Task Evaluation Form

| Universal<br>No. 003 |
|---|
| Task title:<br>Daily Quality Assurance Measures |
| Description of Task:<br>Daily quality control procedures include observations and recording of the temperature levels of all refrigerators, freezers and instruments. |
| Infection Risks:<br>Door handles and other surfaces may be contaminated. |
| Engineering Controls:<br>None |
| Work Practice Controls:<br>▪ Employees wear gloves and if required by the section a fluid-resistant lab coat when touching contaminated surfaces in the laboratory, this includes refrigerator and freezer doors.<br>▪ Wash hands after glove removal. |
| Job titles of employees performing task:<br>Manager, Supervisor, Sr. Tech, Med Tech, MLT, Lab Tech II, Lab Tech I, Clinical Support Tech II, HTL, Sr. HT, HT |
| Evaluation performed by: Donna Briscoe, MT(ASCP) Date: 3-20-19<br>Donna Briscoe, MT(ASCP)<br>Dept. Safety Committee Approval: Mary [illegible] Date: 3-13-19<br>Chairman, Safety Committee |
| Approved 05/08/02, Reviewed 05/14/03, Revised 05/12/04, Reviewed 05/11/05, 05/10/06, 05/09/07, Revised 05/14/08, Reviewed 05/13/09, 05/12/10, 11/09/11, 12/12/12, 12/04/13, 09/10/14, 06/10/15, 06/08/16, 06/07/17, 06/20/18, 03/13/19 |

Task Evaluation Form

Universal
No. 004

Task title:

Decontamination of Work Area

Description of Task:

The task is performed whenever a spill or splash occurs, and at the beginning of each shift. The work area is decontaminated with a hospital approved disinfectant.

Infection Risks:

Contamination of skin or open wound from contaminated surfaces.

Engineering Controls:

None

Work Practice Controls:

- Wear gloves and fluid-resistant lab coats or aprons.
- Wash hands after glove removal.

Job titles of employees performing task:

Manager, Supervisor, Sr. Tech, Med Tech, MLT, Lab Tech II, Lab Tech I, Clinical Support Tech II

Evaluation performed by: Donna Briscoe MT(ASCP) Date: 5-20-19
Donna Briscoe, MT(ASCP)

Dept. Safety Committee Approval: Mary Lehr Date: 3-13-19
Chairman, Safety Committee

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Task Evaluation Form

Universal
No. 007

Task title:

Recapping Vacutainer Tubes or Other Tubes

Description of Task:

Tubes are held individually, recapped with plastic caps and then placed in a rack for storage.

Infection Risks:

Possible spill or splash of serum or other body fluid

Engineering Controls:

Plastic caps that cover the rim of the tubes are used to protect employees from tube breakage and splattering.

Work Practice Controls:

- Employees wear gloves and long-sleeved, water-resistant gown or plastic apron.
- Wash hands after glove removal.

Job titles of employees performing task:

Manager, Supervisor, Sr. Tech, Med Tech, MLT, Lab Tech II, Lab Tech I, QA Tech, Clinical Support Tech II

Evaluation performed by: Donna Briscoe MT(ASCP) Date: 5-20-19
Donna Briscoe, MT(ASCP)

Dept. Safety Committee Approval: _____ Date: 3-13-19
Chairman, Safety Committee

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Task Evaluation Form

| Universal<br>No. 012 |
|---|
| Task title:<br>Transport of Specimens |
| Description of Task:<br>Transport of patient specimens. |
| Infection Risks:<br>Possible dropping of specimens, resulting in breakage and contamination of employees, floors, etc. |
| Engineering Controls:<br>Double containment carriers are used. |
| Work Practice Controls:<br>▪ Employees wear gloves and lab coats or aprons while transporting specimens.<br>▪ Wash hands after glove removal. |
| Job titles of employees performing task:<br>Manager, Supervisor, Sr. Tech, QA Tech, Med Tech, MLT, Lab Tech II, Lab Tech I, Clinical Support Tech II, Sr. Phleb, Phleb I Phleb II |
| Evaluation performed by: Donna Briscoe, MT(ASCP) Date: 5-30-19<br>Donna Briscoe, MT(ASCP)<br>Dept. Safety Committee Approval: Mary Fulton Date: 3-13-19<br>Chairman, Safety Committee |
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Task Evaluation Form

Universal
No. 017

Task title:

Phlebotomy - Venipuncture (Vacutainer)

Description of Task:

Appropriate identification procedures are executed. A non-latex tourniquet is placed on the patient's arm above the forearm. An appropriate vein is selected and the site area is cleansed with alcohol prep. A multi-sample needle is placed on a needle holder and the skin and the vein are penetrated. Appropriate vacutainer tubes are then placed on the needle holder until all blood samples have been drawn. The tourniquet is removed, the needle holder is then withdrawn and a protective dressing is placed over the puncture wound.

Infection Risks:

- Needle sticks either from handling the vacutainer needle or from needles left in the room
- Contamination of skin from broken or contaminated vacutainers
- Infection from airborne diseases such as TB
- Contamination of skin and mucous membranes from blood on puncture site or contamination from other body fluids

Engineering Controls:

- After withdrawing the multi-sample needle, the phlebotomist activates the sheath to cover the needle with their thumb while pointing the needle away from themselves and the patient.
- Special disposal bins for sharps are in each patient's room.
- Biohazard bags are used to transport blood samples from the patient's room back to the laboratory.
- Hand washing sinks and alcohol-based foam are available in each patient's room.

Work Practice Controls:

- Employee wears gloves and long sleeved lab coat throughout the procedure and replaces the gloves between patients.
- Replace lab coats if soiled.
- Wash hands after glove removal in the patient's room.
- Handle vacutainer tubes only if wearing gloves.
- Transport vacutainers in biohazard bags.
- Use vacutainer needle holders only once.
- Needle disposal bins in the patient's room are emptied when 75% full.
- Wear masks and gowns and respirators if appropriate when dealing with patients in isolation precautions.

Job titles of employees performing task:

Manager, Supervisor, Sr. Tech, QA Tech, Med Tech, MLT, Lab Tech II, Lead Phleb, Phleb I, Phleb II, Clinical Support Tech II

Evaluation performed by: Carol Hataway Date: 5/17/19
Carol Hataway, MT(ASCP)

Dept. Safety Committee Approval: _____ Date: 3/3-19
Chairman, Safety Committee

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Task Evaluation Form

Universal
No. 018

Task title:

Phlebotomy - Venipuncture (Syringe technique)

Description of Task:

Appropriate identification procedures are executed. A non-latex tourniquet is placed on the patient's arm above the forearm. An appropriate vein is selected and the site area is cleansed with an alcohol prep. A hypodermic needle or a winged infusion set is placed on the syringe and the skin and the vein are penetrated. Blood is withdrawn using the syringe plunger until an adequate quantity of blood has been obtained. The blood is dispensed into the appropriate tubes utilizing a safety transfer device. The tourniquet is removed and a protective dressing is placed over the puncture wound.

Infection Risks:

- Needle sticks either from handling the syringe or from needles left in the room
- Contamination of skin from incorrect use of the syringe
- Contamination of skin while dispensing aliquots of blood from syringe
- Contamination of skin from broken or contaminated vacutainers
- Infection from airborne diseases such as TB
- Contamination of skin and mucous membranes from blood on puncture site or contamination from other body fluids

Engineering Controls:

- After withdrawing the hypodermic needle or the winged infusion set, the phlebotomist activates the sheath to cover the needle with their thumb while pointing the needle away from themselves and the patient.
- Use a transfer device to dispense the blood into the appropriate tubes.
- Special disposal bins for sharps are in each patient's room.
- Phlebotomy trays with racks are used to transport blood samples from the patient's room back to the laboratory.
- Hand washing sinks and alcohol-based foam are available in each patient's room.

Work Practice Controls:

- Employee wears gloves and long sleeved lab coat throughout the procedure and replaces the gloves between patients.
- Replace lab coats if soiled.
- Wash hands after glove removal in the patient's room.
- Handle vacutainer tubes only if wearing gloves.
- Transport vacutainers in biohazard bags.
- Use vacutainer needle holders only once.
- Needle disposal bins in the patient's room are emptied when 75% full.
- Wear masks and gowns and respirators if appropriate when dealing with patients in isolation precautions.

Job titles of employees performing task:

Manager, Supervisor, Sr. Tech, QA Tech, Med Tech, MLT, Lab Tech II, Lead Phleb, Phleb I, Phleb II, Clinical Support Tech II

Evaluation performed by: Carol Hataway Date: 5/17/19
Carol Hataway, MT(ASCP)

Dept. Safety Committee Approval: Mary Fahn Date: 3/13/19
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Task Evaluation Form

Universal
No. 019

Task title:

Heelstick/Fingerstick

Description of Task:

Appropriate identification procedures are executed. An appropriate site is selected and the site (heel, fingertip) is cleansed with alcohol prep. An appropriate fingerstick device or a heelstick device is placed on the site and released to penetrate the skin. The first drop of blood is wiped away with a 2 X 2 gauze. Subsequent drops are collected until all blood samples have been drawn. The lancet is discarded in an approved container in the patient's room. Pressure is held on puncture site until bleeding has stopped.

Infection Risks:

- Needle stick from handling the lancet or from needles left in the room
- Infection from airborne diseases, such as TB
- Contamination of skin while dispensing blood into appropriate tube or wiping first drop of blood
- Contamination of skin from broken or contaminated vacutainers
- Contamination of skin and mucous membranes from blood on puncture site or contamination from other body fluids

Engineering Controls:

- After penetrating the skin, the blade retracts into the plastic case and cannot be reused.
- Phlebotomy trays with racks are used to transport blood samples from the patient's room back to the laboratory
- Special disposal bins for sharps are in each patient's room.
- Hand washing sinks and alcohol-based foam are available in each patient's room

Work Practice Controls:

- Employee wears gloves and long sleeved lab coat throughout the procedure and replaces the gloves between patients.
- Replace lab coats if soiled.
- Wash hands after glove removal in the patient's room.
- Handle vacutainer tubes only if wearing gloves.
- Transport vacutainers in biohazard bags.
- Needle disposal bins in the patient's room are emptied when 75% full.
- Wear masks and gowns and respirators if appropriate when dealing with patients in isolation precautions..

Job titles of employees performing task:

Manager, Supervisor, Sr. Tech, QA Tech, Med Tech, MLT, Lab Tech II, Lead Phleb, Phleb I, Phleb II, Clinical Support Tech II

Evaluation performed by: Carol Hataway Date: 5/17/19

Carol Hataway, MT(ASCP)

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Task Evaluation Form

Universal
No. 020

Task title:

Phlebotomy - venipuncture (Butterfly)

Description of Task:

Appropriate identification procedures are executed. A non-latex tourniquet is placed on the patient's arm above the forearm. An appropriate vein is selected and the site area is cleansed with alcohol prep. A winged infusion set (Butterfly) is attached to a syringe or to an access device and the skin and the vein are penetrated. Appropriate blood is drawn and dispensed into the appropriate tubes. The tourniquet is removed, the winged infusion set is then withdrawn and a protective dressing is placed over the puncture wound.

Infection Risks:

- Needle sticks either from handling the vacutainer needle or from needles left in the room
- Contamination of skin from broken or contaminated vacutainers
- Infection from airborne diseases such as TB
- Contamination of skin and mucous membranes from blood on puncture site or contamination from other body fluids

Engineering Controls:

- After withdrawing the winged infusion set, the phlebotomist activates the sheath to cover the needle with their thumb while pointing the needle away from themselves and the patient.
- Use a transfer device to dispense the blood into the appropriate tubes via the butterfly.
- Special disposal bins for sharps are in each patient's room.
- Use phlebotomy trays with racks to transport blood samples from the patient's room back to the laboratory.
- Hand washing sinks and alcohol-based foam are available in each patient's room.

Work Practice Controls:

- Employee wears gloves and long sleeved lab coat throughout the procedure and replaces the gloves between patients.
- Replace lab coats if soiled.
- Wash hands after glove removal in the patient's room.
- Handle vacutainer tubes only if wearing gloves.
- Transport vacutainers in biohazard bags.
- Use vacutainer needle holders only once.
- Needle disposal bins in the patient's room are emptied when 75% full.
- Wear masks and gowns and respirators if appropriate when dealing with patients in isolation precautions.

Job titles of employees performing task:

Manager, Supervisor, Sr. Tech, QA Tech, Med Tech, MLT, Lab Tech II, Lead Phleb, Phleb I, Phleb II, Clinical Support Tech II

Evaluation performed by: Carol Hataway Date: 5/17/19
Carol Hataway, MT(ASCP)

Dept. Safety Committee Approval: Mary Fehn Date: 3-13-19
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Task Evaluation Form

Universal
No. 021

Task title:

Removing Caps from Tubes

Description of Task:

The stoppers are removed from the vacutainer tubes.

Infection Risks:

- The outside of the vacutainer tube maybe contaminated
- The tube could be dropped or knocked over spilling serum or plasma
- Serum or plasma can be aerosolized when the stopper is removed

Engineering Controls:

- Face shield or
- Goggles and mask or
- Safety splash shield or
- Cover the stopper with a plastic backed biohazard wipe

Work Practice Controls:

- Wear gloves and lab coats or aprons while performing task.
- Decontaminate countertops each shift and after an obvious spill.
- Wash hands after glove removal.

Job titles of employees performing task:

Manager, Supervisor, Sr. Tech, Med Tech, MLT, Lab Tech II, Lab Tech I, Clinical Support Tech II, QA Tech

Evaluation performed by: Donna Briscoe, MT(ASCP) Date: 5-20-19
Donna Briscoe, MT(ASCP)

Dept. Safety Committee Approval: Mary Lohr Date: 3-13-19
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Task Evaluation Form

Universal
No. 022

Task title:

Cleanup of Biohazardous Spill

Description of Task:

Small Spill – Pick up any broken glass and discard in a broken glass container or a puncture-resistant sharps container. Wipe up blood or body fluid with paper towels. Disinfect area with a hospital-approved disinfectant.

Large Spill – Surround the area of the spill with absorbent paper towels to prevent spreading. Pick up any broken glass and discard in a broken glass container or a puncture-resistant sharps container. Wipe up blood or body fluid with paper towels. Disinfect area with a hospital-approved disinfectant.

Infection Risks:

- The employee may cut himself with broken glass
- Surfaces and the towels used for cleanup are contaminated with body fluids or blood

Engineering Controls:

- Use mechanical devices (hemostat and/or two pieces of cardboard) to pick up sharps and broken glass.
- Use puncture-resistant containers for disposal.
- Biohazard trash bin for disposables are available.

Work Practice Controls:

- Employees wear gloves and water-resistant lab coats or aprons.
- Disinfect all surfaces contaminated by the spill using the hospital-approved disinfectant.
- Wash hands after glove removal.

Job titles of employees performing task:

Manager, Supervisor, Sr. Tech, Med Tech, MLT, Lab Tech II, Lab Tech I, QA Tech, HTL, Sr. HT, HT, Clinical Support Tech II

Evaluation performed by: Donna Briscoe MT(ASCP) Date: 3-20-19

Donna Briscoe, MT(ASCP)

Dept. Safety Committee Approval: Mary Lehn Date: 3-13-19

Chairman, Safety Committee

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Task Evaluation Form

Universal
No. 023

Task title:

Pneumatic Tube System

Description of Task:

Placement or removal of biological specimens into the pneumatic tube system. All users must have documented training before using the tube system.

Infection Risks:

- Improperly closed container may leak or break.
- Breakage in the system can cause massive contamination to the system.

Engineering Controls:

- Use carriers that lock and are not cracked or broken.
- The clasp lock must be working properly.
- Close the carriers tightly before shipping.
- Laboratory carriers bear a biohazard label and are not used to ship pharmacy products.
- Specimens must be double contained, sealed to prevent leakage and include an absorbent pad in the package.

Work Practice Controls:

- Wear gloves and lab coats or aprons while performing task.
- Decontaminate countertops each shift and after an obvious spill.
- Wash hands after glove removal.

Job titles of employees performing task:

Manager, Supervisor, Sr. Tech, Med Tech, MLT, Lab Tech II, Clinical Support Tech II, QA Tech, Sr. Phleb, Phleb I, Phleb II, HTL, Sr. HT, HT

Evaluation performed by: Donna Briscoe, MT(ASCP) Date: 5-20-19
Donna Briscoe, MT(ASCP)

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