1. Purpose
   1.1 To ensure that during the course of point of care testing, employees are
       following all safety and infection control regulations to protect the patient and
       themselves. This plan covers all point of care testing personnel at Sinai,
       Northwest and Levindale Hospitals.
   1.2 This plan will support and supplement the existing Infection Prevention and
       Control Plans located on the Lifebridge Intranet for Sinai, Northwest and
       Levindale Hospitals.
   1.3 This plan will support and supplement the existing Environment of Care
       Safety Plans found on the Lifebridge Intranet for Sinai, Northwest and
       Levindale Hospitals.
   1.4 To ensure compliance with CAP and Joint Commission Patient safety goals.

2. Principles
   2.1 Employees performing Point of Care Testing at NW, Sinai or Levindale are
       expected to promote practices that are effective for the prevention and control
       of infections which follow guidelines set forth by regulatory agencies.
   2.2 The point of care department should make efforts to monitor and decrease
       errors related to patient safety. There must be documented monitoring and
       reporting of errors.
       2.2.1 The point of care department will document patient identification
            errors through monthly reports to directors. Operators that continue to
            make errors will be prohibited from testing through operator lock out
            until they are retrained.
       2.2.2 When there is a known patient identification error, the operator is
            responsible for filling out and faxing the Documentation of Error
            form found on the Point of Care procedures under the Lifebridge
            Intranet.
       2.2.3 Patient errors due to POC testing are also entered in the online event
            reporting for each hospital.
   2.3 Each operator is responsible for knowing and adhering to the safety plans
established by their hospital (NW, Sinai or Levindale). They are responsible for reporting any accident or injury in the line of work to someone in their department. They are responsible for using personal protective equipment. They are trained in hospital safety during orientation and then annually through Health Stream classes.

2.4 Point of Care department will perform periodic inspections of POC testing areas, as well as point of care audits of testing to review whether bloodborne hazards, patient identification errors and other safety issues are kept under control.

2.5 Reports of safety, infection control or patient identification problems will be made to department heads and to the pathologists.

3. Safety Standards

3.1 NO food and/or beverages are permitted to be eaten and/or stored in the laboratory or POC testing area except in specified refrigerators in specified offices or break areas.

3.2 Smoking is PROHIBITED in the laboratory as well as within any building or grounds of the Lifebridge campuses in compliance with administrative policy.

3.3 Cosmetics, lip balm, and contact lenses MAY NOT be applied nor manipulated within the laboratory or POC testing areas, only in lavatories and specified offices and break areas.

3.4 Mouth pipetting is PROHIBITED.

3.5 Open toed shoes and/or sandals are PROHIBITED in the laboratory areas.

3.6 Male employees with beards and/or mustaches may be required to be clean shaven if a respirator is required for specified duties they may perform.

3.7 Recapping, re-sheathing, bending, breaking, removing needles from disposable syringes, and/or other manual manipulation of needles is PROHIBITED.

3.8 The use of cellular phones is PROHIBITED at POC testing areas.

3.9 The use of mercury in any form including thermometers is PROHIBITED.

3.10 The use of all glass capillary tubes is PROHIBITED.

3.11 Liquid nitrogen is NOT USED in the laboratory/POC areas for any application.

3.12 To prevent aerolization, cover vacutainer caps with biohazard pads or gauze when opening specimens or perform tasks behind plexi-glass shields.

3.13 All personnel must remove gloves and clean hands using an effective antimicrobial method after manipulating biological samples or after each patient contact.

3.14 All laboratory incidents/exposures must be documented with an Employee report of work related incident form.

3.14.1 This includes any accident resulting in employee injury, property damage, or involving spillage of hazardous chemicals.

3.14.2 All incidents are reported and discussed as part of the monthly
Departmental Performance Improvement Meeting. Discussion includes the use of current engineering or work practice controls to evaluate their effectiveness.

4. Safety Equipment and Personal Protective Equipment (PPE)
   4.1 Assigned personal protective equipment (PPE) must be worn as required.
   4.2 For any employee handling laboratory specimens of any type, this includes a minimum of a buttoned lab coat/scrubs for POC areas and gloves.
   4.3 As part of the Lifebridge Health’s program to reduce allergic reactions due to latex, the laboratory provides latex-free gloves that MUST be worn when in contact with any blood or body fluid specimen.
   4.4 Training in the use of PPE is included in an online Health stream course.
   4.5 Safety showers: personnel are required to know where the safety showers are located in their units.
   4.6 Eyewash fountains: personnel are required to know where the locations of eyewash stations are in their units.
   4.7 Finger stick lancets: Only auto-disabling single use finger stick devices are use for glucose and other POC testing.

5. Disinfecting work areas and POC testing devices
   5.1 POC testing equipment should be wiped with the proper disinfectant (Hospital approved wipes) after each patient that is tested. The operator will need to know the wet and dry time for the wipes they are using.
   5.2 Work areas should be disinfected using a 1:10 dilution of 5% liquid bleach, disinfectant foam cleaner, or disposable disinfectant wipes at the end of each work shift, periodically, and when visible contamination is observed.

6. Waste Disposal
   6.1 Clear plastic bags are intended for general office waste and non-infectious materials. They are suitable for the following items: ordinary trash, packing materials, boxes, gloves (if not visibly contaminated with blood or body fluids), plastic bags and paper or plastic wrappings.
   6.2 Red trash bags are intended for non-sharp infectious waste and used for the following: blood and all potentially infectious material, blood tubing, disposable analyzer waste and paper contaminated with blood or potentially infectious materials.
   6.3 Sharps containers are used for ALL sharp items including contaminated glass and plastic blood tubes, glass slides, contaminated test tubes, vials, ampules, lancets scalpels and blades, needles, syringes and broken glass.

7. Patient Identification Policy
   7.1 All employees will follow the Hospital specific patient identification policy found on the Lifebridge Intranet.
      A two patient identifier process has designated patient name and date of birth as the identification elements required.
      When possible, the linear/2D barcode on the patient’s wrist band should be scanned when entering the patient identification into the POC equipment.
The barcode represents the patient’s unique account number. In the case of the Inform II and EPOC meter, the 2D barcode can be scanned.

8. References:
8.7 Joint Commission for Accreditation of Healthcare Organizations. (01.2014) TJC Management of the Laboratory Environment. Oakbrook Terrace, IL.