


Name of Policy: <u>Reports of Incidents and Accidents</u> Policy Number: 3364-107-306 Department: Pathology-Laboratory Approving Officer: Chief Operating Officer-UTMC Responsible Agent: Director, Clinical Pathology Administrative Director, Lab Scope: Pathology-Laboratory	 Effective Date: 1/4/2023 Initial Effective Date: 10/22/1982				
<table> <tr> <td><input type="checkbox"/> New policy proposal</td> <td><input type="checkbox"/> Minor/technical revision of existing policy</td> </tr> <tr> <td><input type="checkbox"/> Major revision of existing policy</td> <td><input checked="" type="checkbox"/> Reaffirmation of existing policy</td> </tr> </table>		<input type="checkbox"/> New policy proposal	<input type="checkbox"/> Minor/technical revision of existing policy	<input type="checkbox"/> Major revision of existing policy	<input checked="" type="checkbox"/> Reaffirmation of existing policy
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(A) Policy Statement

The Department of Pathology has a process to capture, assess, investigate and monitor events that deviate from UTMC policy or procedure or other applicable regulations and requirements.

(B) Purpose of Policy

To capture and classify variant events; investigate and identify problems; implement corrective action and evaluate effectiveness of corrective action. To establish guidelines for obtaining assistance in emergency situations relating to Chemical or Hazardous Materials exposures, General Laboratory Accidents and Incidents.

(C) Procedure

1. Employees incurring exposure to blood and body fluids (sharps, needle stick) should report the incident to the Emergency Department.
2. Call "2600" for assistance in containing large spills of hazardous chemicals or materials.
3. All errors (unplanned deviations) or variances from procedure that may adversely affect patient care are documented with a Lab Occurrence form (Attachment #1). Document all pertinent information including unit numbers, patient identification and detailed description of the problem. Appropriate corrective actions and follow-up are recorded on Lab Occurrence form. Recurrent variances by Laboratory personnel are corrected by retraining. Repeated negligence or breach of policy or procedure will result in disciplinary action.
4. UTMC Patient Safety Net Reports should be initiated for all serious errors that may adversely affect patient care or condition or involve injury to Lab staff or patients. Occurrence reports are reported electronically through Patient Safety Net. Occurrence reports may be routed as denoted below:
 - ⇒ Hospital departments, Quality Management; variances involving personnel outside of Department of Pathology
 - ⇒ Hospital Environmental Health and Safety; assistance with chemical or biohazard spills or contamination; documentation of lab accidents, incidents
 - ⇒ Infection Control/ Health and Safety; needle sticks or other injuries or exposures
 - ⇒ Blood Utilization Review Committee; serious variances requiring interdisciplinary approach for resolution; irregular blood ordering practices or blood usage for peer review.
 - ⇒ American Red Cross; variances involving blood or component unit quality or availability; severe adverse effects of transfusion.
 - ⇒ Product/ Equipment Vendors or Manufacturers; variances involving reagents, equipment or products. Equipment not in use due to malfunction must be marked "DO NOT USE".
 - ⇒ Federal Drug Administration; biological product deviations (BPD) that occur while products are under UTMC control that affect the safety, purity, or potency of a blood product. See CBER web site at www.fda.gov/cber/biodev/biodev.htm to report electronically within 45 days; fatal transfusion reactions.

Approved by: <div style="display: flex; justify-content: space-between;"> <div> <u>/s/</u> Amira Gohara, M.D. Professor Director, Clinical Pathology </div> <div> <u>01/05/2023</u> Date </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div> <u>/s/</u> Christine Stesney-Ridenour Chief Operating Officer-UTMC <i>Review/Revision Completed by:</i> <i>Heather Byrd – Administrative Director - Lab</i> </div> <div> <u>01/10/2023</u> Date </div> </div>		Review/Revision Date: 09/24/97 1/22/2019 10/06/03 1/4/2021 10/4/04 104/2023 09/30/05 09/18/06 09/14/2007 6/10/2008 5/1/2011 3/1/2013 2/20/2015 2/15/2017
		Next Review Date: 1/4/2025
Policies Superseded by This Policy: Q-06		