



Policy and Procedure of Laboratory Staff Handover

AMRH/LAB/GEN/P&P/010/Vers.01

Effective Date: November 2022

Review Date: November 2025

Institution Name: Al Masarra Hospital					
Document Title: Policy and Procedure of Laboratory Handover					
Approval Process					
	Name	Title	Institution	Date	Signature
Written by	Sumaiya Al Rahbi	Laboratory Technologist	Al Masarra Hospital	05/10/23	Sumaiya
Reviewed by	Dr. Nada Al Tamtami	Laboratory HOD	Al Masarra Hospital	05/10/23	Nada
Validated by	Kunooz Al Blushi	Document Manager	Al Masarra Hospital	10/01/23	Ofdo for Kunooz
Approved by	Dr. Bader Al Habsi	Executive Director	Al Masarra Hospital	15/11/2023	





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Acronyms:

AMRH	Al Masarra Hospital
GEN	General
HOD	Head of Department
LAB	Laboratory
P&P	Policy and Procedure
Vers	Version



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1. Introduction

The goal of appropriate handover is to achieve an accurate reliable communication of task-relevant information between shift changes or staff to ensure the continuity of safe and effective work. Many accidents have occurred because of the failure in communication during shift handover.

2. Scope

This document is applicable to all laboratory staff working in Al Masarra Hospital (AMRH).

3. Purpose

3.1 To facilitate the transition of significant information from shift to shift critical to the safe and effective facilitation of patient care by clinicians through reliable laboratory data.

3.2 To eliminate or minimize the risk of miscommunication during work operations or activities.

4. Definition :

Handover is the effective "transfer of professional responsibility and accountability for some or all aspects of care for a patient, or group of patients, to another person or professional group on a temporary or permanent basis.

5. Policy

5.1 Proper communication of information that may significantly impact patient care must occur routinely during shift changes and must be documented by all involved staff in the report.

5.2 Shift handovers shall be conducted by morning in-charge staff to afternoon staff and must be documented accordingly.

5.3 Section in-charge shall prepare a summary shift handover log that documents activities and conditions of the work prior to the end of their shift.

6. Procedure



6.1 Morning shift receives report from on-call shift; while afternoon shift receives report from morning shift; and on-call receives report from afternoon shift.

6.2 During morning shift, the handover is done by section in charge/s to afternoon shift staff.

6.3 Section in-charge/s or staff responsible to fill hand over register must hand over this register with all pending issues needed to be followed up by next shift.

6.4 Face to face handover must occur between outgoing staff of the next shift and the incoming shift staff.

6.5 Received handed over message or information should be documented by both staff from outgoing and incoming, making sure that the information was understood by both parties with clarity and acceptance of responsibility.

6.6 At each shift change, vital information including, but not limited to the following must be communicated:

6.6.1. Reagent Levels/Problems.(specify)

6.6.2. Instrument Problems/Issues (specify)

6.6.3. Specimens/Issues.(specify)

6.6.4. Computer Specimens/Issues

6.6.5. Any other question (s)/response(s) to question (s) that might be necessary during the handoff.

7. Responsibilities

7.1.Laboratory HOD shall ensure implementation of handover policy

7.2 Laboratory In-charge shall follow up the staff adherence to handover policy.



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7.3 Laboratory Quality Officer shall audit staff compliance and shall ensure that the handover policy is maintained updated.

7.4 Section In-charge/s shall actively adhere to the policy.

7.5 All laboratory staff shall adhere to the policy and procedure of handover.

8 Document History and Version Control

Document History and Version Control			
Version	Description of Amendment	Author	Review Date
01	Initial Release	Sumiya Al Rahbi	November 2025
02			
Written by	Reviewed by	Approved by	
Sumiya Al Rahbi	Dr. Nada Al Tamtami	Dr. Bader Al Habsi	

9 Related Documents

9.1 Appendix 1. Register of shift handover

9.2 Appendix 2. Audit Tool.

9.3 Appendix 3. Document Request Form.

9.4 Appendix 4. Document Validation Checklist.



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10 References

Title of book/journal/articles/Website	Author	Year of Publication	Page
Nursing handover for adult patients guidelines	-	November 2006	Full page



11 Appendices

9.1 Appendix1. Register of Handover

		Handover Register		
Date :				
Shift	Section	Delivering staff Name	Handover Message	Receiving staff Name
Morning	Reception			
	Hematology			
	Chemistry			
	Microbiology			
	Serology			
	General			
Afternoon				
On-call				



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9.2 Appendix2. Audit Tool

S.no	Audit process	Description of Criteria	Yes	Partial	No	N/A	Comments
1	Interview	Staff are aware about handover policy					
	Observation Interview	Is the handover taken place at the end of each shift?					
2	Observation interview	Is the handover given face to face?					
	Observation Interview	Is the staff following the steps for the handover?					
3	Observation Interview	Are the staff documented the handover on the register?					



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Appendix 2: Document Request Form

Document Request Form			
Section A: Completed by Document Requester			
1. Requester Details			
Name	Sumaiya Al Rahbi	Date of Request	November 2022
Institute	Al Masarra Hospital	Mobile	
Department	Laboratory	Email	soma87sm84@gmail.com
The Purpose of Request			
<input checked="" type="checkbox"/> Develop New Document	<input type="checkbox"/> Modification of Document	<input type="checkbox"/> Cancelling of Document	
1. Document Information			
Document Title	Policy and Procedure of Laboratory Staff Handover		
Document Code	AMRH/LAB/GEN/P&P/010/Vers.01		
Section B: Completed by Document Controller			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Cancelled	<input type="checkbox"/> Forward To:.....	
Comment and Recommendation: Proceed with the document			
Name	Kunooz Al Balushi	Date	November 2022
Signature		Stamp	





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Appendix 3.Document Validation Checklist

Document Validation Checklist					
Document Title: Policy and Procedure of Laboratory Staff Handover			Document Code: AMRH/LAB/GEN/P&P/010/Vers.01		
No	Criteria	Meets the Criteria			Comments
		Yes	No	N/A	
1.	Approved format used				
1.1	Clear title – Clear Applicability	✓			
1.2	Index number stated	✓			
1.3	Header/ Footer complete	✓			
1.4	Accurate page numbering	✓			
1.5	Involved departments contributed	✓			
1.6	Involved personnel signature /approval	✓			
1.7	Clear Stamp	✓			
2.	Document Content				
2.1	Clear purpose and scope	✓			
2.2	Clear definitions	✓			
2.3	Clear policy statements (if any)			✓	
3.	Well defined procedures and steps				
3.1	Procedures in orderly manner	✓			
3.2	Procedure define personnel to carry out step	✓			
3.3	Procedures define the use of relevant forms	✓			
3.4	Procedures to define flowchart	✓		✓	
3.5	Responsibilities are clearly defined	✓			
3.6	Necessary forms and equipment are listed	✓			
3.7	Forms are numbered	✓			
3.8	References are clearly stated	✓			
4.	General Criteria				
4.1	Policy is adherent to MOH rules and regulations	✓			
4.2	Policy within hospital/department scope	✓			
4.3	Relevant policies are reviewed	✓		✓	
4.4	Items numbering is well outlined	✓			
4.5	Used of approved font type and size	✓			
4.6	Language is clear, understood and well structured	✓	✓		
Recommendations For implementation More revision To be cancelled					
Reviewed by: Kunooz Al Balushi			Reviewed by: Maria Claudia Fajardo- Bala		

For Kunooz



Page :