



TRAINING UPDATE

Lab Location: SGAH
Department: Phlebotomy

Date Distributed: 6/5/2012
Due Date: 6/30/2012

DESCRIPTION OF PROCEDURE REVISION

Name of procedure:
Adventist Behavioral Health Collection Protocol SGAH.P30 v000
Description of change(s):
<p>Previous sop titled 'Potomac Ridge Behavioral Health Collection Protocol' renamed and re-numbered, SOP updated to match current practice. Changes include:</p> <p>Section 4: update list of units, remove EMLA Cream</p> <p>Section 5:</p> <ul style="list-style-type: none">• Add instruction to check binder for additional orders• Add safety instructions• Add process for assigned ABH staff to assist / escort phlebotomist• Define order to proceed thru units (bottom to top) and specify drawing room or chair• Add warning to not approach patient until seated in drawing chair• Specify patient without an ID armband may NOT be drawn• Outline process for patient refusal• Add instruction to pickup other Lab specimens and order, label & receive in LIS; followup for un-received log• Add process for Stat collections• Additional instructions if no ABH staff available for escort <p>Section 6: add additional SOPs</p> <p>Section 9: add FOCUS concepts</p>

Approved draft for training all sites (version 000)

Non-Technical SOP

Title	Adventist Behavioral Health Collection Protocol	
Prepared by	Samson Khandagale	Date: 5/2/2012
Owner	Samson Khandagale	Date: 5/2/2012

Laboratory Approval		
Print Name and Title	Signature	Date
<i>Refer to the electronic signature page for approval and approval dates.</i>		
Local Issue Date:		Local Effective Date:

12 month (or new) management review and approval: Signature acknowledges SOP version remains in effect with NO revisions.		
Print Name	Signature	Date

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1. PURPOSE

Establish a safe and effective means of collections for specialized units.

2. SCOPE

To facilitate blood collections while protecting personnel and patient.

3. RESPONSIBILITY

Laboratory:

- To provide quality care for patients while keeping in accordance with Quest Diagnostics and Shady Grove Adventist Hospital policy and procedure stated below. It is the responsibility of all Phlebotomy Staff to collect blood and pick up lab specimens as scheduled, assigned and requested.

Adventist Behavioral Health:

- To provide a safe access to patients for Quest Diagnostics personnel. To ensure all patients test orders are accurate and to provide escort and proper patient identification to Quest Diagnostic personnel prior to any specimen collection.

4. DEFINITIONS

ABH – Adventist Behavioral Health (Potomac Ridge)

SCHIL – Shenandoah Unit

ASOB/ASO - Adolescent Boys Unit (Cypress Unit)

SPOT - Potomac Unit

SMONT - Montgomery Unit (SMARC)

SMAGN – Magnolia Unit

SCHE – Chesapeake Unit

SSEN – Seneca Unit

SIND – Indigo Unit

IOA/IOP – Outpatient Adults/Pediatrics

5. PROCEDURE

A. AM Collection Rounds

1. Orders for the next day collections are initiated by the ABH and sent via fax to the SGAH Laboratory Outpatient Lab. Orders and collection supplies are maintained appropriately for these collections beginning at 0630 AM. **All orders that are not entered will be in a binder on each unit labeled (LAB) to collect all ABH patients needing orders. This binder will be checked on each unit on a daily basis to make sure all orders are collected.**
2. The Phlebotomist will take adequate amount of blood collections supplies, keys to enter the ABH and tube type listing (if needed).

Notes:

- All labs supplies and already collected specimens must be kept concealed at all times and under no circumstances must a Phlebotomist hand out any phlebotomy supplies to a patient.
 - All non-sharp phlebotomy supplies used on a patient, along with gloves must be discarded in the bio-hazard red bag bins.
 - Used tourniquet can be rolled in the gloves as gloves are removed to be discarded. Use hand sanitizer or wash hands before the next draw is performed.
3. The Phlebotomist will follow proper Quest Diagnostics and Shady Grove Adventist Hospital dress code policy, **and in particular for the ABH this includes no dangling earrings, no ID badge lanyard around the neck or neck ties.** A clean lab coat must be worn at all times and ID badge displayed.
 4. The phlebotomist will arrive at ABH at 0630 AM, checking-in with the Charge RN and checking the LAB requisition book in order to facilitate all collections for that day. The phlebotomist will also make copies of all the requisitions needed for collection.

Note:

A charge RN will indicate which ABH staff member will assist the phlebotomist. This person must be present before, during, and after all collections of each patient for patient and phlebotomist safety. The assigned ABH staff member will give the phlebotomist a brief overview of the patient and describe their behavior over the last 24 hours (i.e. whether they have been striking out at others or not within the last twenty-four hours). The phlebotomist will not be allowed to enter a patient's room unless the patient is in isolation from other patients. **If the patient is isolated from other patients, ABH must assign at least a second escort to accompany the phlebotomist into the area for the draw.**

5. The phlebotomist will follow the subsequent order of units, **starting from the Lower Units and working their way upwards (see below),** to increase the efficiency and to have all specimens drawn in a timely manner. **Each unit has an assigned drawing room/exam room**

a. Upstairs/ Upper Units

- i. Shenandoah Unit (*Day Room w/Phlebotomy Chair*)
- ii. Magnolia Unit (*Exam Room*)
- iii. Cypress Unit (*Exam Room*)
- iv. Montgomery Unit (*Day Room*)

b. Downstairs/ Lower Units

- i. Chesapeake Unit (*Exam Room w/Phlebotomy Chair*)
- ii. Indigo Unit (*RM 136/Day Room*)
- iii. Potomac Unit (*Small Day Room w/Phlebotomy Chair*)
- iv. Seneca Unit (*Exam Room*)

Notes:

Blood draws on patients located in **Potomac** and **Seneca Units** can be the most challenging; Phlebotomist must be alert at all times. Help from the escort must be requested before blood draw if a patient's arm or the patient needs to be held down. Phlebotomist **must follow FOCUS concepts (see Addendum)** and maintain needle safety at all times.

Collection time begins at 0630 AM, 7 days per week. The specimens are to be collected and returned to the laboratory by 0800 AM. However, this time frame may fluctuate occasionally due to patient availability, additional patients added to AM collections without notice, or delay in escort by Nurse or Tech.

6. The Assigned ABH staff member will escort the patient to the designated Day Room or Exam Room where the phlebotomist will collect blood specimens from patients with the ABH staff member present at all times. **The phlebotomist may not approach the patient until the patient is seated in the designated chair for blood draws** by the assigned ABH staff member.
7. Phlebotomist will positively identify all patients using two unique identifiers; full name and date of birth. These identifiers are used to match the identification band to the requisition. Refer to the procedure Patient Identification for detailed instructions. **If NO identification band is present do not draw blood. The ABH staff member will be responsible for placing an Identification band on the patient before blood is collected.**
8. If the patient is in an isolation room, the blood draw may be performed in their room. In this instance the escorting ABH staff member must obtain assistance of a second ABH staff member to escort the Phlebotomist. (*See Note in step number 4*)
9. The phlebotomist will collect/draw the specimen, activate the safety shield on the sharps used and discard it in the Sharps container located in the medicine room or in the exam room. Label all tubes with patient's labels (LIS/HIS). Write tech code, date and the time of collection on each label. Place specimens in Biohazard zip-lock bag for delivery to the lab. Sanitize hands and proceed to the next draw.
10. **A Charge RN will be notified by the phlebotomist if the patient refuses to be drawn.**
 1. **Tests must be ordered and cancelled in LIS using the appropriate code for cancellation when patient refuses blood draw (Patient Refused: REFU).**

2. If the Charge RN's authorizes a phlebotomist to do so, tests should be reordered in LIS for collection the next day.
 3. Patients have the right to refuse to be drawn. Under no circumstances may a phlebotomist approach a patient who has refused or try to convince the patient to have the blood drawn.
11. Prior to leaving ABH, a Phlebotomist will collect properly labeled urine/stool/swabs or any other samples pertaining to Lab from the refrigerator in the *Seneca Unit* and appropriately order tests in the LIS. Label and receive these specimens in LIS (refer to SOP 'REI - Ordering Tests, Receiving Specimens, Reprinting Labels') before delivering them to Specimen Processing or the appropriate workstations within the lab.
 12. Phlebotomist will use the Un-received log to check that there are no pending orders. If there are pending orders, then investigate for duplication and cancel duplicate orders or reschedule as directed by Nurse. Refer to SOP Uncollected Specimen List, Lab Draw for more detail.

B. STAT Collection

1. Acceptable response time to report for a STAT collection is within two hours from receiving the STAT call or from when the order comes across to the lab. Notification of a STAT collection may arrive at the Front Desk of the lab, or to the Group Lead via phone or Vocera, or by phone directly into Phlebotomy section. The person receiving the notification will alert a Phlebotomist.
2. The Phlebotomist will pick up the lab Requisition from the Front Desk fax or take information from the Group Lead/Phone call to follow up with Nurse in ABH unit.
3. After reaching ABH, the Phlebotomist will pick up the Lab Requisition from the ABH unit and **only** then request the ABH escort to bring the patient to the appropriate drawing station (*see step A.5*). If ABH does not provide a written order (Lab Requisition / Down time slip with two unique identifiers), the patient will not be drawn and the Phlebotomist must notify the ABH charge nurse to submit a proper Lab Requisition.
4. If no ABH personnel are available for escort for the STAT collection, the Phlebotomist will contact ABH charge RN and Phlebotomy Supervisor and wait until staff member is available for escort.
Note: The Phlebotomist must not wait more than 10-15 minutes on the unit for an escort to arrive. If it takes longer than that, Phlebotomist must leave (notify Unit Clerk or ABH tech at the desk) to go to the next unit, complete those draws and then return.

If	Then
Patients become agitated or aggressive.	ABH staff member will provide a safe environment by remaining in close proximity to the phlebotomist and patient while the procedure is being conducted. If the ABH staff member is unable to be present then no collection will be performed in that Unit and the

Form revised 3/31/00

	phlebotomist will move on to the next Unit.
No proper identification of the patient.	All patients must be properly identified prior to the procedure. If the patient is not wearing an arm band, then the ABH staff member must provide proper identification.
You are struck by any patient in the ABH. -Injured or Not Injured	Report incident to ABH nursing supervisor of that unit and request an incident report be initiated. Report immediately to your supervisor. You will report to the Emergency department for evaluation if injured. Proper documentation must be initiated and completed in detail of the entire occurrence. Supervisor will conduct an investigation and report all findings to Quest Diagnostics, Chantilly Employee Health Services. All findings will be shared between the ABH and Quest Diagnostics management in order to prevent any further altercations.

6. RELATED DOCUMENTS

Patient Identification, Phlebotomy procedure
[Uncollected Specimen List, Lab Draw, Phlebotomy procedure](#)
[REI - Ordering Tests, Receiving Specimens, Reprinting Labels, LIS procedure](#)
[FOCUS Concept Training](#)

7. REFERENCES

None

8. REVISION HISTORY

Version	Date	Reason for Revision	Revised By	Approved By
		Supersedes SGAH.P01.000		

9. ADDENDA AND APPENDICES

[FOCUS Concepts for Phlebotomy Safety](#)

FOCUS Concepts for Phlebotomy Safety

FOCUS concepts are utilized for annual phlebotomy safety training. The topics are related to the draw of the specimen from the patient. The topics are:

- Greet the patient, see the patient, know the patient
- Sharps container ready
- Put on the PPE
- Prepare the patient
- Do the stick
- Movement? Drop it! Step Back!
- Remove and click.
- Drop it in the bucket