

**HACKETTSTOWN REGIONAL MEDICAL CENTER  
LABORATORY POLICY MANUAL  
LABORATORY CHEMICAL HYGIENE PLAN**

=====

**Effective Date:** April, 2006

**Cross Referenced:**

**Reviewed Date:** 5/2012

**Revised Date:** 10/9, 4/10, 10/11

**Policy No:** GENLAB 11.03

**Origin:** General Lab

**Authority:** Laboratory Director

**Page:** 1 of 3

---

**PURPOSE:** To establish guidelines in event of accidents involving chemicals.

**POLICY:** As follows.

The Laboratory Manager, under the direction of the Laboratory Director is responsible for the implementation and adherence to the Chemical Hygiene Plan of the laboratory. The Chemical Hygiene officer is the Pathology Assistant.

The MSDS sheets are updated periodically to reflect new reagents and instruments. The department manager works with the Materials Manager to insure compliance. All MSDS sheets are located in binders on the back shelf in Chemistry. All chemicals used in the laboratory are listed alphabetically in the MSDS binders and are available for review. Any suspected carcinogens are marked with an asterisk and special handling can be found on the MSDS sheet or on the container itself. MSDS Information is also available on the computer desktop in Blood Bank. There is an auto login feature. If it is necessary to access M.S.D.S. information from another PC, the website is [www.msds.com](http://www.msds.com). To login, the username is hrmcmsds and the password is hackettstown. In addition, Poison Control numbers are located on all the phones in the laboratory and in the draw site.

Policies for Formalin, Xylene, and Alcohol clean up are contained in the HRMC Safety Manual in the unit specific section. These chemicals are stored in the Safety Cabinet in Pathology and in the Butler Building. They are all labeled with chemical content and Safety Information. Clean up kits are stored in the Safety cabinet in Specimen Processing. Chemicals used in the Pathology Department will be stored in approved safety bottles, stored in the Satellite Accumulation Area and discarded by Triumvirate Environmental Services. Environmental will coordinate pick up by Triumvirate with the Pathology department. Records of disposition will be kept by the Environmental Service Manager.

Personal Protective Equipment (PPE) consists of lab coats provided to every employee, gloves in all sizes and in every department, goggles, and masks if necessary. Additional goggles, a face shield, Blood Borne Pathogen kits (gowns, masks), and spill clean up kits are located in the labeled Safety Cabinet in Specimen Processing and in the safety cabinet in the West Wing Medical Plaza draw site. Additional information regarding PPE is contained in Section 8 of the Safety Manual.

In the event of exposure to chemicals, blood, body fluids, or other infectious material, the employee is to report to Employee Health (routine hours) or the ER for evaluation. The supervisor should be notified and an Employee Illness/Injury Report form filled out. Further course of treatment is discussed in Section 8 (Engineering Work Practices).

**HACKETTSTOWN REGIONAL MEDICAL CENTER  
LABORATORY POLICY MANUAL  
LABORATORY CHEMICAL HYGIENE PLAN**

=====

**Effective Date: April, 2006**

**Cross Referenced:**

**Reviewed Date: 5/2012**

**Revised Date: 10/9, 4/10, 10/11**

**Policy No: GENLAB 11.03**

**Origin: General Lab**

**Authority: Laboratory Director**

**Page: 2 of 3**

---

The Formaldehyde and xylene levels in Pathology are monitored yearly The action limits are delineated in the following table:

	8 hr Time-Weighted Exposure Limit	Action level (8 hr Time-Weighted Exposure)	15 min Short-Term Average Exposure Limit (STEL)
Formaldehyde	0.75	0.5	2.0
Xylene	100		150

Initial monitoring involves identifying all employees who may be exposed at or above the action level or at or above the STEL and accurately determining the exposure of each employee identified. After the initial formaldehyde monitoring procedure, further periodic formaldehyde monitoring is mandated if results of the initial monitoring equal or exceed the action level indicated above. Initial monitoring must be repeated any time there is a change in production, equipment, process, personnel, or control measures which may result in new or additional exposure to formaldehyde for any employee involved in the activity. The laboratory may discontinue periodic formaldehyde monitoring if results from 2 consecutive sampling periods taken at least 7 days apart show that employee exposure is below the action level and the short term exposure limit, and no change in the environment has occurred. We monitor on an annual basis. If any personnel report signs or symptoms of respiratory or dermal conditions, associated with formaldehyde exposure, the laboratory must promptly notify employee health, monitor the affected person's exposure and file an incident report.

Xylene must be monitored initially, but there is no requirement for periodic monitoring. We monitor yearly.

The hood in specimen processing is checked on an annual basis. The eyewash is flushed and monitored on a weekly basis and this is the responsibility of the coag tech. The flush will be documented on the maintenance sheet in coag.

The Emergency Drenching Shower is located in front of the janitor's closet. In the case of massive or caustic spills, the victim(s) is (are) instructed remove any contaminated clothes, stand under the shower and pull the chain to rinse the affected area(s) for at least 10-15 minutes. The Emergency Room physician should be notified immediately. Function is checked once yearly by maintenance and maintenance retains the record.

All employees will participate in Learning Suite Modules on a yearly basis after initial orientation. All elements of Environmental Safety will be covered: Safety, Security, Hazardous Materials and Waste Management, Life Safety (Fire, Disaster), Blood Borne Pathogen Exposure and Tuberculosis Exposure Control. Records will be kept by the Manager and in the Staff Education Office.

A copy of the OSHA Laboratory Standard is found in the Chemical Hygiene Review Manual

**HACKETTSTOWN REGIONAL MEDICAL CENTER  
LABORATORY POLICY MANUAL  
LABORATORY CHEMICAL HYGIENE PLAN**

=====

**Effective Date: April, 2006**

**Cross Referenced:**

**Reviewed Date: 5/2012**

**Revised Date: 10/9, 4/10, 10/11**

**Policy No: GENLAB 11.03**

**Origin: General Lab**

**Authority: Laboratory Director**

**Page: 3 of 3**

---