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POLICY MANUAL

Laboratory for Advanced Medical Innovation

Baluyos, Jaslyn Esther R.
Esmeña, Victoria Rose A.
Gutos, Sheirie
Heredia, Frank Benedict A.
Jardiniano, Clairese T.
Khio, Ashley Kate H.
Limpahan, Ted Niño Jess A.
Renacia, Ma. Althea Shamel G.
Santos, Ioannese Joyz N
Solamillo, Ashelyn R.

Dumaguete City, Negros Oriental, Philippines

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QUALITY MANAGEMENT

General Quality Management Policies

- Quality is paramount across the entire system.
- All laboratory personnel must receive appropriate training aligned with their roles, responsibilities, and duties.
- LAMI will uphold a quality control system to ensure ongoing precision and accuracy of lab results.
- LAMI will actively participate in approved proficiency testing (PT) programs.

Quality Management Program

- Policies and procedures in the quality management program require initial approval by the laboratory director, documented with signature and date. Regular reviews will be conducted by technical consultants.
- Revised policies or procedures must be rewritten, approved by the laboratory director, and distributed to testing sites, with prior versions retained for at least two years.

Components of the LAMI Diagnostics Quality Management Program

A. Patient Test Management

- The laboratory director will monitor and evaluate data recorded in the Complete Health Record, with annual chart reviews documented and errors addressed by notifying relevant personnel.

B. Procedure Manuals

- A comprehensive procedure manual covering all tests and activities will be maintained and readily accessible at all testing sites. This manual will undergo annual reviews by the laboratory director or technical consultants.

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 documented during onsite visits to all laboratories.

QUALITY MANAGEMENT

2. Quality control specimens will be randomly tested in all national laboratories to assess waived tests and procedures. The results will be documented and maintained.

D. TRAINING ASSESSMENT

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

E. PROFICIENCY TESTING

LAMI will participate in an approved proficiency testing (PT) program. PT results will be reviewed by testing personnel to ensure all information is correct and complete before being mailed, faxed, or emailed to the PT program. Investigations into unsatisfactory PT results (performance below 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 without a proficiency test will be verified annually, with results reviewed and evaluated by the laboratory director or their appointed individual. The outcomes of these evaluations will be documented and retained.

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G. RELATIONSHIP OF PATIENT INFORMATION TO TEST RESULTS

Laboratory personnel will monitor test requests to ensure they are appropriate for the patient's age, sex, and diagnosis. If any test request or result appears inappropriate, proper consultation will be sought.

H. PERSONNEL ASSESSMENT

Ongoing evaluation of all testing personnel will be conducted through PT results, quality control record reviews, Complete Health Records, observation, and annual competency evaluations for non-waived testing procedures. These include wet prep, RPR, and darkfield microscopy. If an employee is found incompetent in one or more procedures during competency evaluations, they will be restricted from performing those tests. If the employee remains incompetent after reevaluation, they will be prohibited from performing that testing procedure until they attend training and are deemed competent.

I. COMMUNICATIONS

Any issues arising from communication breakdowns between testing personnel and the authorized individual who orders or receives test results will be documented. Corrective actions taken to resolve these problems and reduce future communication failures will also be documented.

J. COMPLAINT INVESTIGATIONS

Quality issues (e.g., unacceptable PT results, strategies for improving test quality, problems identified with QC) will be communicated to LAMI personnel through official memorandums and technical bulletins. These documents will be maintained in the Quality Management Office.

K. QUALITY MANAGEMENT REVIEW WITH STAFF

Quality issues (e.g., unacceptable PT results, strategies for improving test quality, problems identified with QC) will be communicated to LAMI personnel through official memorandums and technical bulletins. These documents will be maintained in the Quality Management Office.

QUALITY MANAGEMENT

L. RECORDKEEPING IN THE LABORATORY

1. All records will be retained for a minimum of two years. Refer to the archive record retention schedule for details on record retention and destruction.
2. Examples of laboratory records include:
   - Temperature charts documenting refrigerator, freezer, incubator, or room temperatures.
   - Quality control records.
   - Proficiency testing records.
   - Employee competency documentation.
   - Equipment maintenance records.
   - Patient test results (e.g., patient logs).
   - Quality management records.
3. Laboratory testing records must include:
   - Patient identification.
   - Date of testing.
   - Test performed.
   - Test results, with units of measure if applicable.
   - Time of testing.
   - Initials of the person performing the test (non-waived testing only).
4. Documentation for specimens that are unacceptable for testing will be maintained in the patient log.

M. LABORATORY LOG

1. The Laboratory Log ensures follow-up on laboratory tests referred from the Department of Health to other laboratories. It also tracks when a specimen is sent and when the report is received.
2. The tracking system will include the patient's name, identification number, date of service, referred tests, and the date the report was received.
3. Instructions for the Laboratory Log:

- Enter the page number in the designated space.
- Enter the date in the appropriate field.
- Affix the patient identity label on the sheet. Correct the service date if labels were preprinted.

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- List the referred tests on the lines provided. Use one line per test. If more than six tests are referred for a patient, continue on the next six lines, marking out the space for the label. A list of commonly referred tests is printed at the bottom of the log. Any other tests should be written in.
- Indicate the date the referred laboratory test report is received.
- Implement a system to track any test results that are not received within a timely manner.

TRAINING SCHEDULE

CLASSES

1. Rapid Plasma Reagin (RPR): One-day class focused on the macroscopic screening for syphilis.
2. Darkfield Microscopy for the Detection and Identification of Treponema pallidum: Two-day class covering Brightfield Microscopy, Darkfield Microscopy, and identification of Treponema pallidum.
3. Vaginal Wet Mount: Two-day class covering Brightfield Microscopy and Vaginal Wet Mount.

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SPECIMEN REQUIREMENTS

DESCRIPTION

For accurate and reliable results, laboratories must define clear guidelines for specimen acceptance and rejection. These guidelines should be consistently applied and documented in laboratory policies.

OBJECTIVES

This section aims to:

1. Confirm specimens are correctly identified, labeled, and documented.
2. Ensure the appropriate specimen type, container, and volume are used for reliable testing.
3. Preserve specimen quality through correct collection, handling, and transport practices.

GENERAL GUIDELINES

Specimens will be rejected for the following reasons:

- Specimens with incorrect or missing labels.
- Specimens with insufficient quantity for accurate processing.
- Specimens delayed for over 24 hours without proper transport medium, compromising results.
- Specimens and requisitions that do not match (e.g., urine specimen with a requisition for sputum).
- Specimens received without an accompanying requisition form.
- Liquid specimens not submitted in sterile, dry, and leakproof containers.
- Requisitions contaminated by leaked liquid specimens.
- Specimens in syringes with attached needles; the needle must be removed by the physician or office staff before processing.
- Hemolyzed or clotted blood specimens, which are unsuitable for many tests.

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PATIENT IDENTIFIER INOUTPATIENT, INPATIENT, ER, AND ICU

DESCRIPTION

This is a guide to assist medical laboratory personnel on proper identification and classification of different categories of patients, including outpatients, inpatients, patients in the Emergency Room, and patients in the ICU.

OBJECTIVES

It means the main aim is that to provide quality diagnostic services by achieving accurate and reliable results for tests in the laboratory. The above will further help to manage patients appropriately and timely treatment for patients.

REGISTRATION AND ADMISSION

Who Should Be Registered?

1. All incoming patients to the hospital, irrespective of whether they are visiting the Outpatient Department, Emergency Room, or referred from another health care institution, must be registered.

- Registration should be done before any medical service is provided.
- In case of emergencies requiring immediate attention, the registration process may be delayed until after necessary treatment is administered.

2. How to Complete the Registration Process

- Patients will be required to fill a registration form with their basic details. Assistance will be provided for those who require help in filling up the form.
- The form will be signed by the patient, or a thumb impression may be taken if the patient is unable to sign.
- Details captured in the form will be provided to the hospital's Health Information System (HIS). This will generate a unique identification number.
- The UIN along with the patient's name, address, and date of birth will be written, signed, and released to the patient.
- Applicable registration fee will be collected and a receipt issued.
- The signed registration form will be kept in the hospital's records in a safe manner.

PATIENT IDENTIFIER INOUTPATIENT, INPATIENT, ER, AND ICU

Registration for Minors

- In the case of minor patients, the registration form must be signed by a parent or legal guardian. Information to be collected on the registration form includes:

- Name
- Date of Birth
- Gender
- Name and relationship of the guardian
- Address
- Contact number
- Email address
- Occupation
- Health insurance details (if applicable)
- Referring doctor's name (if applicable)
- Emergency contact details, including:
- Name of contact person
- Patient relationship
- Contact number

Confidentiality of Information

All the information collected during registration is confidential. The following measures ensure that all the information collected would remain confidential:

-Patient information would be used only for healthcare purposes and would only be accessible to authorized staff of the hospital and other departments.

- This information will not be disclosed to third parties unless otherwise legally mandated.

- Patients' data requests by lawful authorities will be dealt with by the head of the facility or their representative.

- Hospital confidentiality is a core mandate that ensures respect for patient rights.

Outpatient, Inpatient, Emergency Room, and ICU Patient Identification

Proper patient identification is necessary to ensure that appropriate care is delivered. There must be a standardized method of identifying patients, such as wristbands or ID bands, which are used after registration to enable the medical staff to identify and locate patients. This system ensures the safety and accuracy of all interactions, diagnostics, and treatments involving the patient.

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CONFIDENTIALITY & RELEASE OF PATIENT INFORMATION

1. All patient information should be kept strictly confidential. It should only be accessed or disclosed to laboratory personnel or treating physicians who directly attend to the patient's welfare.

2. Staff must avoid discussing patient details in public settings where others might overhear, ensuring patient confidentiality is not compromised.

3. Direct requests by patients for information from external agencies to the medical records department only after proper authorization has been obtained for the release of information.

4. The attending physician should answer patient or family questions about care or test results. Laboratory staff may provide test results directly to the patient only with specific authorization from the attending physician.

5. Patients can access their medical records by submitting a signed release form through their physician or the medical records department. Special situations or unresolved matters should be referred to the administration for further guidance and resolution.

MISCELLANEOUS EQUIPMENT

Centrifuge

It is used to separate a liquid component of a sample by density. It operates on the principle of centrifugal force by spinning at high speeds to separate the heavier particles of the sample at the bottom of the container. At the same time, the lighter components are located on top.
Regular maintenance must be conducted to ensure the proper functioning of the equipment.

Components of the Centrifuge include:

- Rotor
- Motor
- Drive Mechanism
- Control Panel (User Interface)
- Timer
- Centrifuge Tubes and Tube Holders
- Lid/Cover

Laboratory Refrigerators

Designed to maintain a controlled environment with temperatures typically ranging from 2–8°C that helps keep samples in optimal condition.
Note: Storage of food and drinks is strictly prohibited in the laboratory refrigerators.

Laboratory Freezers

Used to store a variety of biological samples at stable temperatures between -10°C and -30°C.
Note: Storage of food and drinks is strictly prohibited in the laboratory freezers.

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MISCELLANEOUS EQUIPMENT

Thermometers

Two basic types of thermometers are generally used in the clinical laboratory:
Bimetallic and Mercury columns.

Incubator

It is an insulated chamber that allows a temperature-controlled environment in order to create ideal conditions to grow and maintain cell or microbiological cultures.
Its temperature range is maintained at around 35°C – 37°C.

HEALTH AND SAFETY

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

- Always use the least hazardous chemical that meets the intended purpose, as specified in the Laboratory Test Procedure.
- Ensure containers are closed when not in use.
- Minimize the exposure of chemicals by reducing the surface area of open containers (e.g., use a flask instead of a beaker).

Engineering Controls

- Use fume hoods whenever feasible.
- Do not store equipment or chemicals in fume hoods for extended periods.
- Avoid releasing hazardous chemicals in rooms without proper ventilation or with re-circulating air systems.
- Only use equipment and glassware for their intended purposes, and never use damaged items.
- If operations are left unattended, ensure that hazardous chemicals are contained in case of equipment failure.

Protective Equipment

- Basic protective equipment is detailed in Section E. However, it is important to note that source reduction and engineering controls are generally more effective at reducing exposure.

HEALTH AND SAFETY

B. Personal Hygiene

Maintaining good personal hygiene in the laboratory is essential for minimizing exposure to hazardous chemicals and preventing injuries from other hazards, such as broken glass.

- The storage or consumption of food or beverages, the application of makeup, and smoking are prohibited in all laboratory and hazardous chemical storage areas.
- Avoid routine exposure to hazardous chemicals—do not taste or intentionally smell any chemicals, and never mouth pipette.
- Wash hands immediately after contamination, after handling hazardous chemicals, and before leaving the laboratory.
- Long hair and loose clothing must be secured and kept out of the way while working in the laboratory.
- If a lab coat becomes soiled or contaminated, it should be placed in a plastic bag and replaced with a clean one. Contact the Laboratory Manager for assistance in exchanging the coat.
- Shoes must be worn at all times in the laboratory.
- Closed-toe shoes are required when working with hazardous chemicals, biological materials, or when moving heavy objects.
- Sandals or perforated shoes are not allowed, as they do not protect your feet from spills or falling objects.

C. Housekeeping

Maintaining a clean and organized laboratory work area is essential for the safe handling of hazardous chemicals. Only the equipment and chemicals required for the specific procedure being conducted should be present in the work area. This is particularly important when working in a fume hood, as storing too many containers or pieces of equipment can significantly reduce the hood's effectiveness.

HEALTH AND SAFETY

C. Housekeeping

When multiple people are working in the same laboratory, it is important to discuss space and hood requirements, and ensure that work areas are clearly designated and agreed upon.

Floors and surfaces should be kept clean, and spills must be cleaned up immediately, as outlined in Section B. The entire work area should be thoroughly cleaned at the end of each day. Clean-up procedures include:

- Removing and properly disposing of all hazardous materials from the laboratory or project area, as well as from shared storage units, refrigerators, stock rooms, chemical cabinets, and waste collection areas.
- Cleaning and decontaminating all laboratory equipment, fume hoods, bench tops, cabinets, and shelves.

These procedures are designed to minimize the presence of unidentified and unwanted hazardous materials and waste in the laboratory, which helps reduce disposal costs and ensures a clean and safe environment for ongoing work.

The Laboratory Manager is responsible for inspecting the lab to ensure proper clean-up and handling of hazardous materials. The Manager will inform the Chief Medical Technologist about whether clean-up, disposal, and decontamination procedures have been followed, and whether laboratory employees have met their responsibilities.

D. Pets in the Laboratory

Pets are not allowed in the laboratory.

HEALTH AND SAFETY

E. Unattended Operations

Avoid leaving operations unattended whenever possible. If it is necessary to leave an operation running without supervision, ensure that appropriate containment measures are in place to manage hazardous chemicals in case of equipment failure. If feasible, transfer responsibility for the operation to another medical technologist within the same section.

F. Saftey Data Sheets and Lab Safety Information

Avoid leaving operations unattended whenever possible. If it is necessary to leave an operation running without supervision, ensure that appropriate containment measures are in place to manage hazardous chemicals in case of equipment failure. If feasible, transfer responsibility for the operation to another medical technologist within the same section.

"Physical Hazard"

A chemical is considered a physical hazard if there is scientifically valid evidence that it exhibits properties such as being a combustible liquid, compressed gas, explosive, flammable, organic peroxide, oxidizer, pyrophoric, unstable (reactive), or water-reactive.

"Health Hazard"

A chemical is classified as a health hazard if there is statistically significant evidence, based on at least one study conducted according to established scientific principles, that it may cause acute or chronic health effects. This category includes carcinogens, toxic or highly toxic agents, reproductive toxins, irritants, corrosives, sensitizers, hepatotoxins, nephrotoxins, neurotoxins, agents that affect the hematopoietic (blood) system, and agents that damage the lungs, skin, eyes, or mucous membranes.

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F. Saftey Data Sheets and Lab Safety Information

The responsibility for determining the hazards of a chemical lies with the manufacturer. Hazard information for a specific chemical can be found on the product label, the manufacturer's Safety Data Sheet (SDS), and in reference materials available in the Procedure Manual.

Safety Data Sheets (SDS) provided by the manufacturer contain detailed information, including:

- The contents of the chemical product
- The physical, chemical, and toxicological hazards associated with the material
- Recommended personal protective equipment and clothing (e.g., appropriate gloves, goggles)
- Safe handling and disposal instructions
- Emergency procedures, including care and contact personnel (e.g., poison contact)
- There are multiple systems used to classify the severity of chemical hazards. Understanding the similarities and differences between these systems is essential. Two common systems are the Global Harmonization System (required on SDS) and the 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, the Laboratory Manager must tag and record it in the inventory. If a container is emptied or a chemical is disposed of, the disposal date should be noted in the inventory. The inventory must be updated whenever chemicals are moved between storage locations.

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G. Chemical Inventory, Transport, & Shipping

However, chemicals temporarily removed from storage for use in the laboratory do not require an update to the location.

A bottle carrier or cart must be used when moving any amount of an acute toxin, or containers of 1 liter or more of flammable substances, concentrated acids, or bases, either from the stockroom to the laboratory or between laboratories.

All shipments of chemicals and hazardous materials must be approved to ensure proper packaging, labeling, and documentation.

H. Personal Protective Equipment

Protective equipment must be worn to prevent injury from routine or accidental incidents. Each employee is responsible for selecting the appropriate protective gear for their tasks and section. The following personal protective equipment is available for laboratory personnel. It is essential to know what equipment is required for your specific work.

Eye & Face Protection

The hazards associated with each laboratory procedure must be identified, and the proper eyewear should be worn. The minimum required standard for eye protection is eyewear that meets ANSI Standard Z87.1, as outlined in Table 1 below.

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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

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Wearing contact lenses is strongly discouraged when working with or near chemicals, especially solvents.

a. Operations Requiring Chemical Splash Goggles

To protect employees from chemical eye hazards, chemical splash goggles must be worn during the following operations. If these tasks are performed in a fume hood with the sash lowered, safety glasses are acceptable instead.

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

Both the person performing the operation and nearby individuals must wear goggles. Section supervisors and the Laboratory Manager are responsible for identifying any additional lab activities that present a splash hazard and require splash goggles.

Face shields are also available for added protection; however, chemical splash goggles must be worn underneath face shields.

HEALTH AND SAFETY

a. Operations Requiring Chemical Splash Goggles

To protect employees from chemical eye hazards, chemical splash goggles must be worn during the following operations. If these tasks are performed in a fume hood with the sash lowered, safety glasses are acceptable instead.

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

- Operations that involve liquid or fine particulate chemicals where splash goggles are not specifically required.
- Chipping, cutting, and grinding activities.
- Working with instruments that generate and release UV or IR emissions, unless the emission source has an automatic safety shutoff mechanism to prevent exposure. Refer to ANSI Z87.1-89 for guidelines.
- Installing or removing regulators on gas cylinders.

Gloves

The decision to wear gloves, and the selection of appropriate gloves, depends on the chemical hazard, the likelihood of contamination during the experiment, and the need for dexterity. The Laboratory Manager is responsible for selecting the proper gloves for laboratory staff.

Proper glove selection should be based on the specific chemical resistance of the material, as determined by its permeation rate and breakthrough time. Disposable latex gloves offer limited resistance to many hazardous chemicals and should not be used without verifying their resistance to the chemicals being handled or in situations where contamination is likely. Latex gloves should be removed immediately if contaminated, and hands should be washed. Additionally, latex gloves can cause allergic reactions in sensitive individuals or lead to the development of a latex allergy in others.

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More resistant gloves, such as natural rubber, neoprene, nitrile, butyl, Viton, and polyvinyl chloride, should be used when necessary. Nitrile gloves are available in the stockroom, while other types should be ordered as needed. When choosing gloves, the manufacturer's recommendations and the material safety data sheet (MSDS) for the hazardous chemical should be consulted.

Clothing

The primary purpose of protective clothing is to prevent skin contamination and to avoid carrying contaminants outside the laboratory. Bulky or loose-fitting clothing, as well as highly flammable materials, should not be worn in the lab.

Protective Clothing:

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

- Any amount of select carcinogens (see Section 5.8) or reproductive toxins (see Section 5.7) that can be absorbed through the skin.
- Any quantity of acute toxins (see Section 5.6).
- More than 25 mL of strong acids or bases (with a pH outside the range of 2–10).

Lab coats can be obtained from the Laboratory Manager. If a lab coat becomes soiled or contaminated, it should be placed in a plastic bag and exchanged for a clean one.

All protective clothing must be removed before leaving the lab to prevent potential contamination from spreading beyond the laboratory area.

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Additional Protective Clothing

In certain high-hazard operations, additional specialized protective clothing should be used. For example, when working with hydrofluoric acid, specific protective gear is required.

Protective Footwear

Shoes must be worn at all times in the laboratory. When working with hazardous chemicals, biological materials, or when handling heavy objects, closed-toe shoes are mandatory. Sandals or shoes with perforations are not permitted, as they do not provide adequate protection against spills or falling objects.

I. Hoods

The correct type of hood must be used for specific operations and tests. Using the wrong type of hood can increase potential hazards. All hoods are tested annually to ensure proper performance.

General Use Fume Hoods

These hoods are designed to protect users when working with flammable materials, acids, bases, and organic solvents. The sash should be lowered to the indicated point (red arrow) to ensure proper air flow into the hood and maintain safety.

a. Precautions Before Using a Fume Hood

1. Remove any bulky items from the hood, as they can obstruct proper airflow.
2. Turn on the hood and verify that it is drawing air. You can do this by holding a tissue or kimwipe near the opening; it should be gently pulled into the hood
3. Do not store chemicals in the hood. Always remove any stored chemicals before beginning work.

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b. Precautions When Using a Fume Hood

1. Avoid keeping unnecessary materials in the hood, as this can disrupt airflow.
2. Ensure that chemicals or waste stored in the hood are placed in secondary containment.
3. When working with flammable substances, only use intrinsically safe (explosion-proof) equipment.
4. Keep all materials at least 6 inches inside the hood to ensure the sash can be fully closed in an emergency.
5. Always work with the sash lowered to the indicated level (red arrows) to ensure proper venting.
6. Be mindful of air disturbances, such as those caused by opening doors, fans, or people passing by, as they can affect the airflow into the hood.
7. Do not attach signs or materials to the sash, as they can block visibility into the hood and interfere with safe operation.
8. Clean up spills immediately. Make sure you have received training on clean-up procedures, as some substances (like acids and bases) may need to be treated before cleaning.

Laminar Flow Hoods & Biological Safety Cabinets

Laminar Flow hoods are designed to protect microbiological work from contamination by providing a clean environment. These hoods, also known as clean benches, do not contain UV lamps and are intended for work with non-hazardous materials that require a high level of cleanliness. The operator works downstream of the airflow and materials, so toxic, infectious, or hazardous substances should never be used in laminar flow hoods.

Biological Safety Cabinets (also called tissue culture hoods) are used for hazardous microbiological work, such as working with pathogens. They are specifically designed to protect the user, the material, and the environment during operations that require Biosafety Levels 1 and 2, such as tissue culture and microbiological applications.

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These cabinets are equipped with UV lamps and HEPA filters, which are 99.9% efficient in filtering particles as small as 0.03 microns.

J. Electrical Safety

Electrical safety in laboratories is critical, as the voltage and current used can be potentially lethal. Any unsafe electrical conditions, such as exposed wires, frayed cords, or removed grounding plugs, should be reported to the Laboratory Manager immediately. Additionally, equipment malfunctions should also be addressed promptly.

Instruments should be regularly serviced according to the manufacturer's guidelines. Equipment that is out of service must be "locked-out" to prevent it from being used while it is being repaired or inspected. Lockout ensures that the equipment cannot be turned on until repairs are complete and the lockout is removed. Only qualified and trained individuals should carry out repairs or modifications on equipment.

K. Machine Tools

The use of stationary machine tools and powered hand tools must adhere to the following safety requirements:

1.All machine tools should be stored in a locked area or locked out when not in use or when assigned employees are absent.

2. Always select the correct tool for the job. Makeshift or improperly sized tools pose significant hazards.

3.Eye protection must be worn at all times. The minimum requirement is safety glasses with side shields meeting ANSI Standard Z87.1-89. Goggles may be necessary in certain situations.

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4.Ensure all safety safeguards are properly installed and functioning before using any equipment. Only the manufacturer's supplied guards should be used; any fabricated guards must meet OSHA standards.

5.Inspect portable power tools for any faulty wiring or loose switches. Do not use tools with frayed cords or missing grounding prongs.

6.Always remove chuck keys, calipers, gauges, and other tools immediately after use to avoid them becoming projectiles when the machine is started.

7.Never wear gloves, jewelry (watches, rings, bracelets, etc.), or loose clothing when operating machinery. Keep long hair controlled and avoid having any loose objects near moving machine parts or surfaces that may vibrate.

8.Use a vise or clamps to secure the workpiece whenever possible.

9.When using portable tools, avoid overreaching. Always maintain good balance and proper footing.

10.Be aware of potential hazards in your work area, including those that might affect others working nearby. Before operating power tools in unfamiliar environments, check for flammable liquids, combustible materials, or other hazards.

11.Stay clear of areas where debris or materials may be ejected by the machinery. Some machines, like table saws or wood jointers, may propel materials in the direction of the blade's rotation if improperly fed. Operate such machines from one side to minimize risks.

12.Clean chips and debris with a brush, not compressed air or your hands.

13.Never remove stock or reach near moving parts of a machine until all parts have come to a complete stop. Turning off a machine doesn't immediately stop its hazardous motion.

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14.Machine adjustments or lubrication should only be done while the machine is running if no safeguards are removed or bypassed, and the operator is not exposed to any hazardous energy.

15.All repairs and servicing must be conducted according to the LAMI guidelines.

LABORATORY RISK & EMERGENCY PLAN

Introduction

This policy manual is designed to provide guidelines for managing risks and emergency situations in a laboratory environment. The health and safety of laboratory personnel, visitors, and the surrounding environment are of paramount importance. This document outlines the procedures for identifying, assessing, and mitigating laboratory risks, as well as preparing for and responding to emergencies.

Laboratory Risk Assessment

Identifying Hazards

Laboratories pose various risks that may result in accidents or harm. The primary hazards in a laboratory include, but are not limited to:

- **Chemical hazards** (e.g., toxic, flammable, or reactive chemicals)
- **Biological hazards** (e.g., pathogens, bacteria, viruses)
- **Physical hazards** (e.g., electrical, mechanical, radiation)
- **Ergonomic hazards** (e.g., repetitive strain, improper posture)
- **Environmental hazards** (e.g., temperature extremes, noise, poor ventilation)

Risk Assessment Process

A thorough risk assessment should be conducted regularly to identify and assess the severity and likelihood of risks associated with each laboratory task, procedure, and substance.

- **Step 1: Hazard Identification** – Identify potential hazards based on laboratory activities.
- **Step 2: Risk Evaluation** – Evaluate the risk associated with each hazard by considering likelihood and severity.
- **Step 3: Control Measures** – Implement control measures to reduce or eliminate the risk.

Control Measures

Control measures include:

- Substituting hazardous materials with safer alternatives
- Using appropriate personal protective equipment (PPE)
- Implementing proper ventilation systems
- Using safety equipment such as fume hoods, eyewash stations, and fire extinguishers
- Conducting regular maintenance of laboratory equipment

LABORATORY RISK & EMERGENCY PLAN

Emergency Preparedness

Emergency Procedures

In the event of an emergency:

1. Alert others in the laboratory to evacuate or take protective measures.
2. Call for help (emergency services, lab supervisor, etc.).
3. Contain the emergency if safe to do so (e.g., turn off electrical equipment, close chemical containers).
4. Evacuate the laboratory according to the evacuation plan (see Section 7).
5. Provide First Aid as needed and await emergency responders.

Laboratory Emergency Equipment

Each laboratory must be equipped with the following emergency equipment:

- Fire extinguishers (appropriate for the types of fire hazards present)
- First aid kits (easily accessible and fully stocked)
- Eyewash stations and safety showers
- Spill containment kits
- Emergency alarms and communication systems
- Emergency lighting

Emergency Contacts

- **Operations:** 09367954163
- **Chief Operations:** 09552835490
- **CDRRMO:** 531-5240 / 226-3483 / 225-1911
- **Dumaguete PNP:** 09179330022 / 09292006999 / 225-1163 / 09985987506
- **Fire Station:** 09913259703 / 225-3445 /421-0224
- **One Rescue:** 09055186917/ 09228808897 / 225-9110 / 422-9110
- **Philippine Red Cross:** 522-2815
- **Traffic Management Office:** 225-1662
- **Maritime Police:** 226-1034
- **Philippine Coast Guard:** 09687712455 / 225-5906
- **NORECO II:** 225-4830 / 422-6522/ 09173224237 / 09088641681
- **Metro Dumaguete Water:** 09988475656 / 09985734273

LABORATORY RISK & EMERGENCY PLAN

Laboratory Safety Protocols

Personal Protective Equipment (PPE)

PPE should be worn based on the specific risks in the laboratory. This may include:

- Safety goggles or face shields
- Lab coats or aprons
- Gloves (appropriate to the type of chemical or biological agent)
- Respirators (if working with hazardous airborne subs**tances)**

Safety Training

All laboratory personnel must undergo safety training, which should include:

- Hazard identification and assessment
- Proper use of PPE
- Safe handling, storage, and disposal of chemicals
- Emergency response procedures
- First aid training

Hazardous Material Handling and Disposal

Laboratory staff must follow the established procedures for:

- Proper labeling of chemicals and hazardous materials
- Safe storage and transport of chemicals
- Correct disposal of chemical, biological, and radioactive waste, following local regulations

LABORATORY RISK & EMERGENCY PLAN

Types of Laboratory Emergencies

Fire Emergency

- **Actions:** Activate the fire alarm, evacuate the area, and use the fire extinguisher if safe to do so.
- **Fire Extinguishers:** Ensure that the correct type of fire extinguisher is available (e.g., Class A, B, or C).

Chemical Spills

- **Minor Spill**: If the spill is small and contained, clean it using appropriate absorbent materials and dispose of the waste as per safety protocols.
- **Major Spill:** Evacuate the area, alert emergency services, and ensure that the spill is contained and handled by trained personnel.

Biological Contamination

- **Actions:** For biological spills or contamination, follow established biohazard containment procedures, wear appropriate PPE, and disinfect the affected area.
- **Isolation:** Contain the spread of contamination and notify health and safety authorities immediately.

Electrical Hazard

- **Actions:** Do not touch exposed wires or electrical equipment. Disconnect power if safe to do so, and alert an electrical technician or emergency personnel.

Physical Injury

- **Minor Injuries:** Administer first aid and assess if medical attention is required.
- **Severe Injuries:** Call emergency services immediately and provide first aid until help arrives.

LABORATORY RISK & EMERGENCY PLAN

First Aid and Medical Response

- **Minor Injuries:** Use the first aid kit to treat cuts, burns, or other minor injuries.
- **Severe Injuries:** Call emergency services immediately and provide first aid if possibly (e.g., CPR, stop bleeding).
- **Poisoning:** In case of chemical ingestion or exposure, contact poison control and follow their instructions.

Incident Reporting and Investigation

- **Incident Reporting:** All accidents, near misses, and hazardous situations must be reported to the laboratory supervisor immediately.
- **Investigation:** A thorough investigation should be conducted to determine the cause of the incident, and corrective actions should be implemented to prevent future occurrences.

Regular Drills and Reviews

Regular safety drills and training sessions should be conducted at least once per year. These drills should cover:

- Fire evacuations
- Chemical spill response
- First aid procedures
- Emergency evacuations

HUMAN RESOURCE MANAGEMENT

Purpose

The Human Resource Management Manual has been designed with the following in mind. It seeks to standardize workplace policies, enhance legal obligations, and promote peaceful employee relations and efficiency at work.

Employment Policies

Recruitment and Hiring

Job Announcements:
For inclusivity purposes, positions are variously advertised within and outside the company; through job portals, social media and company websites.

Application Process:
Involves submission of cv's, and an initial set of screening and interview.

Selection Criteria:
Selection may be based on skills, experience and personal and organizational fit.

Pre-Employment Requirements:
Applicants selected for the position should undergo medical check-up, and security investigation and produce diplomas, NBI clearance and references as required documents.

HUMAN RESOURCE MANAGEMENT

Equal Employment Opportunity

The company has mechanisms in place to allow equal employment in regards to hire, promotion, and training.

No participant will discriminate any other based on gender, age, race, religion, marital status, disability and sexual orientation.

The company strictly adhere to the laws set by the Department of Labor and Employment (DOLE).

Employment Classifications

Regular Employees:
These are fully documented employees whose contracts allow them full benefits of leaves, health insurance and other incentives.

Probationary Employees:
In the period confused, for a duration of 6 months. If the contract of probationary employment is successfully completed, the employee will then be turned to full-time employment.

Contractual Employees:
The employment of these personnel is limited to the realization of particular projects.

HUMAN RESOURCE MANAGEMENT

Workplace Conduct

Code of Conduct

- The workers are expected to exhibit the most esteemed level of professionalism, and respect and keep all ethical standards at all times.
- For the entire staff to stand out, they must embrace guidelines among which are the right dressing codes, punctuality, and employee policies.
- For Problems that arise, discipline will be adjusted to reflect the seriousness of the problem the least being issues of counseling to termination.

Anti-Discrimination and Harassment Policy

- All types of harassment, bullying, or discrimination are prohibited.
- Personnel who think they have been subjected to a harassment act may report it to HR.
- A survey of the situation is conducted if necessary, and the findings may trigger corrective actions.

Confidentiality and Data Protection

- Employees are required to uphold the confidentiality of patient records and company information.
- No-disclosure contracts are signed after hiring to stress this compliance.
- Issues such as data breaches and the unauthorized sharing of information are violations, which will cause actions such as disciplinary measures.

HUMAN RESOURCE MANAGEMENT

Compensation and Benefits

Salary Administration

- Salary is calculated by taking into account the job responsibilities, and market benchmarks and measuring the individual performance of the employee.
- Salaries are processed fortnightly, and pay slips are given to employees for transparency.
- Performance-related pay increases are implemented through appraisals, or on promotion.

Overtime and On-call Policies

- Employees who work beyond regular hours are compensated as per DOLE standards: 125% of their hourly rate.
- On-call allowances are provided to employees required to be available outside work hours.

Leave Policies

- **Vacation Leave:** A regular employee is entitled to fifteen days of paid leave, which is granted every month.
- **Sick Leave:** A total of 10 paid sick leaves per year are given and can be accumulated up to 30 days.
- **Special Leaves:** Maternity, paternity, bereavement, and other statutory leaves as defined by law in the Philippines.

HUMAN RESOURCE MANAGEMENT

Performance Management

Performance Reviews

- Carried out twice a year to examine how employees have contributed, decide goals, and highlight areas that need improvements.
- One-on-one meetings wherein both the supervisor and employee share the feedback are conducted.

Professional Development

- Employees are instigated to take part in relevant workshops, seminars, and training programs.
- The company may provide funds for the employee's certifications or further education as long as the request is approved.
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Disciplinary Actions

- Step 1: The verbal warning is given to minor misconduct.
- Step 2: A letter of reprimand is issued if there are ongoing offenses.
- Step 3: Suspension for the most serious or recurrent cases of misconduct.
- Step 4: Dismissal for serious offenses or continuous unheeding of warnings.

Health and Safety

Infection Control Guidelines

- Following hygiene measures of handwashing, PPE usage, and regular sanitation strictly.
- Employees are given instructions regarding virus and biohazard management.

HUMAN RESOURCE MANAGEMENT

Occupational Safety

- Safety checks are regularly performed and the equipment is maintained.
- Emergency drills are held once a year to make sure everyone is prepared for disasters like fire and earthquakes.

Incident Reporting

- Employees must instantly report incidents, injuries, or unsafe conditions to the supervisor or HR.
- Timeous and duly completed documentation and actions for following up ensure responsibility and prevention of future cases.

Termination Policies

Voluntary Resignation

- The procedures for the employees who decide to resign voluntarily include a formal resignation letter that must be submitted at least 30 days in advance.
- Clearance is secured through the return of company property.

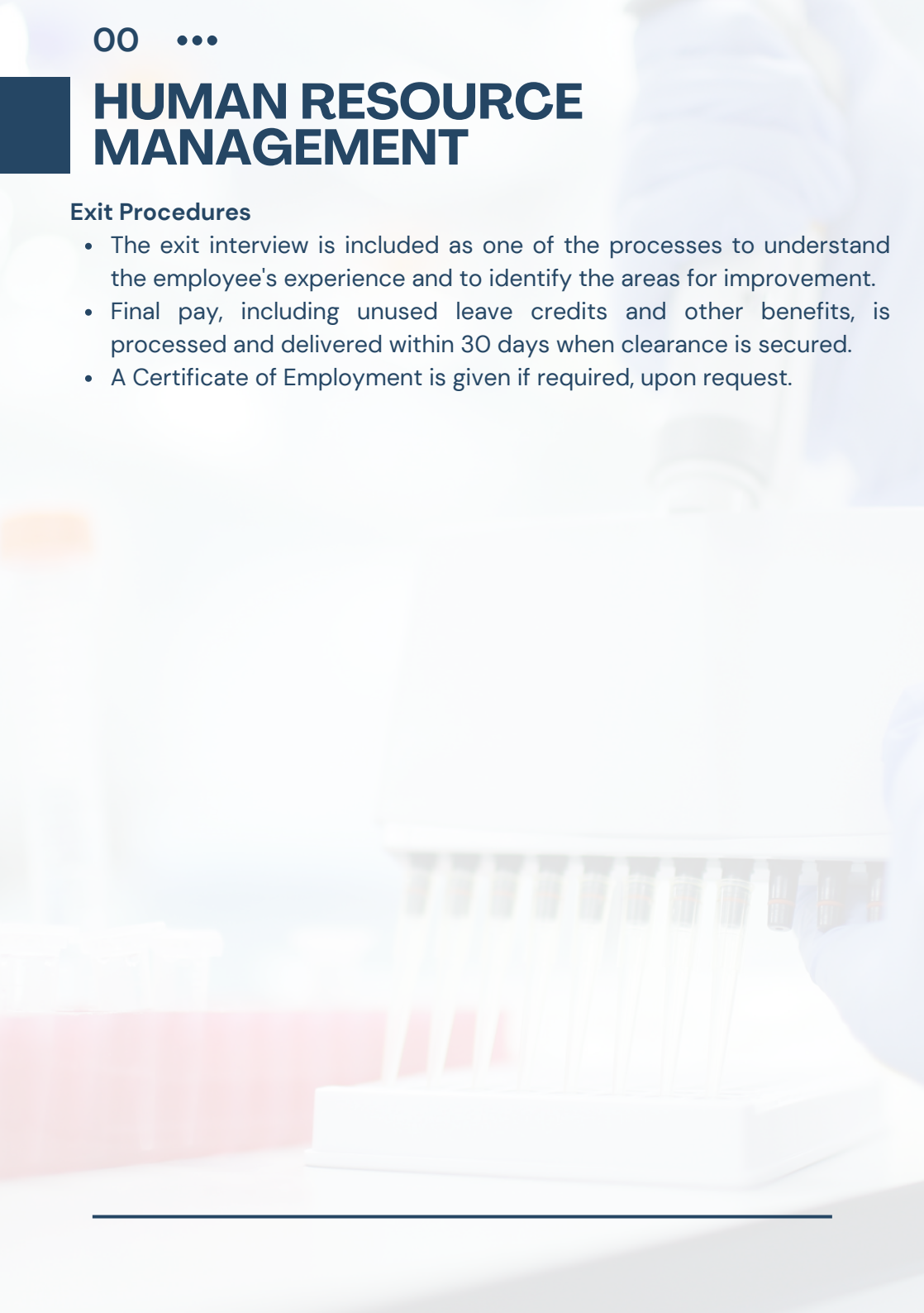
Termination for Cause

- Grounds such as theft, fraud, gross negligence, or repeated policy violations are the causes that can lead to termination of the relationship.
- The procedure of the due process includes the preparation of a written notice, the investigation of the incident, and the employee's possibility to present the proper arguments.

HUMAN RESOURCE MANAGEMENT

Exit Procedures

- The exit interview is included as one of the processes to understand the employee's experience and to identify the areas for improvement.
- Final pay, including unused leave credits and other benefits, is processed and delivered within 30 days when clearance is secured.
- A Certificate of Employment is given if required, upon request.



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ENDORSEMENT OF LABORATORY TASKS

DESCRIPTION

The purpose of endorsing laboratory tasks is to hand over information and duties to the next shift. To make this process easier and more effective, a manual has been created. It explains the best ways to organize and share information, helping ensure a smooth transition between shifts.

OBJECTIVES

The goal of this manual is to help laboratory employees smoothly hand over their responsibilities to the next shift, ensuring that the laboratory's operations, results, and services stay reliable and consistent.

SCOPE

This manual helps laboratory staff carry out their tasks correctly and efficiently, improving the quality and reliability of the lab's results and services. By following the guidelines, employees can ensure smooth operations and better teamwork.

GUIDELINES AND POLICY

The manager is responsible for making sure that all tasks in the Medical Technology Department are accurately and thoroughly handed over to the next shift. This ensures that work continues smoothly without interruptions or errors.

PROPER ENDORSEMENT OF LABORATORY TASK

TO THE STAFF

- Choose a method and stick to it consistently to maintain uniformity.
- When updating the next shift, describe the patient's condition in order, starting from the head and moving to the toes (Head-to-toe approach).
- Focus only on the patient's abnormal findings or changes from the norm when sharing information (Report by exception).

ENDORSEMENT OF LABORATORY TASKS

- Document all data on the official report sheet and hand it over to the next shift.
- Keep your communication clear and concise when sharing information with the next shift.

TO THE LABORATORY MANAGER

- It is essential to ensure that the information being shared is accurate, reliable, and complete, as this is vital for maintaining smooth operations and high standards in the laboratory.
- Adequate staffing of laboratory personnel must always be ensured to handle the workload and meet operational needs effectively.
- A detailed and updated record of the laboratory's status during each shift should always be maintained to ensure continuity and accountability.

TELEPHONE ETIQUETTE

DESCRIPTION

Telephones provide medical technologists with a quick and effective way to communicate with others. Since laboratory work often requires collaboration, phone calls are essential for coordinating tasks and solving problems. Calls involving coworkers, managers, suppliers, or clients must be handled in a respectful and professional manner to ensure clear and efficient communication.

OBJECTIVES

This section aims to:

1. Promote effective communication.
2. Foster positive and professional interactions.
3. Strengthen the organization's image through proper telephone etiquette.

Proper Telephone Etiquette in a Clinical Laboratory

1. Answer Promptly
   - Employees must answer calls immediately, if possible. They should introduce themselves and the laboratory they represent.
2. Avoid Answering While Handling Specimens
   - Employees must not answer the phone while handling specimens to prevent contamination or compromising safety protocols. Calls should be redirected to another employee or returned as soon as the task is complete.
3. Use a Professional Tone
   - A polite, welcoming, and professional tone must be maintained during calls. Speaking clearly and calmly is essential to avoid misunderstandings.
4. Be Clear and Concise
   - Medical technologists must avoid rambling and get to the point quickly. Clear communication ensures that information is understood effectively.
5. Handle Hold and Transfers Appropriately
   - When placing a caller on hold or transferring a call, employees must first obtain the caller's permission. The reason for the hold or transfer should be explained, and calls must be directed to the correct person.
6. End Calls Professionally
   - Before ending a call, employees should thank the caller and briefly recap key points. Appreciation must be expressed, and the conversation should conclude in a polite and professional manner.