minor Radiation spills

- Wear PPE.
- Place absorbent paper towels over the spill. Clean the area starting at the perimeter moving to the center of the spill
- Use forceps to pick up the soiled paper towels. Place the used paper towels in a plastic bag and dispose in the proper radioactive waste container
- Clean area using standard cleaning agents. Dispose of cleaning materials in radioactive waste container.
- Use a suitable survey meter or procedure to check the area, hands, shoes, and clothing for contamination.
- Repeat cleanup until there are no more signs of contamination.
- Report spill laboratory manager/supervisor

Major Radiation Spills

- Contact the appropriate authorities
- Restrict people from entering the area. Place sign that says “Do Not Enter”
- Assign people who are familiar with the lab and the situation to help the emergency response team.
- Report incident to the laboratory manager/ supervisor.

HUMAN RESOURCE MANAGEMENT

A. Equal Opportunities Policy

Discrimination in labor laws and being compliant with the laws.

This policy promotes a workplace that is free from discrimination, harassment, and prejudice of any kind. It ensures that all employees are treated equally, regardless of their gender, age, race, religion, or sexual orientation. Discrimination in labor laws is strictly prohibited, and it is essential for laboratories to comply with the policies set forth by the Department of Labor and Employment (DOLE). These policies aim to protect the rights of employees and ensure that they receive fair treatment, compensation, and benefits. By adhering to DOLE policies, laboratories can ensure that they provide a safe and inclusive workplace for their employees, which promotes productivity, innovation, and overall success.

B. Recruiting and Hiring

Recruitment and hiring are critical processes in any laboratory, and the following policies aim to ensure that these processes are fair, transparent, and compliant with DOLE regulations. The laboratory will advertise all job openings internally and externally to ensure that all qualified candidates have an equal opportunity to apply. Job descriptions will be clear, concise, and accurately reflect the requirements of the position.

The recruitment and hiring process follows an established procedure that ensures the selection of the best and most qualified candidates for our team. The assigned personnel will conduct interviews and select candidates based on their qualifications, skills, and experience. The company shall conduct a comprehensive screening process that includes neuro-psych examinations and interviews to assess an applicant's qualifications, competencies, and fit with the company's culture.

The hiring team thoroughly reviews each applicant's credentials, including education, work experience, and references. The team also requires pre-employment requirements, such as physical and neuro-psych examinations, to ensure that our employees are physically and mentally fit to perform their duties. The recruitment process adheres to all applicable laws and regulations, including equal employment opportunity laws, and is committed to providing equal employment opportunities to all qualified applicants. The hiring team strives to create a diverse and inclusive workplace that values the contributions of every employee and promotes the organization's overall success.

The in-charge staff will provide training on laboratory policies and procedures, safety protocols, and job-specific training to ensure that all employees are equipped to perform their duties effectively. They will also provide opportunities for continued professional development to support the growth and development of all employees.

In compliance with DOLE policies, the company will provide fair compensation and benefits to all employees, including health insurance, social security, and other benefits as required by law. The company will also comply with all labor laws and regulations, including minimum wage laws, working hours, and overtime regulations.

C. Termination and Offboarding

At-will employment clause and any exceptions

Termination and Offboarding are considered sensitive matters that necessitate careful handling to ensure a smooth transition for both the employee and the organization. The company implements an "at-will" employment policy, which allows either the employer or the employee to terminate the employment relationship at any time, with or without cause or notice, subject to certain exceptions as provided by law. The termination process commences with a proper interview conducted by either the employer or the human resource management with the employee.

Retirement is the most common alternative for termination, and the company endeavors to ensure the well-being of its employees by providing them with a graceful exit. During the interview, the terms of termination are discussed, including any benefits or severance pay the employee is entitled to. The employee is also reminded of their responsibilities and obligations regarding the confidentiality of the company's information and other matters related to the code of employee discipline. In rare cases where an employee commits a severe offense, the company may terminate the employment relationship immediately, subject to compliance with DOLE policies and applicable laws. The company's objective is to handle termination and offboarding with respect and sensitivity, ensuring that the employees depart with a positive perception of their experience with the company.

- **Termination**: The company shall follow DOLE policies which state:

"...an employer must provide the employee with a written notice indicating the reasons for the termination. If the termination is due to redundancy, the employer must provide advanced notice of at least one month before the actual date of termination. In cases where the termination is due to the employee's fault or misconduct, the employer must conduct an investigation and provide the employee with an opportunity to explain and defend themselves.For employees who have rendered at least one year of service, the employer must also provide a separation pay equivalent to at least one-half month of pay for every year of service. The employer must also issue a Certificate of Employment indicating the employee's length of service, position, and the reason for the termination. DOLE also requires employers to conduct exit interviews with departing employees to gather feedback and insights on their experience with the company. The purpose of the exit interview is to identify areas for improvement and address any concerns or issues that may have contributed to the employee's departure."

D. Laboratory Personnel

Laboratory Personnel are essential members of the medical technology team responsible for performing various laboratory procedures and tests. The laboratory staff comprises different positions with specific roles and responsibilities, including:

Medical Technologists	These professionals perform complex laboratory tests and analyses to help diagnose, treat, and prevent diseases. They are responsible for maintaining and operating laboratory equipment, ensuring quality control, and interpreting and reporting test results accurately.
Medical Laboratory Technicians	These individuals assist medical technologists in performing laboratory tests and analyses, ensuring the accuracy and quality of results. They also help maintain laboratory equipment and supplies and manage laboratory records and data.

Phlebotomists	They are responsible for collecting blood samples from patients for laboratory testing. They must ensure that samples are properly labeled and handled to avoid contamination and maintain the integrity of the test results.
Laboratory Assistants	These personnel provide support to medical technologists and technicians in performing laboratory tests and analyses. They help maintain laboratory cleanliness and orderliness, prepare reagents and supplies, and perform clerical tasks, such as filing and record-keeping.

The laboratory personnel are expected to adhere to the laboratory's policies and procedures, including safety protocols, quality control measures, and regulatory compliance. They play a crucial role in ensuring that accurate and timely laboratory test results are obtained to aid in the diagnosis and treatment of patients.

E. Salaries and Bonuses

The following are the average salary and bonuses per annum of the administrative and executive positions in Lab-U Diagnostics.

Position	Average Salary Per Annum	Average Bonus Per Annum
Medical Director	₱1,222,637.00	₱120,919.00
Clinical Pathologist	₱1,776,113.00	₱100,420.00
Chief Finance Officer	₱984,006.00	₱82,294.00
Chief Marketing Officer	₱488,998.00	₱34,652.00
Chief Medical Technologist	₱455,889.00	₱32,530.00
Laboratory Manager	₱384,000.00	₱20,709.00
Section Supervisor	₱376,286.00	₱17,368.00
Medical Technologist	₱372,000.00	₱17,570.00

F. Performance Management

Performance Management is an integral part of our organization's human resource strategy. Our company is committed to ensuring that all employees have the opportunity to grow and develop their skills and competencies. We follow DOLE standards for performance management and have established an annual performance evaluation and competency evaluation process.

- Annual Performance Evaluation - Every year, all employees undergo a performance evaluation process that assesses their performance over the past year. The performance evaluation is a tool to identify the employee's strengths and areas for improvement. It is also an opportunity for the employee to discuss their goals, aspirations, and career development plans with their supervisor or manager. The evaluation process is transparent, and employees are given feedback on their performance, along with guidance on how to improve.
- Competency Evaluation - We also conduct competency evaluations to ensure that our employees have the necessary skills and knowledge to perform their jobs effectively. Competency evaluations are conducted regularly and may be based on the employee's job description, industry standards, and best practices. Employees who do not meet the required competencies are provided with training and development opportunities to improve their skills.

We believe that regular performance and competency evaluations are essential to our employees' growth and development. The evaluation process provides employees with feedback on their performance, sets goals for the future, and helps identify areas for improvement. The process is also an opportunity for the organization to identify high-performing employees and provide them with career development opportunities.

Our company is committed to providing our employees with the resources and support they need to succeed in their jobs. We encourage all employees to participate fully in the performance and competency evaluation process and to take an active role in their own development. We also believe that open communication and feedback are critical to the success of the evaluation process and encourage employees to provide feedback on the process itself.

G. Complaints and Grievances

Lab-U Diagnostics aims to uphold its principles of providing quality laboratory services as well as maintaining an efficient and fair working environment.

Definitions

A grievance is any dispute or controversy arising from the terms and conditions of an employment made through a formal letter. A complaint is regarded as any expression of concern or dissatisfaction in relation to the service provided by the laboratory made verbally or written that may be received as a telephone call, letter, email, or in person. Arrangements are such as to ensure:

- Complaints are dealt with effectively.
- Complaints are properly investigated.
- Complainants are treated with respect and courtesy.
- Complainants receive, so far as is reasonably practicable:
  - Assistance to enable them to understand the procedure in relation to complaints; or
  - Advice on where they may obtain such assistance.
- Complainants receive a timely and appropriate response.
- Complainants are told the outcome of the investigation of their complaint; and
- Action is taken, if necessary, in the light of the outcome of the complaint

Time Frames

A complaint can be managed via informal or formal routes and this is normally indicated by the complainant. Authorities are advised to resolve minor problems immediately via an informal method which is usually addressed within 24 hours. These informal concerns should be recorded locally for learning purposes and shared with the customer team on a regular basis.

Formal complaints or grievances are graded higher and normally those issues that require an investigation within the agreed timescale. Timescales for formal complaints are a response within 2 working days from the date of receiving the complaint. Complaints vary in complexity and the time required to investigate; therefore, it is important that the complainant is involved in discussion regarding the target timescale. Lab-U Diagnostics aims to ensure all complainants are dealt with within the timescales, however in instances when these are not followed, it is communicated to the complainants by email.

Periods within which complaints and grievances can be made

The period for making a complaint or grievance is normally:

- 12 months from the date on which the event which is the subject of the complaint occurred; or
- 12 months from the date on which the event which is the subject of the complaint comes to the complainant's notice.

Lab-U Diagnostics has the discretion to vary this time limit if appropriate (i.e. where there is good reason for not making the complaint sooner, or where it is still possible to properly investigate the complaint despite extended delay).

When considering an extension to the time limit it is important that it is taken into consideration that the passage of time may prevent an accurate recollection of events by the employees concerned or by the person filing the complaint. The collection of evidence, clinical guidelines, or other resources relating to the time when the complaint event happened may also be difficult to establish or obtain. These factors may be considered as a suitable reason for declining a time limit extension.

Source of Complaint/Grievance

Official complaints and grievances are to be received by the Chief Medical Technologist, in the absence of a Customer Service Manager in Lab-U Diagnostics. A complaint or grievance can be raised by, for example:

- A client (e.g., GP, company, or pharmacy)
- A customer using our services or a customer that is using our services through another company
- A member of the public
- Staff member

Grading of a Complaint/Grievance

When the complaint is first received it will be graded as follows:

Level 1 – minor complaint being handled by the section supervisor
Level 2 – complaint escalated to Chief Medical Technologist
Level 3 – complaint escalated to Medical Director
Level 4 – complaint escalated to DOH, DOLE, or equivalent ombudsman

Investigation and Responses

Investigation should be done for every complaint, this is a detailed systematic search to uncover facts and determine the truth of the factors (who, what, when, where, why and how) of accidents.

- Patient safety or root cause analysis (RCA) investigations should be conducted at a level appropriate and proportionate to the incident, claim, complaint or concern under review.
- Root cause analysis (RCA) will identify the contributory factors e.g., systemic failures that allowed the causal factors to occur.
- A proper investigation will provide an appropriate line of action to address the complaint.

The response must be signed off by the Chief Medical Technologist and Medical Director and should include:

- an explanation of how the complaint or grievance has been investigated and considered.
- the conclusions reached in relation to the complaint, including any remedial action to be taken details of how to seek mediation or arbitration if the complainant remains dissatisfied.

H. Disciplinary actions

Disciplinary Actions are an essential part of the Code of Employee Discipline. Our company recognizes that misconduct, violation of policies, and other forms of unacceptable behavior can affect our patients, employees, and the organization as a whole. We aim to maintain a safe and respectful workplace for all employees, and therefore, we have established disciplinary measures to address such issues.

The disciplinary process includes the following steps:

Verbal Warning	This is the initial stage of the disciplinary process, where the supervisor or manager gives verbal feedback to the employee regarding the violation of policies or misconduct. The purpose of the verbal warning is to inform the employee of their unacceptable behavior and provide them with an opportunity to correct it.
Written Warning	If the employee fails to improve their behavior or repeats the same misconduct, the next step is a written warning. The supervisor or manager will provide a written notice that documents the specific policy or behavior that was violated, the consequences of continued non-compliance, and the expected improvement.
Sanctions and Disciplinary Actions	If the employee still fails to improve their behavior despite receiving verbal and written warnings, sanctions and disciplinary actions may be imposed, depending on the severity of the offense. These may include suspension, demotion, or termination, subject to compliance with DOLE policies and applicable laws.

The severity of the offense and the employee's previous disciplinary history are factors considered when determining the appropriate disciplinary action. The company aims to administer discipline in a fair and consistent manner, ensuring that employees receive due process and are given the opportunity to respond to any allegations of misconduct.

Disciplinary actions are intended to be corrective and not punitive, and the goal is to assist employees in improving their behavior and performance. The HRM encourages all employees to adhere to our policies and standards and to seek guidance and support when needed.

ENDORSEMENT OF LABORATORY TASKS

A. Description

The purpose of endorsing laboratory tasks is to transfer information and tasks to the next shift. To ensure effective endorsement of tasks, a manual has been created that outlines proper techniques for organizing and communicating information. This manual provides guidance on how to effectively endorse tasks to ensure a smooth transition between shifts.

B. Objectives

The objective of this manual is to assist laboratory employees in effectively handing over their responsibilities to the next shift, in order to ensure the laboratory's results and services remain dependable.

C. Scope

This manual helps laboratory staff members perform their job duties properly and efficiently, benefiting the overall quality and reliability of the laboratory's results and services.

D. Guidelines and Policy

It is the manager's responsibility to ensure that all tasks are transferred correctly to the next shift in the Medical Technology Department.

D. Proper Endorsement of Laboratory Task

1. To the Staff

- Select a method and utilize it consistently to ensure uniformity.
- Describe the patient's condition from top to bottom, in order, when communicating with the next shift (Head to toe technique).
- When transferring information, only focus on the patient's deviations from the norm (Reporting by exception).
- Record all entered data on your formal report sheet and share it with the next shift.
- Keep your communication brief and straightforward when passing information to the next shift.

2. To the Laboratory Manager:

- It is crucial to verify that the information being transmitted is both precise and dependable.
- Adequate staffing of the laboratory personnel must always be ensured.
- A record of the laboratory staff for each shift should always be maintained.

TELEPHONE ETIQUETTE

A. Description

Telephones offer laboratory workers a quick and efficient way to communicate with another personnel since laboratory work frequently requires close collaboration. They can be used to coordinate tasks and solve problems. Phone calls from a range of individuals, including coworkers, managers, suppliers, and clients, may be made or received in a lab setting. Telephone etiquette guarantees that these exchanges are handled in a respectful, effective, and professional manner.

B. Objectives

This manual aims to provide to encourage effective communication, create pleasant connections, and improve the organization's or the workers professional image through proper telephone etiquette.

C. Proper Telephone Etiquette in a Medical Laboratory

- Answer the phone promptly: When the phone rings, answer it immediately, if it's possible, and introduce yourself and the company you represent.
- Voice tone: Use a polite, welcoming, and professional tone of voice. To avoid off-putting the person on the other end of the line, try to speak slowly and quietly.
- Be clear and concise: Avoid rambling on the phone and get to the point quickly. Be clear and concise in the way you interact. It helps in ensuring that interaction are effectively and clearly conveyed. This entails speaking properly, being attentive, and communicating information briefly.
- Use hold and transfer appropriately: When you put someone on wait or transfer the call, get their OK and explain the situation. Avoid transferring someone to the wrong person or keeping them on hold for a long period of time.
- Close the call politely: Thank the other person for their time and briefly recap the main points of the conversation before hanging up the phone. Express your appreciation for the caller's and end the call in a professional way.