
 <b>Wake Forest™ Baptist Health</b>	<b>Retrospective Color Blind Testing of Laboratory Testing Personnel</b>	<b>Department of Pathology</b>	
		<b>Effective Date:</b>	<b>6/25/2019</b>
		<b>Revised Date:</b>	<b>N/A</b>
		<b>Contact:</b>	<b>Lab Compliance</b>
<b>CLIA Laboratory Director Signature:</b> 		<b>Date Approved:</b>	<b>6/25/19</b>

**1) General Policy/Procedure Statement:**

In accordance with CAP standard GEN.55400, personnel must be tested for visual color discrimination. Personnel performing testing or other tasks that require color discrimination should be evaluated for difficulty with visual color discrimination. Evaluation is not required for personnel who do not perform such functions. Evaluation limited to discrimination of those colored items pertinent to the job is sufficient. Records of color discrimination testing OR functional assessment must be kept for the duration of employment.

**a) Scope:**

During an Employee Health Department software change, employee records to include color blind testing of those hired prior to August 2018, became difficult to locate. In order to have records readily available, the Pathology Laboratory Compliance Department is currently overseeing *Retrospective Color Blind Testing of Laboratory Testing Personnel*. The goal is to test all personnel hired prior to August 2018 in accordance with GEN.55400

**b) Responsible Department/Party/Parties:**

- i. Policy Owner: Laboratory Compliance, Quality Assurance (QA), Safety
- ii. Procedure: Pathology Department Lab CLIA Director Business Director, Associate Directors, Section Medical Directors, Section Managers/Assistant Managers are required to adhere to the requirements of this policy.
- iii. Supervision: The Pathology Administration, Laboratory Compliance and the CLIA Laboratory Director, shall ensure compliance with the requirements outlined in this document.
- iv. Implementation: Each applicable Associate Director, Section Medical Director and/or Section Manager/Assistant Manager is responsible for ensuring compliance with processes stated in this document.

**2) Introduction:**

This series of plates is designed to provide a test which gives a quick and accurate assessment of color vision deficiency of congenital origin. This is the most common form of color vision disturbances.

**3) Procedure:**

- a) Test in area lit adequately by daylight. When it is convenient only to use electric light, it should be adjusted as far as possible to resemble the effect of natural daylight.

- b) Hold the plates at 30 inches from the subject and tilt so that the plane of the paper is at right angles to the line of vision.
- c) The numerals which are seen on plates 1-14 are to be stated by the person tested, and each answer should be given without more than three seconds delay.
- d) If the subject is unable to correctly identify at least 12 of the 14 numbers, plates 15-20 are used, and must all be correctly identified.
- e) If the subject is unable to read numerals, plates 23-33 are used, and must be correctly identified by tracing the winding lines between the two X's with a finger. Each tracing should be completed within ten seconds. 9 of the 10 is considered passing.
- f) The results of the test are to be noted on the **Retrospective Color Blind Testing for Existing Pathology Department Staff** form (Attachment A). In the case there is a deficiency found, the Lab Compliance Specialist will note the deficiency on the form as well and notify leadership.

**4) Review/Revision/Implementation:**

- a) Review Cycle: Every two years. All new policies/procedures/guidelines and those that have major revisions must be reviewed/signed by the CLIA Laboratory Director.
- b) Office of Record: Laboratory Compliance, Quality Assurance (QA), Safety

**5) Related Policies: N/A**

**6) References: *The Series of Plates Designed as a Test for Colour-Deficiency*, Shinobu Ishihara**

**7) Attachments: Retrospective Color Blind Testing for Existing Pathology Department Staff form (Attachment A)**

**8) Review/Revisions:**

Review/ Revision Date	Revision	Signature

**Retrospective Color Blind Testing for Existing Pathology Department Staff:**

NAME: \_\_\_\_\_

SCORE: \_\_\_\_\_ out of \_\_\_\_\_

PASS

FAIL

Employee: \_\_\_\_\_

PRINT

SIGNATURE

DATE

NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Lab Compliance: \_\_\_\_\_

PRINT

SIGNATURE

DATE