Name of Policy: **Reports of Incidents and Accidents** **Policy Number**: 3364-107-306 **Approving Officer**: Medical Director, Clinical Pathology **Responsible Agent**: Director, Clinical Pathology Administrative Director, Lab **Scope**: Pathology Laboratory University of Toledo Medical Center	UTOLEDO HEALTH **Effective date:** 01/04/2025 **Original effective date**: 10/22/1982
Key words: Variant events, investigation, corrective action, patent safety net, quality management.	

☐	New policy proposal	☐	Minor/technical revision of existing policy
☐	Major revision of existing policy	☒	Reaffirmation of existing policy

(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 Vaccines, Blood & Biologics | FDA to report electronically within 45 days; fatal transfusion reactions.

Approved by: /s/ _____ Name: Amira Gohara, M.D. Title: Medical Director, Clinical Pathology 1/10/2025 _____ Date *Review/Revision Completed by:* *Joshua Otiso, Administrative Director, Lab*	**Policies Superseded by This Policy:** • *Q-06* Initial effective date: 10/22/1982 Review/Revision Date: 01/04/2025 Next review date: 01/04/2027