

KANOWIT HOSPITAL

**PATHOLOGY
DEPARTMENT
OPERATIONAL POLICY**

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1. INTRODUCTION

The main function of Pathology Department is to provide clinical laboratory testing to assist clinicians in patient diagnosis, treatment and disease prevention.

1.1 Vision And Mission

a. Vision

To provide Pathology Services that are efficient, accurate and innovative based on quality system to satisfy the clients' expectations.

Menyediakan perkhidmatan patologi yang cekap, tepat dan berinovasi berlandaskan sistem kua/iti yang memenuhi kepuasan pelanggan.

b. Mission

The Pathology Department will always render good services using the appropriate and latest technology; well-trained & educated staffs, whom are compassionate and sensitive to the needs of the client/patients. The clients/patients will be served in a quality culture, teamwork and professionally to give the best in assisting diagnosis for the patient to get the best treatment.

Jabatan Patologi akan memberikan perkhidmatan yang cemerlang menggunakan teknologi yang sesuai, terkini dengan anggota yang berilmu, berjiwa murni, peka terhadap keperluan pelanggan berteraskan budaya kualiti dan kerja berpasukan serta profesionalisma demi kecemerlangan rawatan pesakit.

c. Objectives

- i. To provide comprehensive and effective diagnostic services to the patients that seeks for health services in Kanowit Hospital.
- ii. To provide a 24 hours service including safe and sufficient supply of blood for quality patient care.
- iii. To provide technical advice on laboratory tests to the other departments in Kanowit Hospital.
- iv. To ensure a good quality laboratory service adhering to the Code of Ethics by the International Medical Laboratory Technologists and the other related ethical standards.

d. Roles And Activities

- i. Provide one of the clinical supporting services – Pathology Services

2. ORGANIZATION & MANAGEMENT

2.1 Hospital Director

The Hospital Director is responsible for the overall management of the hospital, supported by the heads of the clinical and non-clinical departments/units of the hospital.

2.2 Heads of Departments

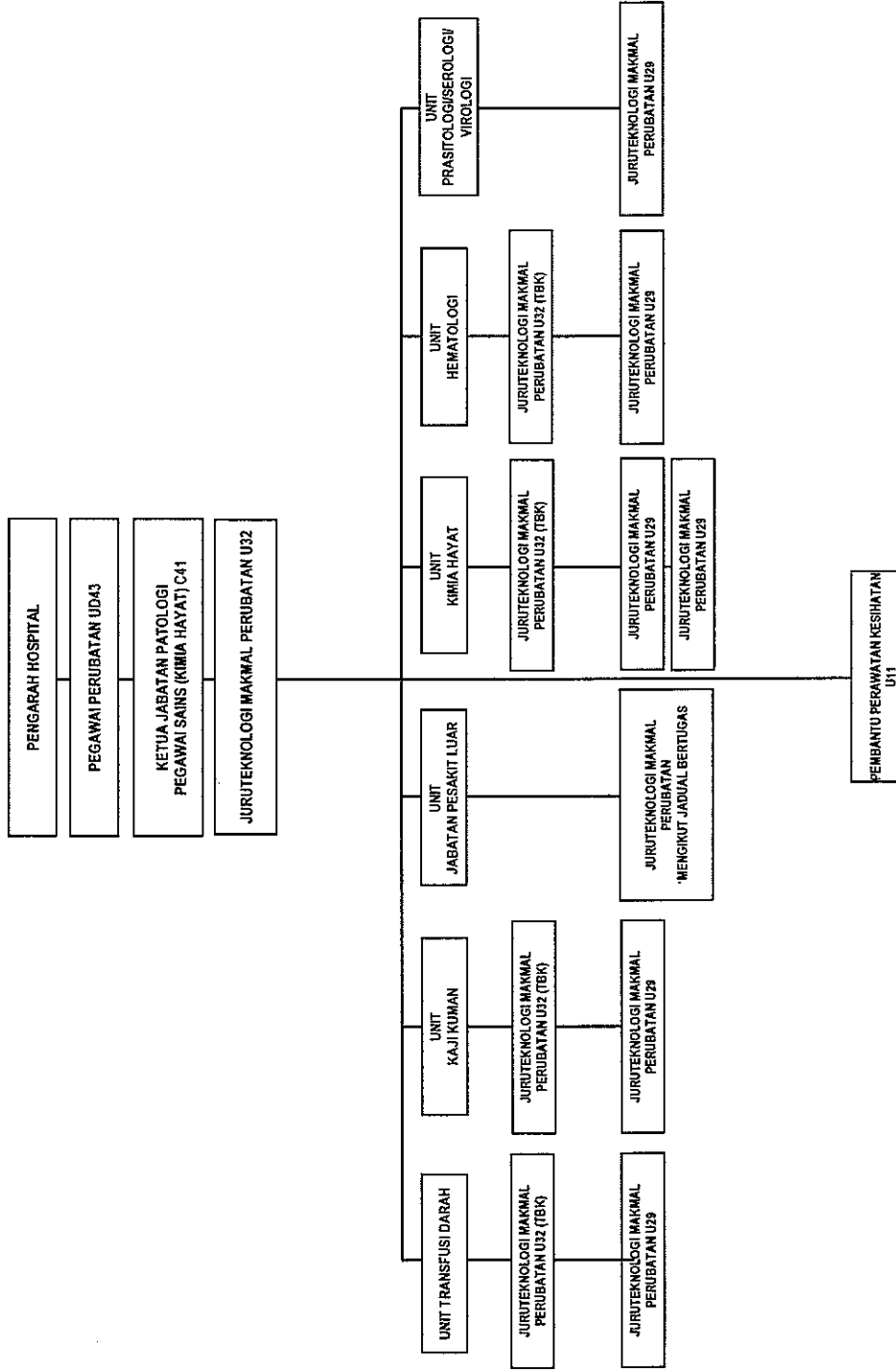
The Pathology Department headed by a Scientific Officer, a Senior Medical Laboratory Technologist and Medical Laboratory Technologists

- 2.2.1 The Scientific Officer shall be responsible for overall operation of the Pathology Department and review the quality control. Scientific Officer will monitor the internal quality control done by the Medical Laboratory Technologists.
- 2.2.2 The Scientific Officer shall be responsible for medico-legal specimens related to drug abuse or sexual abuse. All medico-legal documents shall be kept, locked in the Scientific Officer's office.
- 2.2.3 The Senior Medical Laboratory Technologists will headed all section in Pathology Department and be responsible to:
 - Make sure quality controls are practiced
 - Adequate blood stock and reagents at all time
 - Responsible to inform any plan of actions, emergencies and problems to Scientific Officer, thus discuss and solve matters together.
- 2.2.4 For any sections that are not headed by Medical Laboratory Technologists U32, the Medical Laboratory Technologists U29 (by seniority) shall act as sectional head.

Pathology Department Operational Policies

2.3 Overall Organization

The overall organization of the Pathology Department is shown in the organization chart below.



Pathology Department Operational Policies

3. LOCATION

Kanowit Hospital Pathology Department is located at the end of building next to Radiology Unit.

4. OPERATION HOURS

i. The Pathology Department will operate on full strength during the **office hours**:

Day	Working Hours
Monday- Thursday	0800 hrs – 1300 hrs 1400 hrs – 1700 hrs
Friday	0800 hrs – 1145 hrs 1415 hrs – 1700 hrs

ii. **After Office Hours (On call):**

Day	Working Hours
Monday- Friday	1700 hrs – 0800 hrs (The following days)
Saturday, Sunday, Public Holidays	0800 hrs - 1700 hrs 1700 hrs - 0800 hrs (The following days)

5. LABORATORY DIRECTORY

Unit/Contact person	Ext Number
Scientific Officer	260
Senior Medical Laboratory Technologist	261
Transfusion Medicine Laboratory	262
Microbiology	263
Pathology (Main Lab)	264

6. SCOPE OF SERVICES

6.1 The services provide by Kanowit Hospital Pathology Department are as follows:

- i. **Chemical Pathology (Biochemistry)**
Routine chemical pathology assays, urine biochemistry and stool occult blood.
- ii. **Microbiology**
Bacteriology, serology, virology, parasitology and infection control activities.
- iii. **Haematology**
Routine hematology test, coagulation profile, full blood picture, ESR and G6PD screening, bleeding time, clotting time examination.
- iv. **Transfusion Medicine**
Responsible to provide compatible, safe packed cells and blood component for patient. It also organized blood donation campaign through mobile drives and walk-in donors and subsequently manage seroconvert and seropositive donor cases.
- v. **Clinical Laboratory for Outpatients**

6.2 In the event that a requested laboratory test is not available in this hospital, the appropriate specimen shall be referred to Sibul Hospital or to the following Institutes:

- i. Intergrated Laboratory, HUS Kuching
- ii. Pathology Department, Hospital Kuala Lumpur
- iii. Pathology Department, HUS Kuching
- iv. Institute of Medical Research, Kuala Lumpur
- v. Unimas, Kata Samarahan, Kuching
- vi. Pusat Darah Negara, Kuala Lumpur
- vii. Hospital Sungai Buloh, Selangor

6.3 The Pathology Department also provides facilities for the detection (stripe method) of drugs (i.e morphine and cannabinoids) from urine samples for government agencies and in case of medical check-up.

6.4 Act as a referral centre for nearby government clinics.

7. OPERATIONAL POLICIES

The Pathology Department provides 24 hours service of Chemical Pathology, Hematology, Microbiology and Transfusion Medicine Laboratories. However, after the office hours, during the weekend and public holidays, service cover only for a number of tests that are essential in the management of acute cases. **(Please refer to Appendix A)**

7.1 General Policies

- 7.1.1** The patients from the Out-Patient Department shall present themselves at the Pathology Department out-patient waiting area to provide request form and collect specimens.
- 7.1.2** Blood collection (venipuncture, finger and heel prick) shall be carried at the reception counter of the Pathology Department **ONLY** by **Scientific Officer, Senior Medical Laboratory Technologist, and Medical Laboratory Technologist**. **(Please refer to Appendix B, C and D for Blood Collection)**
- 7.1.3** Venipuncture will **ONLY** be performed on patients aged **7 years and above**.
- 7.1.4** Blood sample for measuring the **baby's serum bilirubin** level should be taken using the heel prick technique.
- 7.1.5** All In-patients shall have their specimens taken in the wards and send to the laboratory by respective ward attendants. However, Medical Laboratory Technologist shall go to the ward for bleeding time, clotting time examination according to appointment system.
- 7.1.6** Requesting for laboratory tests:
- viii. Only PER-PAT 301 or other designated forms as well as correct specimen container shall be used.**
 - ix. A written confirmation (completed laboratory request form) is needed following any verbal requests.**
 - x. Full identification of the patient is required (i.e. full name, registration number or identification card number), age, sex and ward should clearly state.**
 - xi. The completed forms shall be stamped and signed by a medical officer.**

Pathology Department Operational Policies

- xii. Legible and clear written order for the tests requested.
- xiii. Relevant medical history, diagnosis and medications or treatment must be included in the request forms (e.g. for Dengue Serology Test, date of onset and date of specimen collection must be clearly written).
- xiv. The specimens shall be labeled with patient's name, identity card number, types of tests, and ward stated, identification of the nature of specimen as well as precaution when handling any specimens.

- 7.1.7 Only the Medical Officers** shall make request for any laboratory tests, whereas the Assistant Medical Officers could only request for certain tests (e.g. urine FEME, urine pregnancy test, blood urea serum electrolytes, fasting blood sugar, random blood sugar, stool FEME, blood film for malaria parasite, full blood count, prothrombin time/ activated partial thromboplastin time, sputum AFB urethral smear for culture and sensitivity, and blood culture and sensitivity). Any other laboratory tests requested should refer to the Medical Officer.
- 7.1.8** In the request of special test (e.g. Hb Electrophoresis) is required, the Medical Officer should liaise with Medical Laboratory Technologist at Hematology Unit. Collection of the blood sample only being done on **Monday and Tuesday** at 0800hrs and must send to laboratory immediately.
- 7.1.9** The specimen collection container with / without special preservative can be obtained from the laboratory.
- 7.1.10** All specimens collected and sent to the respective laboratory in accordance with the Laboratory User Manual.
- 7.1.11 Non-essential tests requested during weekend, public holiday or after officer hours will not be processed until the next working day.**
- 7.1.12 All specimens for toxicology** (i.e. urine for toxicology, blood for toxicology) will be send to Jabatan Kimia Sibu.
- 7.1.13** A special request form must be filled out completely in case of urine drug screening for drug. Results for urine drugs screening can be obtained on the same day if result

is negative (stripe method). A positive result for urine drug screening will be confirmed at the Makmal Dadah Kuching General Hospital.

7.1.14 Request form and specimen will be reviewed in the laboratory to ensure that they conformed to specification. **Request which do not fulfil the laboratory requirement will be REJECTED.** Below are the common/primary rejection criteria:

- i. Name of Medical Officer, signature, tests requested is not written in the request form or wrong request form being used.
- ii. No patient name, age, sex, date and ID number.
- iii. Request form is not accompanied with specimen or specimen without request form.
- iv. Destination of ward is not stated.
- v. Information of patient's identification labeled on the specimen container does not match with identification written in the request form.
- vi. No labeling on specimen container.
- vii. Wrong specimen collection container been used.
- viii. Broken container or leaking specimens received.
- ix. Insufficient volume of specimen received.
- x. Haemolysed specimen.

7.1.15 If the request form or specimens do not meet the laboratory requirements, a rejection form, together with request form, will be issued to the requesting units. Specimen(s) for the rejected request shall be retained in the laboratory until new request form which has been duly filled or fresh specimen(s) is submitted or at a period of time deem appropriate by the respective units and be disposed safely thereafter. A record on test rejection shall be maintained by each laboratory unit.

7.1.16 All remaining specimens after the completion of the tests shall be kept for a period of time deem appropriate by the respective units and be disposed safely thereafter (1 week).

Pathology Department Operational Policies

- 7.1.17** The Officer in-charge shall maintain an updated inventory of all equipment and assets. She/he shall ensure that all equipments are serviced regularly and maintained in good order by the Concession Company (Hospital Support Service).
- 7.1.18** The Officer In-Charge shall report to the Liaison Officer if the Concession Company fails to meet the stipulated standards.
- 7.1.19** Regular cleaning and housekeeping of the Pathology Department and their immediate environment, including change of linen is done by the Concession Company or their subsidiaries.
- 7.1.20 URGENT REQUEST**
- i. For tests that take longer processing time, e.g. 1 day or more, urgent request is allowed. (Might need to be spoken through Scientific Officer or Senior Medical Laboratory Technologist)
 - ii. Urgent request must be justified by clinical summary, diagnosis and reason for urgency. The word “URGENT” must be clearly or stamped preferably in red at the top on the right hand corner of the request form.

7.2 Blood Transfusion Services General Policies

- 7.2.1** A register of blood donors shall be maintained.
- 7.2.2** All blood donors shall be examined, interview privately and the consent form must be completed and sign before blood donation.
- 7.2.3** The privilege leaves (1day) for blood donors is authorized for Kanowit Hospital staff only.
- 7.2.4** All blood shall be stored accordingly and screened for HIV, Hepatitis B, Hepatitis C and VDRL at the Sibu Hospital and Malaria parasite screen at the Kanowit Hospital.
- 7.2.5** Unscreened blood or blood components shall be stored separately from screened blood. Only screened blood and blood components should be used for transfusion.
- 7.2.6** The blood bank shall ensure that sufficient units of blood are available at all time. However, no blood shall be stored for more than 42 days or in case of the blood components, exceeding their expiry dates.

Pathology Department Operational Policies

- 7.2.7 Any blood and blood products that have not been stored correctly according to national standard guidelines shall be safely discarded.
- 7.2.8 Blood / Blood products shall be only are issued from the Blood Bank on receipt or the blood request forms which has been duly filled and signed by a Medical Officer.
- 7.2.9 The units of blood/blood products shall be issued or used on a "**first in first out**" basis according to the blood groups.
- 7.2.10 If a transfusion reaction occurs, the ward staff must inform the Blood Bank immediately, so that the transfusion reaction investigation could be initiated early upon request by Medical Officer.
- 7.2.11 Transportation of blood/blood products should follow the blood bank standard procedures and the cold-chain shall be maintained.
- 7.2.12 The **Kanowit Hospital Blood Transfusion Service Policy** shall be referred for detailed aspects.

8. Analysis and Quality Control

- 8.1 All the equipment and analyzers must be calibrated and checked as scheduled before proceed with the tests.
- 8.2 All tests shall be carried out according to a validated procedure to ensure accuracy of their reports.
- 8.3 Whenever applicable, all tests shall be carried out only after acceptable internal Quality Control values (IQC) are obtained and the calibration is done.
- 8.4 Quality Control (QC) data shall be verified and troubleshooting must be carried out if there is any outlier.
- 8.5 Quality Control (QC) data shall be plotted in a Levey Jenning Chart or using evidence based data validation.
- 8.6 Laboratory shall participates in Quality Improvement activity such as National Indicator Approach (NIA), Malaysian Standard Quality Hospital (MSQH), Key Performance Index

Pathology Department Operational Policies

(KPI) and Hospital Performance Indicator Approach (HPIA). External Quality Assessment (EQA)

9. Staff

9.1 Each personnel shall adequately trained and assessed to be competent in the specified task before being allowed to carry out the task independently.

9.2 Each personnel shall regularly trained and assessed to ensure continuous competency.

9.3 Only trained laboratory personnel are allowed to operate specialized equipment.

10. Notification & Reporting

10.1 All laboratory result from Chemical Pathology, Hematology and Microbiology unit shall be made available for collection by respective wards or units at the designated pigeon hole as soon as the result are ready. (Please communicate with the Medical Laboratory Technologist or Officer in charge as soon as possible if the result is not dispatch at the expected period.)

10.2 All test results shall be recorded in respective record book before dispatching to their requesting units.

10.3 The laboratory results should send to ward by health attendant twice a day (12.00pm & 4.00pm).

10.4 The laboratory results may be released over the telephone when requested. The request shall be recorded in telephone call log book. The laboratory shall not be responsible for any transcribing error done at the clinical site. Hence, following the call, the requesting units are responsible to collect the hard copy as soon as possible.

10.5 All urgent test results and critical results shall be inform to the requesting officer **IMMEDIATELY** and results must be taken as soon as possible. The person's name that being informed (Staff Nurse, Assistance Medical Officer, and Medical Officer) shall be recorded in the urgent/critical results record book.

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- 10.6** The laboratory tests shall be charged in accordance to the Fees (Medical) Order, 1982. The fees coding must be written on the request forms together with the date of the test, name and signature of the performing laboratory personnel.

11. Preparation, Packaging and Transportation to referral laboratory

- 11.1** Tests that are not available in Kanowit Hospital Pathology Department will send out to the government referral laboratory.
- 11.2** Preparation of sample shall be done according to the requirement by the referral laboratory.
- 11.3** Specimen forwarded to referral institutes must be recorded. The test result should be recorded or kept a copy for reference.
- 11.4** Specimens should be labeled appropriately when being transported from sender's laboratory to the referral laboratory.
- 11.5** Specimens forwarded to Sibu Hospital Laboratory will be transported by vehicle, specimens to others referral lab will be transported by courier services following the schedule accordingly.
- 11.6** Specimen suspected to contain high risk effect to the community (such as specimen from suspected EBOLA patient, COVID19 patient) shall be triple packaged.(refer figure 1) The specimens shall be carried over in person, regardless if the sample is from clinical side to the laboratory or laboratory to referral laboratory, scientific officer will be responsible for coordinating this event.

12. Safety

- 12.1** The laboratory personnel shall observe all the safety measures while at work, including universal precautions and personal protective equipment (PPE) while handling specimens.
- 12.2** The laboratory personnel shall keep their work environment clean, tidy and safe at all times.
- 12.3** They should handle the laboratory equipment, chemicals and reagents with care.

Pathology Department Operational Policies

12.4 All hazardous chemicals and specimen must be disposed properly in accordance with waste disposal rules.

12.5 All blood specimens, specimen for bacteriology and all used culture media shall be autoclaved before it is sent for final disposal.

13. Archiving and Filing

13.1 All pathology records will be kept following “Jadual Pelupusan Rekod Perubatan 2016”.

13.2 All patient registration books (with patient demography) need to be kept for seven (7) years.

13.3 All pathology reports copy (with result) need to be kept for seven (7) years. Histopathology and Cytology reports are to be kept for 20 years.

13.4 All pathology PER PAT 301 request forms (without result) need to be kept for one (1) Year.

13.5 All pathology materials will be kept following “Guidelines on Retention of Pathology Records and Materials (Version 2/2022)”, published by The Malaysian Journal of Pathology in August 2022.

13.6 All pathology records will be disposed following “Jadual Pelupusan Rekod Perubatan 2016” after the period mentioned. “Borang Permohonan Bagi Permusnahan Rekod Awam” has to be filled up and submitted to Unit Rekod.

14. Whole Hospital Policies

14.1 Relevant aspects of the Whole Hospital Policies shall be observed.

15. Confidentiality

All Pathology staff are subjected to the letter of undertaking of confidentiality under the Ministry of Health and Kanowit Hospital.

