POLICY:

- The Clinical Laboratory Manager shall be responsible for maintaining safety standards, developing safety rules, supervising and training staff in departmental standards.
  - Laboratory staff shall receive training upon hire and annually on workplace safety in the Clinical Laboratory. All education and training shall be documented.
- The Clinical Laboratory Manager shall be responsible for notifying the Safety Officer in case of any safety hazard.
- General Safety:
  - The Clinical Laboratory, including Pathology and the Autopsy Room, shall always be locked. A badge access device shall be utilized to allow access by authorized personnel.
    - Only authorized staff shall be allowed into the Clinical Laboratory areas.
  - All entrances and exits to lab work areas shall have hazard warning signs posted incorporating the universal biohazard symbol.
  - Smoking is prohibited in the hospital.
  - Standard precautions shall always be used when handling blood, body fluids or other potentially infectious materials.
  - Appropriate personal protective equipment must be worn at all times.
    - Goggles/safety glasses shall be worn at all times in the lab or whenever eye hazards are a possibility, regardless of whether or not the worker is directly involved in the testing.
      - Prescription eye glasses do not provide adequate protection.
POSITION DESCRIPTION / PERFORMANCE EVALUATION

Job Title: Chief Medical Technologist  Supervised by: Clinical Laboratory Director
Prepared by: __________________________________ Approved by: ___________________________
Date: ______________________________________ Date: _________________________________

Job Summary: Responsible for coordinating, supervising all the functions in the Clinical Laboratory. This includes staffing, training, scheduling, budgeting that promotes cost containment, maintaining PAR and relating with various department physicians and administration of the hospital. Responsible for recognizing results or problems that require referral to the Pathologist. Participates in performance improvement activities.

DUTIES AND RESPONSIBILITIES:

3 = Exceeds Performance  2 = Expected Performance  1 = Needs Improvement

Demonstrates Competency in the Following Areas:

Establishes and maintains a system to check the accuracy of tests and test results.  3  2  1

Responsible for staff scheduling to ensure that tests are carried out in an expeditious manner.  3  2  1

Updates policy and procedures manuals.  3  2  1

Provides inservices for staff.  3  2  1

Responsible for accurate quality control documentation.  3  2  1

Interviews, hires, terminates and evaluates employees according to hospital policy and procedure.  3  2  1

Supervises daily operations of the Clinical Laboratory including maintaining PAR.  3  2  1

Responsible for evaluating new testing methods and new instrumentation before implementation in the Clinical Laboratory.  3  2  1

Responsible for investigating new products.  3  2  1

Responsible for being informed regarding current technologies through attending conferences/inservices, discussions with vendors, technical staff and the Pathologist.  3  2  1

Performs duties as assigned by the Pathologist.  3  2  1

Demonstrates ability to review test results to ensure quality control.  3  2  1

Manages and operates equipment safely and carefully.  3  2  1

Ensures that the physician and environmental conditions of the laboratory work area are appropriate for testing.  3  2  1

Consults other departments, as appropriate, to collaborate in patient care and performance improvement activities.  3  2  1

Performs all aspects of patient care in an environment that optimizes patient safety and reduces the likelihood of medical/health care errors.  3  2  1

Supports and maintains a culture of safety and quality.  3  2  1
SCOPE OF SERVICES:

- The Clinical Laboratory of __________________ (organization name) shall provide comprehensive testing and blood banking services for the inpatient and outpatient population.

- The Clinical Laboratory services (procedures, tests, staff) reflect the scope and complexity of the hospital’s operation and shall be provided in accordance with federal and state law, regulations and guidelines and acceptable standards of practice.

- The Clinical Laboratory shall operate under a current CLIA certificate appropriate to the level of services performed.

PATIENT POPULATION:

The patient population served by the Clinical Laboratory consists of pediatric through geriatric patients.

SERVICES:

- The purpose of the Clinical Laboratory is to provide patients and their physicians with accurate, efficient and confidential laboratory testing through:
  
  - Ongoing development, implementation and evaluation of quality control methods appropriate to each department
  
  - Continuous evaluation and revision of current laboratory procedures, introduction of new procedures as they are available and adaptable to the needs of the hospital
  
  - Participation in the hospital’s performance improvement program
  
  - Compliance with the CLIA regulations
  
  - Compliance with HIPAA regulations regarding the confidentiality of patient testing, reporting of results and the patient’s medical record
POLICY:

- The Clinical Laboratory shall be enrolled in a CMS approved proficiency testing program (PT) for all regulated tests (analytes) performed in the Clinical Laboratory (moderate and high complexity tests), per CLIA regulations.

- This laboratory must test proficiency samples in the same manner as patient specimens.

- The laboratory shall rotate proficiency testing among all staff who perform patient testing.

- The Clinical Laboratory Director shall submit verification of enrollment in a proficiency testing program to The Joint Commission annually (required by January 31).

- The Clinical Laboratory shall keep proficiency testing records for a minimum of two (2) years. The records must include the following:
  - Each proficiency testing result
  - Test handling
  - Preparation
  - Processing
  - Examination
  - Each step taken
  - Signed attestation statements by the analyst(s) and laboratory director
  - Copies of the report forms used for the laboratory's proficiency testing
  - Results reporting
  - Corrective actions taken
POLICY:

- Specimens obtained for microbiological examination must be representative of the disease process of the patient. Sufficient material shall be collected to assure a complete and accurate examination.

- Specimens not obtained, transported and/or labeled properly shall be rejected by the Clinical Laboratory staff in order to assure quality results.

CRITERIA FOR REJECTION OF SPECIMENS FOR MICROBIOLOGY TESTING:

- The following specimens shall be rejected for microbiology testing:
  - Any dry swab received
  - Labeling on specimen and requisition that do not correlate
  - Any liquid specimen exhibiting container contamination/spillage
  - Improperly collected wet mounts (dry swabs)
  - Gram stains that are too thick to read or improperly labeled
  - Urine Specimens:
    - Time of collection not noted on requisition
    - Longer than two (2) hour lapse before refrigerating or culturing
    - When growth of culture indicates gross contamination (see urine requirements)
  - Sputum Specimens:
    - Saliva received instead of sputum
    - Obvious mouth wash or food contamination
    - Insufficient quantity or dried specimen received