



American Society for Clinical Laboratory Science  
*One Voice, One Vision*

Statement of the  
American Society for Clinical Laboratory Science (ASCLS)  
For  
CLIAC, April 2015

The American Society for Clinical Laboratory Science wishes to express concerns about the disparities in information and poor professional reactions that occurred during the Ebola challenge. Our major concern is that science did not seem to prevail over the hysteria and that credibility was lost in all sectors, public health and clinical settings. While we understand the fear instilled by the high morbidity and mortality of this particular infectious agent, there was enough data to know how this virus was transmitted and ample knowledge from other viruses such as HIV, to determine how to safeguard healthcare practitioners in every setting and at every level of patient access and care.

While the latest infectious disease outbreak (Ebola) raised a number of questions about the occupational health and safety risks faced by everyone in healthcare, we should all be familiar with how to protect ourselves and our patients from biological hazards presented by exposure to infectious agents. CDC and OSHA have had standards in place that address personal protective equipment, universal precautions, etc., and there should exist quality management systems that address the collection, transportation and handling/testing of specimens. We believe that the fact that laboratory professionals were able to care for the patient in Texas, indicates that these systems work and our recommendations to our members were that laboratorians should handle specimens from all patients the way any specimen should be handled or tested. This consistency and standardization is essential.

We applaud the efforts of the CDC to appropriately address concerns during the Ebola event. ASCLS however was disappointed in the reaction of many others in the laboratory community, including scientists and physicians, private laboratories and manufacturers. We would remind all of our colleagues that Ebola's transmission is no different than HIV and that we learned, or should have learned, how to handle such infectious agents long ago. (We have for instance, not been burning instruments after running electrolytes on HIV positive patients. In New Jersey and California, where the HIV epidemic was at times overwhelming, we shipped specimens to the public health and/or reference laboratories and no one contracted the disease.)



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OSHA standards and CDC guidelines when used, and used correctly, are very protective and effective. Admittedly complacency sets in and the risk assessment process that CDC is promoting is an excellent way to educate and re-educate laboratory professionals. We hope that CDC will partner with all professional organizations to disseminate credible education.

ASCLS agrees with CDC that there is no organization overseeing decontamination requirement and procedures to ensure personnel safety when using laboratory instrumentation. We have approached CLSI about convening a consensus group of all stakeholders to look at how we can develop that oversight.

We know that there are additional questions to be answered such as those posed by Dr. Merlin in November:

- How to assure safety of laboratory instruments
- How to ensure that labs are prepared for biological threats current and emerging?
- How to ensure compliance with OSHA bloodborne standards and other laboratory precautions and personal protective equipment

These are not new issues as already mentioned but we are delighted with this latest urgency to address them. We have seen breaches of safety in clinical laboratories, public health laboratories and CDC. We believe that this is a great time for the clinical and public health laboratorians to work together to address our issues, and to implement a strong safety culture throughout all sectors.