

Beaumont

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Employee Orientation, Training and Competency - Dearborn Blood Bank

Document Type: Procedure

I. PURPOSE AND OBJECTIVE:

- A. This document will outline requirements and responsibilities for new and current employees, regarding orientation, new employee training, training for new instruments/procedures and competency assessments.
- B. A new employee (the trainee) will be oriented to his or her position and to the organization's policies and procedures. Training will be provided for each procedure for which employees have responsibility. The goal of this orientation and training program is to deem new employees competent to work independently in performing their job duties and responsibilities. Trainers will be assigned to directly observe the trainee until deemed competent by a supervisor / designee.
- C. The competency of all Blood Bank employees will be assessed by employee participation in hospital annual mandatory education requirements, departmental training, and Blood Bank competency programs. These programs provide assurance that previously trained employees continue to demonstrate competency over a designated period of time.

II. SCOPE:

- A. This procedure provides supplementation to Laboratory Education - New Hire Orientation.
- B. This document applies to:
 - 1. Newly hired employees, having worked in the Blood Bank for less than 1 year.

2. The ongoing competency assessment of all Blood Bank employees.
3. The retraining that may be deemed necessary of any Blood Bank employee.

III. DEFINITIONS/ACRONYMS:

- A. **Mandatory Education:** Corporate and department specific required education.
- B. **Competency:** The ability to perform a procedure or a task according to a defined level or standard in accordance with local, state and federal regulations, and Blood Bank procedures.
- C. **Designee:** Lead Medical Technologist, Laboratory Education coordinator or approved trainer.
- D. **Trainers:** Instructors and/or experienced technologists who conduct some aspect of training according to the requirements established in the training material.
- E. **Trainee:** New or established employee.
- F. **Effective Date:** The date on which a new or revised procedure is active in the policy management system and implemented in the department.
- G. **Target date:** The date by which it is expected that a Blood Bank employee will complete an assigned training or task.
- H. **Station Observation Checklist (SOC):** A checklist that covers related policies and tasks associated with a particular work station or job assignment that is used to ensure trainee/trainer have confidence.
- I. **Confidence:** When the employee (1) has witnessed the procedure, (2) feels he/she could find the procedure, (3) is familiar with all equipment and tools of the procedure, and (4) could successfully complete the procedure if given ample time.
- J. **BL :** Beaumont Laboratory
- K. **CAP:** College of American Pathologists
- L. **CLIA:** Clinical Laboratory Improvement Act
- M. **QC:** Quality Control
- N. **LIS:** Laboratory Information System
- O. **PTO:** Paid Time Off
- P. **Test System:** The process that includes pre-analytic, analytic, and post-analytic steps used to produce a test result or set of results. A test system may be manual, automated, multi-channel or single use and can include reagents, components, equipment or instruments required to produce results. A test system may encompass multiple identical analyzers or devices. Different test systems may be used for the same analyte. In many situations, tests performed on the same analyzer may be considered one test system; however, if there are any tests with unique aspects, problems or procedures within the same testing platform (e.g., pretreatment of samples prior to analysis), competency must be assessed as a separate test system to ensure personnel are performing those aspects correctly.

IV. POLICIES:

A. NEW EMPLOYEE ORIENTATION

1. **Corporate and Beaumont Hospital New Employee Orientation**
New Employee Orientation provides employees with critical information about Beaumont's mission, vision, culture, continuum of care, standards, and expectations.
2. **Mandatory Education Requirements**
All new employees must complete mandatory education requirements online. This will occur during the first week in the Blood Bank or before the new employee has contact with patients or patient information.
3. **Beaumont Laboratory Orientation**
The Beaumont Laboratory New Hire Orientation half-day program is a required component of the on boarding process for all employees at each laboratory site. The program provides all new employees with an introduction to:
 - a. Beaumont Laboratory leadership, organizational structure, mission, and goals.
 - b. Principles of Highly Reliable Organizations (HRO).
 - c. The role and functions of each operational area. This program is a required component of the on boarding process for all employees at each laboratory site.
4. **Blood Bank New Hire Orientation**
All new employees in the Dearborn Blood Bank must successfully complete Clinical Pathology and Blood Bank lab specific orientation and training. The Supervisor or designee will conduct the orientation and assign training responsibility to experienced blood bank personnel.

B. New Hire Technical Training

1. Key elements will be covered during the training program so that prior to testing patients' specimens, the new employee can demonstrate that he or she is competent to perform all testing operations reliably, and that he or she can provide and report accurate results. The training for any given procedure may be broken down into the following processes:
 - a. Pre-analytical processes
 - i. Read procedure (SOP) and discuss with trainer.
 - ii. Specimen collection, handling and storage
 - iii. Procedural safety concerns
 - b. Analytical processes
 - i. Reagent preparation
 - ii. Loading specimen run onto an instrument
 - iii. Specimen testing using manual methodologies
 - iv. Data analysis
 - v. Verification of test results

- c. Post-analytical processes
 - i. Result notification
 - ii. Reviewing and recording quality control results
 - iii. Result correction
2. The trainer must directly supervise the trainee until the trainee has been deemed competent by the supervisor/designee.
3. All training will be documented on the *Blood Bank Orientation and Training Checklist* and the *Station Observation Checklists (SOCs)* as described below.

C. New Hire Training Time Line

1. Training times for a new trainee to become confident will vary. Training for a medical technologist should occur on a full time basis. Exceptions will be made at the discretion of supervisor/medical director.
2. It is expected that a medical technologist will be deemed competent on all four workstations in 6 to 8 weeks. If the trainee is not competent by the end of their 90 day probation period, a one-time probation extension for 30 days may be offered at the discretion of the supervisor. Trainees not completing training during their probation are subject to dismissal.
3. A sample training time line for a new Medical Technologist (MT) is attached. This is a guideline and subject to department staffing, trainer availability, and trainee skill level.

D. Station Observation Checklists (SOC)

1. The training has been divided over several SOC's. These divisions are intended to correlate with the daily job tasks/assignments recognizing that staff members may be allocated to more than one station/task dependent on the shift/staffing resources. These divisions are intended to allow the trainee to focus on a specific skill set and a limited set of procedures in a given time period.
2. Each SOC contains two sections, comprised of several tasks required of a particular task and/or workstation.
3. Each task in the *Minimal Training Requirements* section of the SOC will be discussed and demonstrated by the trainer and accurately performed by the trainee. The trainee is not deemed competent on the station until all tasks in the Minimal Training Requirements section have been completed and the supervisor or designee has reviewed and signed the SOC.
4. The *Additional Skills Acquired* section contains tasks of the station that are not essential in the routine operation of the bench. Trainees should actively pursue completing this section after the initial training period. Each individual task will require a supervisor/designee signature before the trainee is allowed to perform the task unsupervised.
5. In some rare instances, a task listed on the training checklist may not occur during the initial training period. The use of the NOCTP (Not Observed but Capable to Perform) code can be used to indicate that the trainee is competent to perform the task, even though it was not observed during the initial training. This code may only be used for simple tasks (where it is not necessary to have observed or performed the task in order to be competent) and will be

approved by the Supervisor.

6. At the completion of the training period, the *Supervisor Approval of Training* section will be completed for each SOC. Completion of this document signifies that the trainee, trainer(s), and supervisor/designee are confident that the trainee is competent to perform all tasks on the checklist for which training has occurred. The supervisor will note any tasks that the employee is not authorized to perform, and the trainee understands that he or she will not perform these tasks.

E. Computer Access

1. Security access to the SoftBank TEST system is granted by the Information Technology (IT) department automatically upon hire. Security access to the SoftBank LIVE system is granted by the IT department after the supervisor or designee submits documentation to IT that the trainee has completed the required computer based training (CBTs). Note that the grant of computer access to SoftBank LIVE does not indicate that the trainee is deemed competent to perform testing; the supervisor or designee indicates that the trainee is competent to perform a task by signing and dating each Station Observation and Training Checklist. Until approval is granted by the supervisor, the trainee shall be supervised when doing computer work.

F. Computer Documentation during the Training Period

1. The person (trainee or trainer) who is signed into the computer and documenting results in the computer must be the person who is performing or executing the related task. If the *trainee* is performing the task and documenting the results, the following apply:
 - a. If the supervisor or designee has not yet signed off the trainee's Station Observation Checklist for that bench (the trainee is not yet competent to perform the task alone), then the trainee must work under direct supervision of the trainer. The trainer must be named on the daily job assignments.
 - b. If the supervisor or designee has signed off the trainee for that station (the trainee is competent to perform the task), then it is not necessary for the trainee to work under direct supervision of the trainer.

G. Responsibilities of the Trainee

1. The trainee will be provided with all training materials. During the training period, the new employee will keep all training documents organized in a folder or training binder. When not being used, these documents are stored in the Blood Bank training area and should not be taken home by the trainee.
2. The trainee will be given sufficient time to read applicable procedure's, flowcharts, forms, etc. These documents will be discussed with the trainer and the trainee will ask questions as they arise.
3. The trainee will ask for clarification from the trainer if he or she perceives a discrepancy with the information provided in the related procedure and the training received. If the trainee still perceives that a discrepancy exists, then the trainee should ask for clarification from the Blood Bank supervisor.

4. The trainee will not perform any tasks without supervision for which they have not been deemed competent by a supervisor/designee.
5. The trainee will observe the trainer performing a task in order to learn the workflow, technique, pertinent information related to the task, adherence to written procedure, and any safety issues associated with the task, and any other pertinent information related to that task.
6. The trainee will perform each task under the trainer's supervision and direct observation until deemed competent by the supervisor or designee.
 - a. The trainee will perform the task as many times as necessary, under the supervision of the trainer, until the trainee is confident in his or her competency to perform the task.
 - b. The trainee will seek out opportunities to develop skills in the Additional Skills Acquired section of each Station Observation Checklist.
7. Upon successful completion of training, the trainee will be confident that he or she has achieved competency for each required task. If the trainee is not confident of his or her competency for any reason, the trainee is responsible to alert the supervisor.
8. The trainee will meet with the supervisor to review the completed checklists. Procedures not signed off shall not be executed without supervision.
9. The trainee will complete Employee Evaluation of Training (Clinical Pathology form) and will submit it to the supervisor/designee for evaluation and process improvement purposes. The information on this form will remain confidential.

H. Responsibilities of the Trainer

1. The trainer will only be responsible for training one trainee or student at a time.
2. The trainer will adhere to and be a role model for the Beaumont, Clinical Pathology and Blood Bank policies (safety, closed toed shoes, no cell phones at bench, Culture of Safety, etc.)
3. The trainer is considered a "subject matter expert".
4. If indicated, the trainer will assist the supervisor with completing the *Trainer Competency Assessor Qualification Data Form* to document his/her skills and experience required for qualification purpose.
5. The trainer will direct the training by setting the pace and determining priority of training tasks for all items in the Minimal Training Requirement section of the SOC.
6. The trainer will highlight important points in each relevant procedure by reviewing a each procedure with the trainee. If necessary, arrangements must be made to review the procedures with the trainee off the bench.
7. The trainer will discuss related procedures and other documents with the trainee, and will answer any questions or direct the employee to an appropriate source for the answer.
8. The trainer will create situation to demonstrate procedures if the regular patient flow has not provided significant exposure to specific training tasks within the first 3 days of training on a bench.
9. The trainer will report progress or problems to the lead technologist or supervisor, including

the need for extended time to train on the bench.

10. The trainer will demonstrate procedures and techniques for the trainee to observe.
11. The trainer will directly observe the trainee performing tasks until the trainee is deemed competent by the supervisor/designee.
12. Upon successful completion of training, the trainer will be confident that the trainee has achieved competency for each required task. If the trainer is not confident for any reason, the trainer is responsible to alert the supervisor.

I. Responsibilities of the Supervisor

1. The Blood Bank supervisor or designee will provide the trainee with a folder containing the applicable Blood Bank training documents.
2. The supervisor or designee identifies qualified trainers and completes the *Trainer/ Competency Assessor Qualification Data Form*.
3. The supervisor periodically meets with the trainee, evaluates training documents and any required initial competency assessments, and determines whether the trainee has achieved competency for particular tasks on the training checklist. The supervisor/designee's signature on a corresponding SOC indicates that competency for the particular task has been achieved and that the employee may perform the particular task without direct supervision.
4. The supervisor identifies the need for competency assessments, employee retraining, additional training, etc.
5. At the conclusion of the initial training, the supervisor will review the completed [Employee Evaluation of Training](#) and will discuss the training experience with the trainee, giving the trainee an opportunity to provide feedback on the training experience. This feedback will be used for process improvement purposes.
6. The supervisor will conduct a 60-day new employee retention interview.

J. Procedure Review

1. The Blood Bank procedures are continuously updated and all employees (including trainees) must read these new or revised procedures. New or revised procedures are presented at daily huddles/staff meetings and posted online in Med Training (MTS) for read/review. When applicable a training and competency form will be documented to ensure that employee has read procedure and is competent to perform the tasks associated with the procedure.

K. Training for New Instruments or Procedures

1. When a new procedure or instrument is introduced to the laboratory, a checklist for training will be prepared. One or several technologists will be designated as trainers. These trainers will instruct the employees, initial/date each checklist item as it is explained or demonstrated, and initial/date as competency to perform is assessed for each required checklist item.
2. It is the employee's responsibility to read the new procedure(s) or equipment operator's manual and to have the Supervisor/Lead Medical Technologist review the completed checklist. The Supervisor/Lead Medical Technologist will decide if the employee is able to operate the

instrument or perform the procedure independently. The employee will then be assigned to the workstation or instrument.

3. The workstation and instrument names will be added to the Competency Assessment files for the department. Competency for all employees will be evaluated annually for all areas trained.
4. Whenever a new/updated procedure/policy is introduced, employees will be notified by e-mail and instructed to log in to the medtraining.org (MTS) website to access an attachment for the new procedure/policy. Employees are required to read the posted procedure/update and document with a read receipt to electronically sign off their reading and understanding of the procedure/update. The completed report showing the electronic sign offs will be retained in the Blood Bank office. If an electronic sign off is not completed by the employee, the Supervisor or Lead Medical Technologist may have the employee sign and date on a training checklist or a printed copy of the document to serve as documentation.

L. Competency Assessments for Blood Bank Employees

1. Competency assessments to determine if the employee performs and documents laboratory tests according to written procedures must be assessed semi-annually during the first year of hire and annually thereafter.
2. If new computer systems, instrumentation, methodologies, or procedures are introduced then additional competency assessments may be indicated. The Blood Bank supervisor is responsible for identifying the need for any additional competency assessments.
3. The competency of all employees must be assessed for each test system that the employee performs.
 - a. The Blood Bank has identified the following test systems:
 - i. Simple Tube Testing
 - ii. Extended Tube Testing
 - iii. Manual Gel
 - iv. Automation
 - v. Kits
 - b. Competency assessments on procedures that do not produce patient results will also be performed under a miscellaneous category, called Components and will be used to assess staff competence of manipulation of products (irradiation, emergency issue, dividing, etc).
 - c. Competencies will be limited to those employees that actually perform the named procedure. Examples include, but are not limited to:
 - i. A contingent employee that does not work the Special Procedures bench will not be required to do antibody identification related competencies.
 - ii. Titers and eluates are routine procedures that occur only on the day shift. Off shift techs will not be required to complete these competencies.
 - iii. Competencies involving maintenance of cell washers, automation,

centrifugation and pipette calibration will be completed only by the staff or shift that has been assigned to routinely perform that type of maintenance.

4. CLIA Competency Assessment Elements

All six CLIA competency assessment elements must be assessed and documented for each test system that the employee performs. Note that all six elements may not be applicable to a given test system.

- a. Element 1: Direct observations of routine test performance
- b. Element 2: Monitoring the recording and reporting of test results, including, as applicable, reporting critical results
- c. Element 3: Review of intermediate test results or worksheets, QC records, proficiency testing results and preventative maintenance records
- d. Element 4: Direct observation of performance of instrument maintenance and function checks
- e. Element 5: Assessment of test performance through testing previously analyzed specimens, internal blind testing samples or external proficiency testing samples
- f. Element 6: Evaluation of problem solving skills

5. Competency Assessment Tools

Tools that may be used to assess competency include:

- a. Wet or dry surveys
- b. Testing previously analyzed specimens, internal blind samples, external proficiency testing samples
- c. Administration of a test
- d. Observation of procedure/step performance and outcome
- e. Documentation of "critical incidents" related to procedure or step
- f. Response to oral queries related to a procedure or procedure step(s)
- g. Assessment of response to case studies, problems and situations related to procedure or step
- h. Assessment of training learning objectives
- i. Any other appropriate testing (e.g., CAP Proficiency Testing Summaries and CAP Competency Challenges)

M. Competency Assessments: Responsibilities of the Supervisor or Designee

1. Develop a competency assessment schedule each year to meet the above requirements.
2. Assign the responsibility to be an assessor to well qualified employees, and complete the *Trainer/Competency Assessor Qualification Sheet* for these employees.
3. Communicate criteria for assessment and verification to each employee.

4. Develop forms and documents as proof of assessments; e.g., checklists, documentation of observations and responses, written tests, etc.
5. Provide clear directions, pre-established passing criteria and due dates on each assessment instrument.
6. Establish acceptable or passing criteria for each assessment that are clear and concise to eliminate subjectivity by the competency assessor.
7. Notify the employee of the competency assessment results or outcome as each competency assessment is reviewed.
8. Competency failures will be evaluated by the supervisor, and retraining may be indicated; refer to the *Employee Retraining* policy.

N. Competency Assessments: Responsibilities of the Competency Assessor

1. Review and be familiar with written procedures and critical steps relating to the topic being assessed.
2. Utilize the forms and documents that were prepared by the supervisor or designee to objectively assess the competency of each employee.
3. Document unacceptable competency assessments and inform the supervisor or designee. The supervisor or designee will evaluate and inform the employee of any retraining or reassessment need.

O. Competency Assessments: Responsibilities of the Employee

1. The employee is responsible to complete all assigned competency assessments by the due date, which should be clearly defined by the supervisor or designee on each assigned competency assessment.
2. Assessments not submitted by the due date may, at the discretion of the supervisor, constitute noncompliance by the employee.
 - a. The supervisor will investigate and discuss all noncompliance incidents and with the employee, establish a new deadline, discuss the instance with the employee and document the discussion in the employee's file.

P. Employee Retraining

1. A request for retraining may be initiated when an employee:
 - a. Does not successfully complete a competency assessment
 - b. Repeatedly does not perform a task according to the procedure
 - c. Has been inactive on the bench
 - d. By request of the Medical Director

- e. By request of the employee
2. Retraining will occur as described below:
3. The unacceptable competency assessment performance will be documented on the [Request for Competency Assessment Retraining and/or Reassessment](#) form.
4. The supervisor will counsel employee and restrict him or her from independently performing the applicable task(s).
5. A retraining plan is developed and documented on this form. This plan is then reviewed with the employee.
6. A qualified trainer conducts the retraining.
7. The supervisor will document the outcome of the retraining on the form, and will include any applicable comments and recommendations. The employee will sign and date the form.
8. When the employee successfully completes retraining the restriction will be lifted.
9. If the employee does not successfully complete retraining or if a determination is made not to lift the restriction, then an alternate action plan will be developed and documented on the [Request for Competency Assessment Retraining and/or Reassessment form](#).
10. Once completed, all *Request for Competency Assessment Retraining and/or Reassessment forms* will be filed in the employee's personnel file in the Blood Bank office.

Q. Identification of the Need for Training

1. The Blood Bank supervisor is responsible for identifying the need for any training that may become necessary. For example:
 - a. Employees with unacceptable results on competency assessments.
 - b. Operational changes (e.g., new test methods or instrumentation).
 - c. Individual employee's needs (e.g., change in shift, extended leave of absence, or expanded job functions).

V. FORMS:

- A. Lab Orientation Packet
- B. Blood Bank Orientation and Training Checklist
- C. Soft Bank Computer Training Checklist
- D. Station Observation Checklists
 - a. General Checklist
 - b. Incoming Blood Products
 - c. Phone/Triage Incoming
 - d. Component Prep/ Product Issue/ Triage Outgoing
 - e. Type and Screen
 - f. Automation

- g. Crossmatch
- h. Irradiation
- i. Moms and Babies
- j. Antibody Identification/ Special Procedures

VI. SPECIAL SAFETY PRECAUTIONS:

All employees are required to adhere to Personal Protective Equipment policy and follow standard precautions when handling laboratory specimens.

VII. PROCEDURE:

A. ORIENTATION:

Employees new to the Blood Bank will complete an orientation to the department. The Supervisor or designee will cover the topics outlined below. The new employee will complete the new hire orientation checklist.

1. Handout Orientation Packet (if not already provided) along with Blood Bank Orientation and Training Checklist
2. Review training schedule
3. Assign Mandatory Education modules
4. Tour the laboratories and make introductions
5. Locate and review the following:
 - a. Transfusion Medicine Policy and Procedure Manuals
 - b. Beaumont Safety Policies
 - i. [Bloodborne Pathogen Exposure Control Plan](#)
 - ii. [Hazardous Materials and Waste Management Plan](#)
 - iii. [Laboratory Chemical Hygiene Plan](#)
 - c. Laboratory safety equipment
 - d. [Beaumont Laboratory Web Site](#)
 - e. [Laboratory Test Directory](#) (on-line via Beaumont Laboratory Website)
 - f. [Specimen Collection Manual](#) (on-line via Beaumont Laboratory Website)
6. Review Human Resource, Clinical Pathology and blood bank specific policies for:
 - a. Scheduled PTO
 - b. Sick days = unscheduled PTO
 - c. Daily, Weekend, Holiday and Vacation scheduling
 - d. Attendance and Punctuality
 - e. Coffee and Meal Breaks
 - f. Staff Huddles/Meetings

- g. Continuing Medical Laboratory Education (CMLE)
 - h. Employee Performance Appraisals
 - i. Personal Protective Equipment (PPE)
 - j. Reporting Employee Illness and Accidents
 - k. Verify that the employee has been assigned a locker
7. Verify the employee has ID badge and LIS access
 8. Complete [Blood Bank Staff Identification Form](#)

B. NEW EMPLOYEE TRAINING:

The employee will be assigned to a workstation under the direct supervision of an instructing technologist (trainer) after completion of the orientation checklist.

1. Obtain the corresponding Station Observation Checklist.
2. Observe each task listed in the Minimal Training Requirements section of the SOC demonstrated by the trainer.
 - a. Read the applicable procedures.
 - b. Review procedure with trainer.
 - c. Discuss common errors and important concepts from the procedures.
3. Complete each task listed in the Minimal Training Requirement section until the Trainer feels confident with the ability to perform the task.
 - a. Once the trainer feels confident with the trainee's ability to perform the task, the trainer shall initial Trainer column and provide a date.
4. Initial the Trainee column on the SOC when feeling confident with the task.
5. Repeat the above steps until all tasks in the Minimum Training Requirement section have been completed.
6. Submit the SOC to the supervisor or designee has reviewed and signed the SOC. The trainee shall not complete any tasks unsupervised until the supervisor/designee has completed this step.
7. The Blood Bank Orientation and Training Checklist will be used supplemental to the SOCs. Through out the training period both trainee and trainer will review each line item and initial/date in the trainee/trainer columns of the checklist.
8. A final sign-off of the checklist(s) will be performed by the supervisor/designee and the employee acknowledging completion of department training.
9. File the training checklists in the employee's personnel file located in the Blood Bank.
10. The Lead Medical Technologist/Supervisor will schedule a 6 month New Hire competency assessment (must not to occur longer than seven months after initial training) for a new employee.

VIII. REFERENCES:

1. Joint Commission, *Comprehensive Accreditation Manual for Hospitals*.
2. AABB, *Standards for Blood Banks and Transfusion Medicine*, current edition.
3. College of American Pathologists, *Laboratory General Checklist*, current edition.
4. ISO. *Quality management – guidelines for training*. ISO 10015. Geneva: International Organization for Standardization.
5. Clinical Laboratory Standards Institute (CLSI): *Training and Competency Assessment*, QMS 03.
6. Clinical Laboratory Standards Institute (CLSI): *Quality Management System: A Model for Laboratory Services*, QMS 01.
7. Food and Drug Administration (FDA) *Good Manufacturing Practices*, Code of Federal Regulations (CFR) <http://www.fad.gov/cber/dfr4biol.htm> (part 200 and 600).

Attachments

[Blood Bank Orientation and Training Checklist](#)

[MT Training Schedule Sample](#)

[Station Observation Checklist - Antibody Identification /Special Procedures](#)

[Station Observation Checklist - Automation](#)

[Station Observation Checklist - Component Prep/Blood Product Issue/ Triage Outgoing](#)

[Station Observation Checklist - Crossmatch](#)

[Station Observation Checklist - General Orientation](#)

[Station Observation Checklist - Incoming Blood](#)

[Station Observation Checklist - Moms And Babies](#)

[Station Observation Checklist - Phone/Triage Incoming](#)

[Station Observation Checklist - Type and Screen](#)

[Station Observation List - Irradiation](#)

[Trainer/ Competency Assessor Qualification Sheet](#)

Approval Signatures

Step Description

Approver

Date

	Jeremy Powers: Chief, Pathology	Pending
Policy and Forms Steering Committe (if needed)	Kelly Sartor: Supv, Laboratory	6/27/2022
Policy and Forms Steering Committe (if needed)	Gail Juleff: Project Mgr Policy	6/27/2022
	Kimberly Geck: Dir, Lab Operations B	6/26/2022
	Kelly Sartor: Supv, Laboratory	6/24/2022
	Kelly Sartor: Supv, Laboratory	6/24/2022

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Sample Blood Bank MT Training Schedule

Week 1 Bench SOCs	Orientation	Orientation	Orientation SOC General	Orientation SOC General	Orientation SOC Phone SOC Triage Incoming
Trainer			Lead MT/ Education Coordinator	Lead MT/ Education Coordinator	Lead MT
Week 2 Bench SOCs	Triage SOC Triage Incoming SOC Process in Blood Retyping Units	Triage SOC Process in Blood SOC Irradiation Retyping Units	Triage SOC Process in Blood SOC Retyping Units SOC Irradiation	TS SOC TS - Manual Quality Control	TS SOC TS - Manual Quality Control
Trainer					
	Bench Expert	Bench Expert	Bench Expert	Bench Expert	Bench Expert
Week 3 Bench SOCs	XM SOC XM Manual XM Manual Antigen Typing	XM SOC XM SOC Automation	Automation SOC XM SOC Automation	Automation SOC XM SOC Automation	Automation SOC XM SOC Automation
Trainer		Bench Expert	Bench Expert	Bench Expert	Bench Expert
	Bench Expert				
Week 4 Bench SOCs	Mom & Babies SOC Mom & Babies	Mom & Babies SOC Mom & Babies	Mom & Babies SOC Mom & Babies	Triage Outgoing SOC Triage Outgoing	Triage SOC Triage Ingoing SOC Triage Outgoing
Trainer	Bench Expert	Bench Expert	Bench Expert	Bench Expert	Bench Expert
Week 5 Bench SOCs	TS Automation	Triage Manual Quality Control	Antibody Workups SOC Automation SOC Antibody ID	Antibody Workups SOC Automation SOC Antibody ID	Antibody Workups SOC Automation SOC Antibody ID
Trainer					
	Independent	Independent	Bench Expert	Bench Expert	Bench Expert
Week 6 Bench SOCs	XM	XM	Antibody Workups SOC Automation SOC Antibody ID	Mom & Babies	Triage Incoming/Outgoing
Trainer					
	Independent	Independent	Independent	Independent	Independent
Week 7 Bench SOCs	Triage	TS	XM	Automation	Mom & Babies
Trainer					
	Independent	Independent	Independent	Independent	Independent
Week 8 Bench SOCs	Triage /Automation Float	TS / Manuals	Mom & Babies	Antibody Workups	Antibody Workups
Trainer					
	Independent	Independent	Independent	Independent	Independent

BLOOD BANK ORIENTATION & TRAINING CHECKLIST

Trainee Name			Employee #		
Function/Process	Discussed/ Observed (√)	Performed (√) or NA	Trainee (initials)	Trainer (initials)	Date
BLOOD BANK OVERVIEW/ Day 1					
Tour of Blood Bank					
Workstations/Workflow					
Department Safety					
Personal Protective Equipment					
Splash Prevention					
Eyewash Operation					
Disinfection of Work Areas					
General Waste Disposal					
Computer Access (LAN ID, Beaumont Apps, PolicyStat, SharePoint)					
Contacting Help Desk (Phone and Webpage)					
Epic/Beaker Overview					
SOFT/SoftBank Overview					
Pending Monitor					
White Communication Board					
Shift to Shift Communication					
Sample Labeling Requirements					
Introduction to Triaging Samples					
Variance Log/Procedures					
Introduction to Issuing Blood Products					
Answering Phone calls, is blood available?					
BLOOD PRODUCT DELIVERIES/ORDERS					
Ordering Blood Products					
Receipt of Blood Product Delivery (Confirmation of Product Temp, Initial/Date Packing List)					
Product Entry/Scan units in SOFT					
Attributes/ Antigen Results					
Confirmatory typing of donor RBC, ABO Confirmation Labels					
Transferring Blood Products					
Soft Billing Instructions					

Function/Process	Discussed/ Observed (√)	Performed (√) or NA	Trainee (initials)	Trainer (initials)	Date
TRIAGING BLOOD BANK SPECIMENS					
Blood Bank Specimen Requirements					
Sample Labeling Requirements (Inpatient vs Outpatient)					
Cancelled Tests in Soft/Beaker (Duplicate orders, Rejected Specimens)					
Variance Log – Rejected Specimens					
Receiving Specimen in LIS <ul style="list-style-type: none"> Review Specimen Arrival/Collector ID Collection Comments 					
Patient History Checks (Searching by Name vs MRN)					
Patient File (Antibodies, Transfusion Requirements, Comments)					
Add/Delete/Edit File					
Autologous/Directed Units					
Triage Neonatal/Cord Samples					
Ongoing Review of Shingles /Handling of Pending Logs					
Determining Blood Availability for patients					
Adding Tests to a Specimen					
ISSUING BLOOD COMPONENTS					
Use of Request to Dispense Form					
Verify accuracy of all information on the Transfusion tag					
Component Selection/Issue Requirements					
Rh Negative components to Females <50 years					
Visual Inspection of Blood					
Single vs Multi Product Release					
Packing for Transport in Cooler					
Cooler Log/ Timers					
Issue of Blood Product in LIS					

Function/Process	Discussed/ Observed (√)	Performed (√) or NA	Trainee (initials)	Trainer (initials)	Date
EMERGENCY ISSUE/MASSIVE TRANSFUSION (MTP)					
Emergency Issue (Uncrossmatched)					
Urgent Request for Blood Products Form					
Activation/Use of BB Communication Form for MTP/Emergency Release					
Emergency Issue Buckets (RBC, FFP)					
Completion of Bag Tags (Patient ID on all copies)					
Availability of Thawed FFP					
MTP Cooler Distribution					
Use of Liquid A Plasma					
Notification for Availability of Products & Documentation					
Documentation/Issue in SOFT					
Post Issue XM, entry in to SOFT MTP/Cooler					
MTP Inactivation & Documentation					
PRODUCTS RETURN FROM ISSUE					
Blood Status Update in LIS					
Return of Products in Cooler <ul style="list-style-type: none"> • Confirmation of Time allowance • Confirmation of Temperature Indicator • Proper blood status update in LIS • Reprint of Bag Tags 					
Return and Reissue of Blood Products Taking the Temperature of Units					
Return Unit from Issue back to Inventory (temp OK)					
Reprinting of Unit Bag Tags					
Return Unit from Issue to discard (temp out) <ul style="list-style-type: none"> • Completion of Variance Log 					
Quarantine Unit (upon request from blood supplier or if unsure of status)					
Platelet Storage / Temp Time					
Return of Products in Cooler <ul style="list-style-type: none"> • 4-hour time limit 					
<ul style="list-style-type: none"> • Replenishment of coolants 					

Function/Process	Discussed/ Observed (√)	Performed (√) or NA	Trainee (initials)	Trainer (initials)	Date
BLOOD COMPONENT PREPARATION					
Thawing Blood Components (FFP/CRYO)					
<ul style="list-style-type: none"> • Use of Helmer Water Bath 					
<ul style="list-style-type: none"> • Changing Product Code in LIS 					
<ul style="list-style-type: none"> • Product Relabeling /label Verification 					
Plasmapheresis Requests					
Irradiation of Blood Products (RBC/PLT)					
<ul style="list-style-type: none"> • Use of Irradiator 					
<ul style="list-style-type: none"> • Changing Product in LIS – 					
<ul style="list-style-type: none"> • Proper Labeling (Component, Radsure label) 					
Preparation of Aliquots					
Preparing Infant Exchange Transfusion					
ORTHO MTS GEL WORKSTATION					
Manual Gel Training Checklist					
Daily QC & Function Checks					
Weekly & Quarterly Maintenance					
Diluting 3% cells to 0.8%					
ABO/RH TYPING/DISCREPANCIES					
Reading, grading, recording test reactions					
ABO/Rh typing by the Tube Method					
Recording reaction results in LIS					
ABO/Rh Discrepancy Resolution					
<ul style="list-style-type: none"> • Weak Reverse Enhancement 					
<ul style="list-style-type: none"> • Cold Reacting Antibodies 					
<ul style="list-style-type: none"> • A subgroups and Anti-A1 					
<ul style="list-style-type: none"> • Weak D 					
<ul style="list-style-type: none"> • Rouleaux (Saline Replacement) 					
ANTIBODY SCREEN & IDENTIFICATION					
Antibody Screen by Gel Method					
Antibody Screen by Tube Method					
<ul style="list-style-type: none"> • Indications for Use 					
Antibody ID by Gel Method					
<ul style="list-style-type: none"> • Frequency of Panels 					
<ul style="list-style-type: none"> • Standard vs Selected Cell Panel 					
<ul style="list-style-type: none"> • Exclusion / Confirmation Rules 					
<ul style="list-style-type: none"> • Passive D RhIG 					

Function/Process	Discussed/ Observed (√)	Performed (√) or NA	Trainee (initials)	Trainer (initials)	Date
Antibody Titer follow up for OB Patients					
Antibody ID by Tube Methods					
• Indications for Use					
Autocontrol (AC): DAT if AC Positive					
Warm Autoantibodies					
• Patient phenotypes/genotypes					
• 60 minute no LIS technique					
Daratumumab Patients (Passive Anti-CD38)					
DTT Treatment (QC & Testing)					
Sending Samples to Reference Lab					
Resulting Antibody ID in LIS					
• New antibodies					
• Historical (Previously ID)					
• Cancelling Antibody ID not required					
DIRECT ANTIGLOBULIN (DAT) TESTING					
DAT Tube by Tube Method					
DAT by Gel Method					
Differential DAT (DIG,C3D)					
Add on order in Beaker					
Resulting in LIS					
ANTIGEN TYPING					
Frequency (once per day/per lot#)					
Indications for patient antigen typing					
• Consider Transfusion History/ DAT					
Gel vs Tube Methods					
QC of positive/negative controls					
• Use of heterozygous cell for positive control					
• Valid graded results					
• Documentation in LIS					
Ordering and Resulting of Patient Antigen testing in LIS					
Unit Antigen Testing & Confirmation					
• Documentation of result in LIS					
• Confirmatory Testing Label					
• Billing					

Function/Process	Discussed/ Observed (√)	Performed (√) or NA	Trainee (initials)	Trainer (initials)	Date
Newborn Studies					
Acceptable Specimens (Cord Specimens, Multiple Birth, Readmit)					
ABO /Rh Typing for Neonates					
Cord Blood Evaluation					
Mother/Baby Linking					
Mom with history of unexpected antibodies, request cord blood specimen if not already ordered					
Neonatal Crossmatch					
<ul style="list-style-type: none"> • Documentation in LIS 					
Rhlg Eligibility					
<ul style="list-style-type: none"> • Routine vs STAT ER Requests • Eligibility Requirements • Ante (Pre) Natal vs Post Natal • Weak D Patients • Fetal Cell Screening • RBC Fetal Assay (if FCS positive) • Kleihauer Betke (alternative) • Resulting in LIS • Allocation of RhIG 					
CROSSMATCHING					
Component Selection					
<ul style="list-style-type: none"> • Patient History review • No Previous blood type on file • Female < 50 years • Emergency Release • Patients with antibody history • Special Transfusion Requirements (Irradiation etc.) 					
Electronic Crossmatch					
Gel Crossmatch					
Tube Crossmatch					
<ul style="list-style-type: none"> • Immediate Spin • Complete LISS/AHG (All Phase) • 60 Min No LISS 					
Result Entry in LIS					
Incompatible/Least Incompatible Units/ Indication for MD Approval					

Function/Process	Discussed/ Observed (√)	Performed (√) or NA	Trainee (initials)	Trainer (initials)	Date
TRANSFUSION REACTION					
Transfusion Reaction Report Form					
Suspected Transfusion Reaction Evaluation Workup (POST1)					
• Record Review					
• Post Transfusion Sample Testing					
• Additional Testing					
• Medical Director policies					
LOOK BACKS, RECALLS, WITHDRAWAL					
• Storage and Location of Quarantine Units					
ANTIBODY TITERS (FT DAYSHIFT STAFF ONLY)					
• Appropriate cell selection for titer					
• Parallel Testing					
• Resulting in LIS					
ANTIBODY ELUTIONS (FT DAYSHIFT STAFF ONLY)					
Preparation of Eluate					
Testing Eluates (gel/tube)					
Ordering/Resulting					
QUALITY CONTROL					
Daily Temperature and QC Records					
Performing Manual Reagent QC					
Performing Manual Gel Reagent QC					
Documentation of QC Results					
Storage Equipment Alarm Response & Temperature Monitoring					
Reagent & Inventory Receipt (All Shifts)					
Reagent & Inventory Receipt (Dayshift Responsibility)					
COMPUTER DOWNTIMES					
Computer Downtime Scenarios					
• Epic Downtime					
• SOFT Downtime					
• Barcode Label Print Issues					
• Instrument Interface Issues					
Patient History Checks					
Manual Operations					
Location of Downtime Forms					

Function/Process	Discussed/ Observed (√)	Performed (√) or NA	Trainee (initials)	Trainer (initials)	Date
ORTHO VISION					
Ortho Vision/Hardware Exercise/Overview					
Ortho Vision Reference Materials/Binder/ Job Aids					
Maintenance (Daily, Weekly & Monthly)					
Shut Down & Start Up					
Health Check Reports					
Running Vision QC					
Vision Maintenance & QC Log					
Equipment Problem Log					
Selectogen/Affirmagen 5 –day onboard					
Diluent Rotation					
Saline Cubes/ Expiration Dates					
Routine Testing: T&S, Antibody panels, Gel XMs, donor retypes					
Barcode Read Errors					
Downtime Manual Orders (No LIS Barcodes – No Interface)					
Manual Load Review					
• Rejected Cards					
• Low Volume Cards					
Interpretation/Valid Results					
• Well Discrepancy Messages					
• Editing Results (Interpret reactions based on card, not based on screen images)					
• Verifying Results in LIS					
• LIS Downtime Result Handling					
Archiving Results					
Searching Results					
Resending Results to LIS					
Printing Patient Results					

Trainee:	Employee #
Approval of Training	
Trainer's Notes	
<p>By initialing throughout this training checklist, the trainer indicates that the tasks listed on the Blood bank Orientation and Training checklist and initialed and dated by the trainee have been completed. Any concerns that the trainer has about the above-named employee's competency to perform these tasks have been reported to the Blood Bank Manager. If any concerns remain unaddressed, the trainer will document these concerns in the space provided below.</p>	
Trainee	
<p>By signing this document, I indicate that I will not perform any tasks for which I have not been trained. My signature also indicates that I have read and understand the applicable SOPs, that I have had the opportunity to ask questions, and that I am confident in my competency to perform the tasks for which I have been trained.</p>	
Manager's Notes	
<p>The trainee is authorized to perform the tasks indicated on the Blood Bank Orientation & Training Checklist for which he or she has trained. Authorization is based on the following:</p> <ul style="list-style-type: none"> • The trainer's confidence in his or her competency to perform these tasks. • The trainer's confidence in the trainee's competency to perform these tasks • The trainee's indication that he or she has read the applicable SOPs, and • The successful completion of an initial competency assessment <p>Any concerns that I have above the above-named employee's competency to perform the tasks included on the Blood Bank Training Checklist are documented in the space provided below.</p>	
Additional concerns/notes:	
Trainee Signature /Date:	
Manager's Signature/Date:	

Transfusion Medicine Station Observation Checklist: Component Prep, Product Issue Triage Outgoing

Minimal Training Requirements			
When the trainee has confidently completed <u>all</u> tasks in this section and read any applicable SOPs, he/she may work this station without a trainer. Confidence is when the employee (1) has witnessed the procedure (2) feels he/she could find procedure (3) is familiar with all equipment and tools of the procedure (4) and could successfully execute the procedure given ample time. At that point the trainee and trainer can document the line.			
Task	Trainee	Trainer	Date
Be familiar with requirements on Dispense Form, transport label, correction of form			
Visual Inspection, Dispense of Blood Products, Return of Blood Products, Taking Temperature of Blood Products, Weighing Blood Products: read procedures and performed dispense blood products; visual check; documentation; initial dispense			
Transporting Blood in Cooler: read procedure and performed packing of a cooler, discuss use of cooler; max qty; ice; 4-hour limit; stickers when time is up			
Investigation of Incompatible Crossmatches: read procedure and discuss Incompatible units; notification; aliquots; comment in computer			
Pooling double bag platelets and changing the expiration date			
Blood Product Quarantine and Discard: read procedure, discuss quarantine locations; quarantine vs discard; variance; discard codes			
Variance Reporting: read procedure and discuss; complete a variance report			
Emergency Issue: read procedure and perform EI; paperwork; products; Check for IRR; time stamp; save segments			
Downtime Emergency Issue: read procedure and discuss/simulate a downtime EI; recovery			
Downtime Operations: read policies, discuss backup file and backup password			
Massive Transfusion: read procedure; perform massive; Trauma cooler; continue until they say stop; ratio			
Downtime buckets; Baby buckets			
Broken product; credit form; clean water bath			
Aliquot Preparation: Read policies and utilized SCD for dividing/aliquoting; log; expirations			
Component Modification: properly label modified products; LV; printers; stickers			
HLA matched platelets; pooled platelets			
Proper return blood prod; temps; swirling; ASWIRL comment; document paper; computer			
Transfer of blood products to other hospitals; platelet exchange; forms; stamps; packing			
Issuing RhIG			
Split units should be irradiated before division			
Supplier Notification of Recall: read procedure; discuss binder; quarantine products; communication board			
Txn Rxn; Stop txn; Get unit, paper, and POST; paperwork; Pull pre; confirm txn; micro			
Competency: Observe trainee <ul style="list-style-type: none"> • completing duties properly for one day • mock EI or Massive completed efficiently 			
I have reviewed the training for the employee on this station and give him/her permission to work this station independently.			
Sign: _____ (supervisor or designee / date)			

Additional Skills Acquired

The trainee may observe or complete additional tasks to become more proficient at this workstation. The following tasks are not required for basic understanding of this workstation as they are encountered less frequently. Employees are encouraged to take the initiative as this section may be used for annual Performance Evaluation purposes. Additional tasks do not require the signature of the supervisor or designee.

Task	Trainee	Trainer	Date	Super or Designee	Date
Inventory and Order of Blood Products: read procedure, perform, and order blood components.					
Granulocytes: read procedure and discuss granulocytes					
Sterile Connecting Device: read procedure and performed weld checks					

Transfusion Medicine Station Observation Checklist: General Orientation

Minimal Training Requirements			
When the trainee has confidently completed <u>all</u> tasks in this section and read the applicable procedure, he/she may work this station without a trainer. Confidence is when the employee (1) has witnessed the procedure (2) feels he/she could find procedure (3) is familiar with all equipment and tools of the procedure (4) and could successfully execute the procedure given ample time. At this point the trainee and trainer can document the line.			
Task	Trainee	Trainer	Date
Blood Bank Orientation			
• Blood Bank Orientation and tour / time clock, break room, bathrooms			
• Attendance Policy: tardies, absence, schedule/ vacation request			
• Fragrance and professional dress code discussion			
• Badge / Locker / Hook			
• Staff signature, diploma, certificates on file			
• Discuss lab safety policies and participate in Safety Tour			
• Contacting Help Desk (Phone & Online Requests)			
• CE / CMLE / Competencies / MTS			
• General Transfusion Medicine Policies: read and discuss			
• Critical Value Notification procedure: read and discuss			
• Blood Bank Record procedure: read/discuss; record correction			
• Computer Downtime/ Manual Operations: read/discuss; downtime materials			
• Contacting Help Desk, and completing online problem ticket			
• Variance Reporting procedure: read/discuss and practice writing a variance			
• Submission of Online Hospital QSR (RL Solutions)			
• Employee Orientation, Training and Competency: read/discuss Training and Competency			
• Alarm response: Read and discuss alarm response (equipment vs remote), Service request for Facilities, location of alternate storage devices			
• No mesh shoes/cell phones, handwash after glove change, strict break times			
• Reviewing the SoftBank Pending Log/ Beaker Outstanding list: read policies and discuss pending log procedures			
• Shift to Shift Communications/ White Communication Board			
• Inventory Management: read and discuss Inventory & Reagent Receipt Policies			
• Instrument Access: Automation access and password			
• Access: EPIC, SoftBank, Healthstream, Sharepoint, S: Drive, Worksheets			
Print: I, _____, (supervisor or designee), have reviewed the introductory training for the employee, _____, and am confident that the employee understands the general policies and procedures of Beaumont, Clinical Pathology, and the Blood Bank.			
Sign: _____ (supervisor or designee / date)			

Refer to Employee Orientation, Training and Competency Assessment.

**Transfusion Medicine
Station Observation Checklist: Moms and Babies**

Minimal Training Requirements			
When the trainee has confidently completed all tasks in this section and read the applicable procedure, he/she may work this station without a trainer. Confidence is when the employee (1) has witnessed the procedure (2) feels he/she could find procedure (3) is familiar with all equipment and tools of the procedure (4) and could successfully execute the procedure given ample time. At this point the trainee and trainer can document the line.			
Task	Trainee	Trainer	Date
Read Section 6 : Neonatal and Obstetric Procedures			
Cord Blood Receipt: EPIC Check; check paperwork and labels; EPIC link for mom and baby			
Understand that heel stick is required on multiple births; call floor to request			
Order/Receipt of heel stick specimens in Soft; document N#; double check paperwork; EPIC link for mom and baby			
Performs automated cord testing; proper specimen preparation, valid results			
Perform making an 0.8% suspension for Gel DATs: automatic pipette			
Perform manual neonatal Type and DATs; specimen outdates; Gamma D and control			
Critical Value Notification: notification /documentation of critical value			
Weak D: Read and Perform Cord Blood Weak D testing; wash cells of Cord Blood first			
Cord Blood Evaluation: Read/Discuss; know when to add appropriate results comments, indications for Eluate testing			
Transfer comments from mom demographic to baby samples			
Newborn Compatibility Testing Guidelines: Read and discuss inhouse vs transfer babies			
Aliquot Preparation/Selection of Blood Components for Neonatal Transfusion: Read procedures and discuss; prepare and set up a neonatal RBC aliquot			
Fetal Cell Screen: Read and discuss; complete FCS; document in computer; check expiration; RBC Fetal Assay if FCS positive, Weak D pos mom or baby.			
Acid Elution by Kleihauer Betke: read /discuss; performed only as alternative to flow			
Rhogam Evaluation: read/discuss; physically set up RhIG; RhIG box in XM fridge			
Result RhIG candidacy in computer; order Action for RhIG; CDM			
Know how to set up antenatal; CDM			
Discuss Postnatal RhIG; resulting in LIS; CDM			
Discuss mom with history of unexpected antibody, request cord blood specimen if not already ordered			
Crossmatching mom and baby unit; baby log utilization			
Competency: Observe the trainee successfully and independently completing <ul style="list-style-type: none"> • 5 cord blood specimens • The baby log (can be mocked up) • A batch of fetal cell screens • An Rh-Negative cord blood • A gel DAT • 2 Kleihauer Betke samples (can be mocked up) 			
Print:			
I, _____ (supervisor or designee), have reviewed the training for the employee on this station and give _____ (employee) permission to work this station independently.			
Sign: _____ (supervisor or designee / date)			

Refer to Employee Orientation, Training and Competency Assessment.

Additional Skills Acquired

The trainee may observe or complete additional tasks to become more proficient at this workstation. The following tasks are not required for basic understanding of this workstation as they are encountered less frequently. Employees are encouraged to take the initiative as this section may be used for annual Performance Evaluation purposes. Additional tasks do not require the signature of the supervisor or designee.

Task	Trainee	Trainer	Date	Super or Designee	Date
Neonatal Infant Exchange: prepare blood for infant exchange					
Aliquot Preparation: prepare a platelet aliquot					
Preparation of Eluate/ Eluate Testing: prepare and test eluate					
Antibody Titration: perform antibody titration					

Transfusion Medicine Station Observation Checklist: Type and Screen

Minimal Training Requirements			
When the trainee has confidently completed <u>all</u> tasks in this section and read the applicable SOP, he/she may work this station without a trainer. Confidence is when the employee (1) has witnessed the procedure (2) feels he/she could find procedure (3) is familiar with all equipment and tools of the procedure (4) and could successfully execute the procedure given ample time. At this point the trainee and trainer can document the line.			
Task	Trainee	Trainer	Date
Historical Record Check: read procedure and perform historical record check on each sample			
Reading, Grading and Record Test reactions: read procedure; consistent grade tube and gel reactions			
Making a Test Cell Preparation: read procedure and consistent make 3% cell suspensions			
ABO Rh Procedure: Read procedure and perform ABO/Rh Typing, use of the Rh control			
Perform adult typing, proper grading of reaction, validity of reactions, mixed fields			
Quality Control of Blood Band Reagents: Read procedure and performed QC for manual tube and gel methods			
Documents QC appropriately in LIS, downtime QC Logs			
Antibody Screen: read procedure and perform antibody screen by gel; Know when to repeat and how-to doc			
Add delay comment when antibody screen is positive or historically positive; call floor for extended delays			
ABO Discrepancies: read procedures, performs and utilize "Green Sheet" for ABO Discrepancies; GND and RND			
Perform an enhancement for a weak reverse; document in computer; "O" control			
Perform a follow up for Patient recently transfused			
Perform a follow up for Cold Reacting Antibodies			
Perform a follow up for A Subgroups or Anti-A1			
Saline Replacement: read procedure and discuss rouleaux (treatment by saline replacement)			
Weak D: read procedure and perform weak D testing on patient			
Add weak D comments; "Once a weak D always a weak D" policy; reaction strengths			
Understand when to use Ortho D (adults) and Gamma D (babies) and controls			
Computer Downtime: read Computer Downtime, Using Soft Downtime files and Manual Operations, location of downtime materials and understand the downtime operations forms			
Perform history check using the Soft Backup			
Storing and Disposal of Patient Specimens: Read procedure and properly label, organize, and store samples (B#, problem, outreach)			
Competency: Observe trainee successfully and independently following SOPs for at least 30 minutes including: <ul style="list-style-type: none"> • At least five manual type and gel screens • At least one green sheet 			
Print: I, _____ (supervisor or designee), have reviewed the training for the employee on this station and give _____ (employee) permission to work this station independently.			
Sign: _____ (supervisor or designee / date)			

Refer to Employee Orientation, Training and Competency Assessment.

Additional Skills Acquired

The trainee may observe or complete additional tasks to become more proficient at this workstation. The following tasks are not required for basic understanding of this workstation as they are encountered less frequently. Employees are encouraged to take the initiative as this section may be used for annual Performance Evaluation purposes. Additional tasks do not require the signature of the supervisor or designee.

Task	Trainee	Trainer	Date	Super or Designee	Date
Perform saline replacement for ABO Discrepancy with rouleaux					
Perform ABO type by manual gel card					
Perform history check using the Soft Backup					

TRAINER / COMPETENCY ASSESSOR QUALIFICATION SHEET

Name of Employee	
Employee ID Number and Hire Date	
Job Title	

The Blood Bank supervisor designates experienced and competent staff to function as trainers based on the following qualifications.

Qualifications (check all that apply):

General Qualifications	
<input type="checkbox"/>	The trainer has been deemed competent for each test system / method for which he or she will train other employees.
<input type="checkbox"/>	For procedures for which the trainer will train other employees, the trainer maintains competency and knowledge of applicable changes.
<input type="checkbox"/>	For procedures for which the trainer will train other employees, the trainer completed his or her training program with practice opportunities, direct observation, and supervisor approval of training.
<input type="checkbox"/>	The trainer demonstrates skills in communicating with employees in training and gives appropriate feedback.
Additional Qualifications	
<input type="checkbox"/>	Trainer is considered a subject matter expert
<input type="checkbox"/>	Trainer made a presentation at professional conference(s)
<input type="checkbox"/>	Specialist in Blood Bank (SBB)
<input type="checkbox"/>	Participation in vendor "train the trainer" course
<input type="checkbox"/>	Other qualifications (specify):

The Blood Bank supervisor assigns well qualified employees to be competency assessors. This employee has been assigned to be a competency assessor for the following test systems or competencies, based on the qualifications listed above.

Test Systems or Competencies for which Employee has been Assigned to be a Competency Assessor

Statement of Qualification

The above-named employee has been identified by the Blood Bank Supervisory staff as highly skilled, experienced and qualified. The employee is authorized to train new and established employees in the Blood Bank department and to assess competency for the test systems or competencies listed above.
Supervisor / Date:

Transfusion Medicine Station Observation Checklist: Antibody Identifications/ Special Procedures

Minimal Training Requirements			
<p>When the trainee has confidently completed all tasks in this section and read any applicable SOPs, he/she may work this station without a trainer. Confidence is when the employee (1) has witnessed the procedure (2) feels he/she could find procedure (3) is familiar with all equipment and tools of the procedure (4) and could successfully execute the procedure given ample time. At that point the trainee and trainer can document the line.</p>			
Task	Trainee	Trainer	Date
DAT by tube; read procedure/ perform; DAT QC Rack; >2+ critical value; saline control			
ABID in gel; read procedure/perform ABID in gel; rule out; rule in; fresh cells, autocontrol			
ABID by tube; read/procedure and practice doing an ABID by tube, 60 Minute No LISS			
ABID Interpretation; read procedure and perform ABID on Rh neg mom with positive screen; discuss use of 3 cell screen for panreactivity due to gel preservative			
Check expiration of reagents before using			
Antigen Typing; read procedure/ perform antigen type in gel and tube; QC in comp; document in computer; downtime form; no transfusions in 90 days;			
Know when to genotype (WAA, 3 or more antibodies, daratumumab, sickle / thalassemia)			
Know when to request a phenotype			
Submission of sample to reference lab; read procedure and submit sample for testing			
Sickle Cell Testing; read procedures/perform unit/patient sickle typing; Sickle patients fresh; CEK; SIC codes			
Read procedures and discuss cold ab workup; clin insignificant; Pre-warm caution			
A Subgrouping: read procedure/perform a A2 subtype;			
Perform Anti-A1 workup (real or practice); AP XM			
WAA investigation; read/ discuss WAA investigation; flowchart; phenotype; notify if incompatible; consider possible anti-CD38			
DTT investigation: read procedure/discuss; DTT destroys K; K negative units			
Transfusion Reactions: read procedures and complete the transfusion reaction; report; call; file paper			
Eluates: read procedures and perform at least one eluate (Dayshift Only)			
Antibody Titrations: Read/Perform and perform at least 2 titers; frequency; cell select; reporting; file paper (Dayshift only)			
Quality Control: Read procedure and perform LISS and NO LISS QC			
HTLA/BgA Investigations; read policy and discuss HTLA/BgA investigations			
Read P116 and perform review of next day surgery schedule			
Competency: Complete 3 (non-Rhlg) antibody workups with Direct Observation Complete 2 post Rhlg antibody workups with Direct Observation			
<p>I have reviewed the training for the employee on this station and give him/her permission to work this station independently.</p> <p>Sign: _____ (supervisor or designee / date)</p>			

Additional Skills Acquired

The trainee may observe or complete additional tasks to become more proficient at this work station. The following tasks are not required for basic understanding of this work station as they are encountered less frequently. Employees are encouraged to take the initiative as this section may be used for annual Performance Evaluation purposes. Additional tasks do not require the signature of the supervisor or designee.

Task	Trainee	Trainer	Date	Super or Designee	Date
HTLA/Anti-Bg ^a Investigation; read procedure and perform					
DTT Investigation; read procedure and perform DTT Treatment, QC, screens and crossmatches					

Transfusion Medicine Station Observation Checklist: Ortho Vision Automation

Minimal Training Requirements			
<p>When the trainee has confidently completed all tasks in this section and read the applicable SOP, he/she may work this station without a trainer. Confidence is when the employee (1) has witnessed the procedure (2) feels he/she could find procedure (3) is familiar with all equipment and tools of the procedure (4) and could successfully execute the procedure given ample time. At this point the trainee and trainer can document the line.</p>			
Task	Trainee	Trainer	Date
Read and discuss manufacturer online training, reference materials, and binders			
Completed Ortho Vision Analyzer Customer Training Checklist			
Understand automation components -centrifuge, camera, carousel, colored racks			
Demonstrate knowledge of reagents (temperature, expiration, saline refill, waste)			
Routine Testing: read procedure and discussed workflow			
Ortho Vision Maintenance: read procedure and perform daily maintenance, alcohol, NaOH and safety with each.			
Load reagents with no bubbles and with evaporation caps; diluent 24 hours			
Load cards with spaces; partially used cards; multiple lots			
Perform emptying waste and replacing reagents			
Discuss weekly, monthly, yearly and as needed maintenance			
Ortho Vision Quality Control: read procedure and perform daily QC; Alba Q and expirations			
Documents all QC/maintenance activities appropriately on logs			
Results QC racks in LIS.			
Understands which tests are automated			
Understand the continuous feed process and prioritization			
Load samples; proper centrifugation time, hemolysis, bubbles, clots, fibrin			
Demonstrate knowledge of user interface, testing status, errors, loading, reagents, estimated times			
Proficiently use dashboard and understand the status codes; light on top of analyzer			
Demonstrates ability to manual order tests and understanding of downtime			
Ortho Vision Manual Card Review: read procedure and utilizes the manual review rack appropriately			
Valid grades, editing grades/modifying results and sending/resending to LIS			
Demonstrates proper follow up for rejected / low volume cards / barcode read errors			
Weak D: Read procedure and understand the Weak D policy with automation			
Verifying automated results in LIS; proper result racks			
Archiving Results			
Printing Patient Results			
Searching Patient Results			
Discuss Vendor Hotline Notification and instrument problem log			
<p>Print:</p> <p>I, _____ (supervisor or designee), have reviewed the training for the employee on this station and give _____ (employee) permission to work this station independently.</p> <p>Sign: _____ (supervisor or designee / date)</p>			

Additional Skills Acquired

The trainee may observe or complete additional tasks to become more proficient at this work station. The following tasks are not required for basic understanding of this work station as they are encountered less frequently. Employees are encouraged to take the initiative as this section may be used for annual Performance Evaluation purposes. Additional tasks do not require the signature of the supervisor or designee.

Task	Trainee	Trainer	Date	Super or Designee	Date
Perform weekly maintenance					
Perform monthly maintenance					
Perform image system cleaning					
Preparation of Positive and Negative Gel DAT QC Samples: Read policy and prepared gel DAT QC samples					
Perform ABO Retyping of Donor RBC					
Antigen Typing: Read procedure and performed antigen screening on the Vision; documents result correctly in LIS					
Serological Crossmatching: read procedure and perform gel crossmatches on Vision					

Transfusion Medicine Station Observation Checklist: Crossmatch

Minimal Training Requirements			
When the trainee has confidently completed all tasks in this section and read the applicable SOP, he/she may work this station without a trainer. Confidence is when the employee (1) has witnessed the procedure (2) feels he/she could find procedure (3) is familiar with all equipment and tools of the procedure (4) and could successfully execute the procedure given ample time. At this point the trainee and trainer can document the line.			
Task	Trainee	Trainer	Date
Read and discuss RBC Crossmatch Guidelines, Serological Crossmatching and Electronic Crossmatches.			
Read Serological Confirmation of ABO/Rh and discuss specimens for ABO Confirmation			
Special Transfusion Requirements: read procedure and discuss order triage, Pathologist Review, generating by diagnosis, patient location, Dr. request			
Autologous and Directed Donations: read and discuss crossmatching autologous and directed units			
Investigation of Incompatible Crossmatches: read and discuss incompatible crossmatches; unit tags; further investigation			
Perform electronic crossmatch by selecting appropriate blood			
Utilize patient caution window and comments; check B#; testing complete			
Utilize the criteria used for setting up blood (hearts, low hgb, special requirements)			
Newborn Testing Compatibility Guidelines: read procedure and understand newborn requirements and utilizing baby log			
Set up units per policy; antibody patients; moms; babies; baby log; GND/RNDs			
Choose appropriate units; Rh Neg patient rules; Know Jehovah's Witness policy			
Choose special requirements when necessary (fresh, irradiation, CMV, antigen negative)			
Know the computer will not warn when giving Rh Pos to Rh Neg; nor irradiated in EI			
Making a Test Cell Suspension: Read and make a 3% cell suspension; Make a 0.8% using automatic pipette			
Saline Replacement: read procedure and discuss rouleaux, saline replacement			
ABO Rh Discrepancies: read policy and discuss GND/RND and green sheet; select O units; IS crossmatches			
Serological Crossmatching: read procedure and successfully perform gel crossmatches; Antigen negative units			
Policies for Massive Transfusion/Emergency Release: Read procedure and perform IS crossmatches.			
Perform 60min No LISS QC and crossmatches; read at 37°C			
Know how to order/select multiple XM codes in the computer			
Antigen Typing: Read procedure and performs antigen typing and adds appropriate billing charges in LIS			
Tagging Blood Products: read procedure and perform unit tagging			
Prewarm technique: read procedure and understands pre-warming requires MD approval			
Competency: Observe trainee successfully allocating units for patients for 1 day according to procedures			
Print: I, _____ (supervisor or designee), have reviewed the training for the employee on this station and give _____ (employee) permission to work this station independently. Sign: _____ (supervisor or designee / date)			

Refer to Employee Orientation, Training and Competency Assessment.

Employee _____

Additional Skills Acquired					
<p>The trainee may observe or complete additional tasks to become more proficient at this workstation. The following tasks are not required for basic understanding of this workstation as they are encountered less frequently. Employees are encouraged to take the initiative as this section may be used for annual Performance Evaluation purposes. Additional tasks do not require the signature of the supervisor or designee.</p>					
Task	Trainee	Trainer	Date	Supervisor Designee	Date
Review of the Surgery Schedule: read procedure, review the surgery schedule for hearts, ABO Confirmatory specimens, and antibodies.					
Be familiar with the Surgical Blood Order Schedule (SBOS)					

Transfusion Medicine Station Observation Checklist: Incoming Blood Products

Minimal Training Requirements			
When the trainee has confidently completed all tasks in this section and read the applicable procedure, he/she may work this station without a trainer. Confidence is when the employee (1) has witnessed the procedure (2) feels he/she could find procedure (3) is familiar with all equipment and tools of the procedure (4) and could successfully execute the procedure given ample time. At this point the trainee and trainer can document the line.			
Task	Trainee	Trainer	Date
Visual Inspection of Blood Products: read/discuss; visual inspection binder			
Receiving Blood Components from an Outside Source: read/discuss			
Perform receiving shipment / sign / location of boxes			
Perform time stamp / temperature			
Perform storage upon receipt			
Discuss directed and autologous units; entry into Softbank CDM			
Discuss apheresis red cells/ multiple units with same Donor ID			
Perform scanning rbc's into computer / attributes / baby units CDM TR501			
Perform pull and label segments / storage prior to testing			
Perform proper placement of boxes and paperwork (invoice)			
Performs confirmatory typing of donor RBC by manual tube method <ul style="list-style-type: none"> • Ensure reagent has been QC • Makes 3% suspension and test with Anti-A and Anti-B • Tests Rh neg units with Anti-D • Return of Units to storage before testing is complete 			
Documents results of confirmatory typing in LIS; Blood Bank CDM			
Performs proper completion and placement of ABO Confirmation Labels			
Perform receipt of FFP & Cryoprecipitate into computer			
Demonstrate and perform safety with cryo gloves/dry ice storage			
Platelet Storage: read and discuss platelet transport/storage; high titer, Group O			
Performs receipt of platelets/ stickers/swirling/storage			
Performs receipt of transfer products from another Beaumont Hospital			
Competency: Direct Observation 100% accuracy 12 blood products			
Print:			
I, _____ (supervisor or designee), have reviewed the training for the employee on this station and give _____ (employee) permission to work this station independently.			
Sign: _____ (supervisor or designee / date)			

Employee _____

Additional Skills Acquired					
<p>The trainee may observe or complete additional tasks to become more proficient at this workstation. The following tasks are not required for basic understanding of this workstation as they are encountered less frequently. Employees are encouraged to take the initiative as this section may be used for annual Performance Evaluation purposes. Additional tasks do not require the signature of the supervisor or designee.</p>					
Task	Trainee	Trainer	Date	Supervisor or Designee	Date
Routine Testing Ortho Vision: read procedure and performs ABO Confirmation on Vision					
Antigen Typing: Read and performs unit Antigen confirmation or screening.					

Transfusion Medicine Station Observation Checklist: Phone/ Triage Incoming

Minimal Training Requirements

When the trainee has confidently completed all tasks in this section and read the applicable procedure, he/she may work this station without a trainer. **Confidence** is when the employee (1) has witnessed the procedure (2) feels he/she could find procedure (3) is familiar with all equipment and tools of the procedure (4) and could successfully execute the procedure given ample time. At this point the trainee and trainer can document the line.

Task	Trainee	Trainer	Date
Blood Bank Emergency Management procedure: read and discussed			
Communication with Caregivers procedure: read and discussed			
Demonstrate Phone Etiquette/ Transfer/ Phone lists/ Communication Board			
Demonstrate use of SoftBank Patient/Order/Display (not modify)			
Demonstrate knowledge of Specimen Status (received, in progress, complete)			
Demonstrate knowledge unit crossmatch status			
Demonstrate knowledge specimen outdate/ identifies situations when needs to be shortened			
Demonstrates knowledge of looking up patient in Epic			
Demonstrates proper handling of OR Cooler Requests			
*Emergency Issue/ Massive Phone Call/ Communication Form and protocol			
Handling incoming paperwork; Epic order shingles, additional xms, automated Soft reports etc.			
Sorting specimen (cords, outreach, extras specimens, etc.)			
Triaging and Identifying Acceptable Specimens: read procedure and consistently perform history checks, and confirm specimen requirements			
Understands how to reject specimens; nurse notification, cancel in Beaker, rejection log, RL Incident report, storage of sample			
Performs patient history review / shingles (searching by Name vs MRN)			
Tracks specimens into Beaker.			
Entering a follow up			
Verifies patient band # is received in Soft Bank (Patient/Order/Modify), discuss duplicate band #s			
Prepares OR coolers with sufficient ice and thermometer			
Patient Edit Demographic / Multiple MRN/ Completion of Fluorescent Label			
Competency: Handling 5 successful incoming phone calls			
Competency: Handling a mock emergency issue or massive call properly			
Competency: Observe trainee properly doing <ul style="list-style-type: none"> • 5 properly labeled samples • 5 outreach samples • 1 patient w/ antibody history • 1 rejected sample (can be mocked up) 			

Print:

I, _____ (supervisor or designee), have reviewed the training for the employee on this station and give _____ (employee) permission to work this station independently.

Sign: _____ (supervisor or designee / date)

Additional Skills Acquired

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Task	Trainee	Trainer	Date	Super or Designee	Date
Printer and replacement paper and cartridges					
Reprinting specimen labels					
Demonstrate how to Add/Edit/Delete patient file (Antigen, Antibody, Special Requirements or Comments)					

Transfusion Medicine Station Observation Checklist: Irradiation

*For those staff members who have received NRC clearance/access to the Irradiator in accordance with established security procedures

Minimal Training Requirements			
<p>When the trainee has confidently completed all tasks in this section and read the applicable SOP, he/she may work this station without a trainer. Confidence is when the employee (1) has witnessed the procedure (2) feels he/she could find procedure (3) is familiar with all equipment and tools of the procedure (4) and could successfully execute the procedure given ample time. At this point the trainee and trainer can document the line.</p>			
Task	Trainee	Trainer	Date
Read procedures and Appendix A/X-Ray Safety/Raycell MK2 Irradiator User's Manual			
Use of Rad-Sure indicators for Irradiating Blood: read procedure and discuss			
Irradiating Blood for Other Facilities: discuss and perform			
Special Requirements for Patients > 4 Months: read procedure and discuss; diagnosis and reasons to Irradiate			
Changing Expiration to 28 days; calendar			
Describe the safety precautions and the concept of the irradiation monitor badges			
State how to turn the RS3400 on/off; Routine 5-minute cool-down			
State function of condition mode and condition light; run condition mode at start of shift; empty chamber; 3 second start time; 10-15-minute completion; completion buzzer /light activated temporary; MD approval if used when condition cycle is indicated.			
Discuss the complete cycle run, completion buzzer/light activation until door opened			
Know how to open/close chamber door in all 3 key switch modes; use of Door release button; door should never be slammed, or rapidly opened/closed			
Discuss/Demonstrate loading/unloading the canister, proper placement/removal; canister retaining spring; finger notches, no metal objects other than small tube clamps.			
Min/Max blood products in cycle; 1 product in each canister; load in any configuration; canister fill line; >500ml large volume double bagged platelets			
Internal Cooling system: Cooling required light; department temperature			
Describe fault occurrence; documentation of Irradiator fault form; can still irradiate units after fault reset.			
Describe what to do if there is a partial irradiation			
Xray indicator lights; both illuminated vs alternating flashing; failed Xray indicator light.			
Affix the irradiation indicator. Confirm the indicator is NOT. Perform the loading the irradiator and filling out the log.			
Perform QC checks before irradiating.			
Perform loading of the irradiator and filling out the log			
Modify products in the computer. Labeling & Verifying.			
Note: All split units get irradiated; must be in original container; no deglyc'd units			
Competency: Observe trainee completing daily maintenance and properly irradiating a batch with no assistance. Completion of Radsources RS3400 Competency Quiz.			
<p>Print:</p> <p>I, _____ (supervisor or designee), have reviewed the training for the employee on this station and give _____ (employee) permission to work this station independently.</p> <p>Sign: _____ (supervisor or designee / date)</p>			

Additional Skills Acquired

The trainee may observe or complete additional tasks to become more proficient at this workstation. The following tasks are not required for basic understanding of this workstation as they are encountered less frequently. Employees are encouraged to take the initiative as this section may be used for annual Performance Evaluation purposes. Additional tasks do not require the signature of the supervisor or designee.

Task	Trainee	Trainer	Date	Super or Designee	Date
Opening a new box of Rad-sure indicators					
Perform Monthly PM; power cord check; door interlock mechanism/tongue check					
Cleaning of Canisters; acceptable cleaners; use mild detergent/disinfectant or Sani Cloths; do NOT use caustic chemicals (bleach/Hepacide) do NOT spray/pour liquid onto the irradiator.					