Process for Laboratory Check-in of Blind/Vision loss Members Training

For Frontline Laboratory Staff with Direct member contact

2017 S. Calif. Permanente Medical Group/Laboratory System

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Activities

- Laboratory Check-in
- Phlebotomy
- Post Phlebotomy

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Laboratory Check-in

- This process covers the following conditions
  - Member Self Identifies as having vision loss
  - Laboratory Staff identifies that member may have vision loss
- After Check –in is completed, "ask" the member if they will need assistance to locate the phlebotomy area.
- If assistance is requested then "escort" the member directly to the first available phlebotomists assist them into the phlebotomy station.
- Note: If a urine collection is required inform the member that they would have the option of completing the collection after the phlebotomy is completed or return the container at a later date.

Phlebotomy

- Complete the phlebotomy as protocol dictates with one exception.
- When the phlebotomy is completed be sure that bleeding from the insertion site has stopped prior to releasing the member.
- Escort the member back to the reception site.
- Note: If the member chooses to perform the urine collection, escort the member to the restroom, wait outside for completion of the collection and escort the member back to the reception site for urine submission.`

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Additional Notes

- When escorting a member be sure to request permission from the member if physically guiding them is necessary.
- Not all vision loss members will require escorting services, ask, do not assume.

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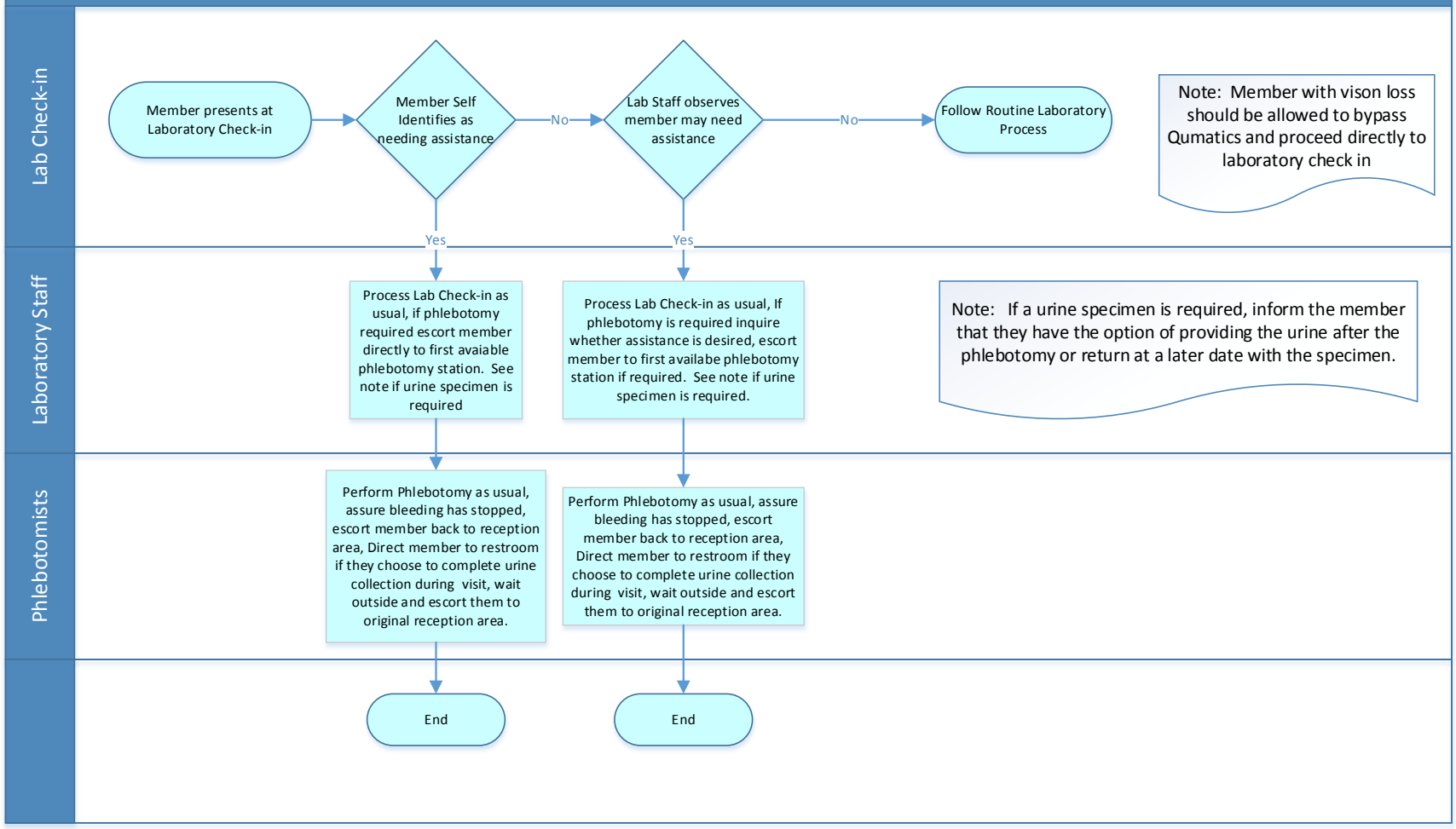
Process for Laboratory Check-in of Blind/Vision Loss Members



2017 Laboratory Check-in of Members with Vision Loss

Training Completion Form for Laboratory Staff with direct interaction with Members

Region: Southern California

Course Title: 2017 Laboratory Check-in for Blind/Vision Loss Members

Instructor: _____

Completion Date: _____

Your Information		
Employee No.	NUID No.	
Last Name:	First Name:	MI.
Work Phone Number (tieline):	Work Phone Number (outside):	
Medical Area:	Department:	
Manager Information		
Name:	Extension:	

Course Completion Attestation:

I understand that this training on "Laboratory Check-in of Members with Vision Loss" is an important and necessary training for those laboratory staff who have direct member contact. My signature indicates that I and no one on my behalf, have completed this training.

Signature_____Date:_____