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|  | **Phlebotomy Training****IPP#8** | **Dept:**  | **Inpatient Phlebotomy 324305** |
| **Effective Date:** | **6/1/2015** |
| **Revised Date:** | **March 2019** |
| **Contact:** | **Laurie Watson** |
| **Name & Title: Greg Pomper, MD Medical Director** | **Date:** |  |
| **Signature:**  |

1. **General Procedure Statement:**  To give guidelines to staff concerning the proper process for training new employees.
	1. **Purpose:** This procedure is to serve as a guide for trained personnel in the Inpatient Phlebotomy Department to perform the services described herein. These guidelines should be used in conjunction with proper training and only by qualified Phlebotomists.
	2. **Responsible Department/Scope:**
		1. Procedure owner/Implementer: Inpatient Phlebotomy
		2. Procedure prepared by: Laurie Watson MT(ASCP)
		3. Who performs procedure: Inpatient Phlebotomy staff

1. **Procedure: Phlebotomy training**

In order to assure that each employee is capable of performing standard procedures and practices specific for Inpatient Phlebotomy, structured training protocols will be used to guide the employee through the orientation process. Upon completion of training, Competency will be accessed by written exam and through performance observations designed to demonstrate employee's ability to locate information, demonstrate safety practices, patient focus, decision making skills, and to conduct their routine daily activities.

a. Training categories

i. Safety, patient and employee

ii. Basic departmental and Organizational orientation

ii. Required Online training

iii. Computer systems

iv. Age specific and special needs training

1. Adults
2. Pediatrics
3. Geriatrics
4. Oncology
5. Behavioral Health
6. Renal Populations

v. Infection Control

vi. Patient Interactions

vii. Patient Adverse Reactions

vii. Phlebotomy procedures

ix. Documentation

x. Specimen Transport

xi. Patient Privacy

b. Checklists will be signed off upon completion of each category

c. Checklists will be held by the Coordinator to assure availability by trainers in all areas.

1. **Review/Revision/Implementation:**

All procedures must be reviewed at least every 2 years.

* All new procedures and procedures that have major revisions must be signed by the CLIA Laboratory Medical Director.

* All reviewed procedures and procedures with minor revisions can be signed by the designated section manager.
1. **Related Procedures:**
	1. **Competency Assessment IPP#12**
	2. **Adverse Patient Reactions IPP#19**
	3. **HIPPA IPP#6**
2. **References: GEN.40515, GEN.55450**
3. **Attachments:** **Training checklist**
4. **Revised/Reviewed Dates and Signatures:**

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| Review Date: | Revision Date: | Reason: | Signature: |
|  | 3/6/2017 | Reformatted to Medical Center standard template | Laurie Watson, MT, ASCP |
|  | 3/5/2019 | Revised signature page | Laurie Watson, MT(ASCP) |
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