



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

Department:	Laboratory and Blood Bank		
Document:	Multidisciplinary Policy and Procedure		
Title:	Laboratory Safety and Infection Control Training Program		
Applies To:	All Laboratory, Blood Bank Staff and Infection Control Staff		
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1. PURPOSE:

- 1.1 Laboratory has safety and infection control training program that includes initial training and competency assessment, annual training ,recertification and competency assessment

2. DEFINITONS:

- 2.1 Initial training: training done at first three months of the new employee.
- 2.2 Personal protective equipment (PPE) is protective clothing, helmets, goggles, or other garments or equipment designed to protect the wearer's body from injury or infection.
- 2.3 Occurrence variance report (OVR): Occurrence reports are used to report events that may have quality or risk management considerations and may require further follow up from other departments (Stanford Hospital and Clinics, 2008).

3. POLICY:

- 3.1 To perform work safely all employee must be trained at start of work, annually on recertification

4. PROCEDURE:

- 4.1 New laboratory employee goes to infection control and safety departments to receive training course and take competency certificate from both departments which is obligate to start work in laboratory.
- 4.2 Annually with contract renewal new training and competency on infection control and safety.
- 4.3 The Training program of safety and infection control consists of the following things:
 - 4.3.1 Training on response to Fire Accidents and other emergencies.
 - 4.3.2 Identification and handling of hazardous materials.
 - 4.3.3 Disposal of all Medical Waste (Biological Waste):
 - 4.3.3.1 All Biological Wastes are discarded into Yellow coloured Biohazard Bags.
 - 4.3.3.2 Domestic General Waste is differentiated from Biological waste and discarded in Blue coloured or Black Coloured bags.
 - 4.3.3.3 Bacteriological specimens and culture plates are disposed double-bagged with Biohazard symbol decontaminated by autoclaving and transported in covered trolleys.
 - 4.3.3.4 Blood and Body fluids are disposed double-bagged with Biohazard symbol and transported in covered trolleys.
 - 4.3.3.5 All sharp wastes are disposed of into Sharp containers.
 - 4.3.4 Safe handling of Chemical Reagents.
 - 4.3.5 Management of Biological Spill.
 - 4.3.6 Management of chemical Spill and use of MSDS.
 - 4.3.7 Use of PPE (Personal Protective Equipment).
 - 4.3.8 Preparation of Incident / Accident / OVR report.
 - 4.3.9 Use of Emergency shower and Eyewash station.
 - 4.3.10 Use of First-Aid kit.

- 4.3.11 Hand hygiene.
- 4.3.12 General guidelines of PPE (Personal Protective Equipment).
- 4.3.13 N95 Fit Test Policy.
- 4.3.14 Aseptic technique.

5. MATERIALS AND EQUIPMENT:

- 5.1 Laboratory Safety and Infection Control manual
- 5.2 Laboratory Policy and procedures on monitoring the safety and infection control
- 5.3 Laboratory Safety officer's Documents
- 5.4 MSDS (Material Safety data Sheet)
- 5.5 Training certificate of safety and IPC

6. RESPONSIBILITIES:

- 6.1 Laboratory director
- 6.2 Hospital IPC coordinator
- 6.3 Laboratory safety coordinator
- 6.4 Laboratory IPC coordinator

7. APPENDICES:

N/A

8. REFERENCES:

- 8.1 Laboratory Bio-safety Manual. 3rd Edition, 2004, WHO.

9. APPROVALS:

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