

## REQUIRED POLICIES LIST AND SIGN-OFF

EMPLOYEE NAME: \_\_\_\_\_ LOCATION: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

In your browser, from the **Connect** page (<http://chifh.catholichealth.net>) go to Policies & Procedures to search for the files below.

Procedure/Policy Title & No. in PolicyStat	Date Read	Initials		Date Read	Initials
<b>PERFORMANCE &amp; REVIEW</b>			<b>SAFETY POLICIES</b>		
Introductory Period, 220			Chemical Hygiene Plan		
Performance Evaluations, 285			Hazardous Materials Spill Response Procedure		
Corrective Action, 160			Infectious Waste Management Plan: Storage and Disposal		
Termination Process, 360			Biohazard, Sharps, and Waste Designation Tool		
			Laboratory Infection and Exposure Control Plan		
<b>TIME &amp; ATTENDANCE</b>			Infection and Exposure Control Lab SOP		
Attendance, 120			Bloodborne Pathogens Exposure Control Plan		
Tardiness, 355			Tasks Requiring Personal Protective Equipment (PPE)		
Timekeeping, 365			Code Triage Lab Disaster Response Plan		
• PAR FORM			Fire Emergency and Evacuation Policy		
Meal and Rest Periods, 250			Incident Reporting (IRIS)/Accident Reporting for employees		
Paid Time Off (PTO), 270			Hand Hygiene Policy		
Bereavement Leave, 135					
Family Medical Leave (FMLA), 200					
Jury & Witness Duty Leave, 230					
Medical Leave, 252					
Military Leave, 255					
			<b>Date Read</b>	<b>Initials</b>	
<b>ORGANIZATIONAL STANDARDS</b>			<b>QUALITY POLICIES</b>		
Standards of Conduct, 310.00			Quality Plan Introduction		
Harassment and Discrimination, 205			Quality Policy #1 – Organization		
Substance Abuse, Drug and Nicotine Testing, 345			Quality Policy #2 – Personnel		
Dress Policy, 165			Quality Policy #3 – Equipment		
Identification Badges, 210			Quality Policy #4 – Purchasing/Inventory		
Cellular Phones & Pagers, 137			Quality Policy #5 – Process Management		
Email Announcements, 025.00			Quality Policy #6 – Documents & Records		
Social Media, 327			Quality Policy #7 – Occurrence Management		
FHS Laboratory Scent Policy			Quality Policy #8 – Assessments		
Workplace Violence Prevention, 554			Quality Policy #9 – Process Improvement		
Advance Directives, 300			Quality Policy #10 – Facilities & Safety		
Accommodation of Disabilities, 105			Quality Policy #11 – Information Management		
			Quality Policy #12 – Customer Service		
<b>MEDTRAINING MODULES - do as assigned during first week.</b>			Continuing Education Policy		
<a href="http://www.medtraining.org">www.medtraining.org</a>			Patient Safety & Error Management Policy		
password = "password"			(TECHS Only) Proficiency Testing and Sample Result Management - READ & SIGN PT Attestation		

**EMPLOYEE SAFETY PRODUCT USAGE**

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> St. Joseph Medical Center, Tacoma, WA | <input checked="" type="checkbox"/> St. Clare Hospital Lakewood, WA     | <input checked="" type="checkbox"/> St. Anne Hospital Burien, WA               |
| <input checked="" type="checkbox"/> St. Francis Hospital, Federal Way, WA | <input checked="" type="checkbox"/> St. Anthony Hospital Gig Harbor, WA | <input checked="" type="checkbox"/> St. Michael Medical Center, Silverdale, WA |
|   | <input checked="" type="checkbox"/> St. Elizabeth Hospital Enumclaw, WA | <input checked="" type="checkbox"/> PSC  |

The OSHA Bloodborne Pathogen standard requires that employers with employees that have occupational exposure to blood borne pathogens must consider, and where appropriate, use effective engineering controls, safe work practices, and safer medical devices, in order to reduce the risk of injury from needle sticks and from other sharp medical instruments. As part of the Laboratory Infection and Exposure Control Plan, CHI Franciscan Laboratory staff provide feedback on available safety products used for blood collection through formal requests for feedback or through quality event (IRIS or quality form) reporting. Lab standard operating procedures and required Personal Protective Equipment (PPE) have been identified to control occupational blood borne pathogen exposure for all staff members.

- Safety vacutainer and syringe needles are to be used for routine phlebotomy procedures. It is unacceptable to perform vacutainer or syringe blood draw with any non-safety style needle. • Used needles are never recapped, broken, bent, or removed from disposable syringes or otherwise manipulated by hand.
- Blood transfer devices are used to transfer blood from a syringe to a vacuum tube. Do not apply pressure to the syringe to force blood into the tube while using the transfer device.
- The sheathed vacutainer needle or winged-set needle assembly will be disposed of along with the vacutainer holder. A needle is never twisted off the vacutainer holder.
- Push button winged sets are activated in the patient vein, as intended. It is unacceptable to engage the safety mechanism after removal from the patient vein.

I have read, understand, and will adhere to the Laboratory Infection and Exposure Control Plan policy “Tasks Requiring the Use of Personal Protective Equipment”. Failure to utilize the appropriate safety products and/or PPE according to the policy to control occupational blood borne exposure as trained while performing laboratory procedures, may result in disciplinary action.

EMPLOYEE  
NAME: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Print/Sign)



# CHI Franciscan HAZARDOUS CHEMICAL COMMUNICATION

- St. Joseph Medical Center, Tacoma, WA
- St. Francis Hospital, Federal Way, WA

- St. Clare Hospital Lakewood, WA
- St. Anthony Hospital Gig Harbor, WA
- St. Elizabeth Hospital Enumclaw, WA

- St. Anne Hospital Burien, WA
- St. Michael Medical Center, Silverdale, WA
- PSC

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

JOB TITLE: \_\_\_\_\_

ELEMENT	RESOURCE	INITIAL & DATE
Review of Spill Response Plan	<p><b>Source:</b> Document Control (PolicyStat)</p> <ul style="list-style-type: none"> <li>• CHI Franciscan Hazardous Waste and Spill Response and spill reporting form Policy 530.00</li> <li>• Universal Spill Kit location and contents</li> <li>• Policy Stat -Formaldehyde (Formalin) Spill Protocol availability</li> <li>• <u>Code Orange-Internal and External</u></li> </ul>	
Posting of Emergency Numbers 5555 or 9, 911	<p><b>Source:</b> Document Control (PolicyStat)</p> <ul style="list-style-type: none"> <li>• CHI Franciscan Hazardous Waste and Spill Response Guidelines 530.00</li> <li>• Staff Badge buddy</li> </ul>	
Review Chemical Handling Procedures for CHI Franciscan Labs that cover proper chemical handling, storage, disposal, and first aid	<p><b>Source:</b> Document Control (PolicyStat) <b>Policy Area:</b> Lab/Safety, on the Intranet Home Page, and in Medtraining modules</p> <ul style="list-style-type: none"> <li>• Chemical Hygiene Plan with attached Chemical Inventory</li> <li>• Tasks Requiring Use of Personal Protective Equipment</li> <li>• 3E SDS on Home Page Quick Links/Tools and Applications for staff review</li> <li>• Hazardous Drugs and Lab Samples education</li> </ul>	
Chemical Management	<p><b>Source:</b> Laboratory Safety Tour and Policy Reading assignments</p> <p>Engineering Controls:</p> <ul style="list-style-type: none"> <li>• Chemical bottle carriers, chemical cabinets, fume hoods, face shields, gloves, lab coats. formalin gas monitoring in the Microbiology area</li> <li>• Chemical Management:</li> <li>• Ordering small quantities in plastic bottles whenever possible</li> <li>• Standard Operation Procedures for Chemical Safety</li> <li>• Tasks Requiring the Use of Personal Protective Equipment policy</li> <li>• No eating, drinking, or chewing gum in Lab</li> <li>• No applying cosmetics or handling contact lenses, etc.</li> </ul>	

**Regional Laboratories**  
**New Employee General Safety Orientation KEY ELEMENTS**

New Hire Name: \_\_\_\_\_

Hire Date: \_\_\_\_\_

Site: \_\_\_\_\_ Job Title: \_\_\_\_\_

Today's Date: \_\_\_\_\_

<b>General Lab Orientation Presentation:</b> <i>Check off Key Elements as you review topics in the day's presentation</i>	<b>Initials and Review Date</b>
<ul style="list-style-type: none"> <li><input type="checkbox"/> New Hire Objectives for the day</li> <li><input type="checkbox"/> View and discuss VMFH Laboratory New-Hire Orientation presentation</li> <li><input type="checkbox"/> Review Lab Safety Plan, Lab Quality Plan, Intranet resources, and how to find policies</li> <li><input type="checkbox"/> Understand the National Patient Safety Goals relevant to your job.</li> <li><input type="checkbox"/> Learn to navigate the Lab Intranet portal</li> <li><input type="checkbox"/> Review Documents to be signed and collected</li> </ul>	
<p>Housekeeping</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> ID badge, Kronos time clocks and exception log. (Pay type during Orientation is Education - should be noted on the edit log or when using the time clock)</li> <li><input type="checkbox"/> Restrooms location, breaks and lunches</li> <li><input type="checkbox"/> Definitions and common Lab jargon from the Presentation</li> <li><input type="checkbox"/> Documents overview</li> </ul>	
<p><b>Who We Are... VMFH/CHI Organization and VMFH/CHI Laboratory Services</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Franciscan Culture and Values</li> <li><input type="checkbox"/> Lab Organizational Chart and Chain of Command</li> <li><input type="checkbox"/> Contracted reference lab and VMFH Labs</li> </ul>	
<p><b>Quality at VMFHLabs: Lab Quality Plan = 12 Quality Policies</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Quality Culture is to strive for: 1) <b>Survey-Readiness</b>, and 2) <b>Excellence Everyday</b></li> <li><input type="checkbox"/> METHOD for hospital performance improvement process: <b>PDCA</b> (Plan, Do, Check, Adjust) and the use of <b>Lean</b> principles and <b>Rapid Process Improvement</b> activities</li> <li><input type="checkbox"/> The <b>Quality Form</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Locate and familiarize yourself with this document – when, why, how to use</li> </ul> </li> <li><input type="checkbox"/> Q: Who is responsible for maintaining Quality in the lab?? A: _____ .</li> </ul>	
<p><b>Policies AND Information for the Workplace</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Our Intranet = <i>VMFH Connect</i>. Home Page: a primary source of employee information</li> <li><input type="checkbox"/> CONNECT Quick Links – to commonly-accessed pages</li> <li><input type="checkbox"/> Lab Policies and Hospital Policies – Document Control/<b>Policy Stat</b> [access from CONNECT]</li> <li><input type="checkbox"/> Human Resources policies - Document Control/<b>PolicyStat</b></li> <li><input type="checkbox"/> Dress Code, Scent, Smoke, Badge, Nails, Workplace Harassment - on Doc Control/<b>PolicyStat</b></li> <li><input type="checkbox"/> EMPLOYEE CENTRAL = benefits, copies of paychecks, etc.</li> <li><input type="checkbox"/> Google Workspace, (Drive, Calendar, Mail) Employee Email - GMAIL</li> </ul>	

## WORK: NUTS & BOLTS

- Licensure Documentation and Continuing Education needs
- Licensure is kept current or you are taken off the schedule
  - Techs: Need copy of educational transcripts, and your ORIGINAL ASCP Certificate
  - Phlebotomists: You are responsible for providing and maintaining a current MA-Phlebotomist Certificate. Keep licensure current!
  - All staff should document voluntary continuing education activities for annual performance review. All staff have a Continuing Education (CE) file.
- Time & Attendance
  - Kronos system for badging in and out (Education for Orientation)
  - Exception Log for MISTAKEN punches
  - Call in for any shift you are scheduled for and cannot make
- EPIC
  - Citrix portal for Epic
  - Beaker = the Lab module for Epic
- Corrective Action / Disciplinary Process
  - Epic Fair Warning consequences
- [www.medtraining.org](http://www.medtraining.org) : Save your sign-on and password and can get to the site independently. Review of new documents will be pushed out to staff from this site with an email link.
  - ✓ REMEMBER your user ID (work email) and password for future www.medtraining usage
  - ✓ Complete all Mandatory Safety Modules assigned today with 80% passing
  - ✓ This website is also used to assign new lab documents for your review
  - ✓ Phlebotomists: will be assigned phlebotomy training modules by your trainers
  - ✓ Complete safety modules at 80% or better
- Lab Tour** (refer to and document on Department Specific Orientation Checklist)

## PATIENT EXPERIENCE

Guidelines for Excellent Patient Experience with the Lab

- AIDET and the Lab Culture (Lab Assistants)
- Service Recovery-4A's

## LAB COMPLIANCE PLAN and Compliance Policies

- Corporate Responsibility Plan to comply with local, state and federal laws
- HIPAA - single warning if there's a violation
- Pathways Training – FOR ANNUAL COMPLIANCE REVIEW
  - Anything in Pathways with a due date must be completed on time
- Ethics Hotline # 800-261-5607
- Locate CAP, Patient Safety, and Ethics Hotline #s (*hint: see badge*)
- No badge = out of Dress Code compliance; need to go to security for a temporary badge

**INFORMATION ACTIVITY-**

**Go to the Connect home page. Click to Quick Links then confirm you can find :**

- Hazardous Spill Policy 530.00 in Policy Stat: Review incidental and uncontrolled spill guidelines.
- Attendance and Tardiness Policy for allowable number of tardy occurrences in 6 month period
- From the Lab Infection and Exposure Standard policy, is chewing gum allowed in the lab?
- Where/How to access Epic from the VMFH Connect page

**SELF CHECKS- Ask if you are not clear on how to perform the following:**

From the **VMFH Connect Intranet Login page**

1. Can locate the link to access the learning assignments assigned to you
2. Can access Employee Central to view and edit benefits, etc.
3. You know that xMatters is the Emergency Event application

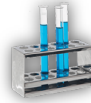
**EMPLOYEE SAFETY**

4. Can access 3E SDS database and view an SDS for formalin or 6N hydrochloric acid
5. Can locate Quick Links to document an employee accident (IRIS)

**PATIENT SAFETY**

6. Understands the 3 national patient safety goals that lab can impact
7. Can locate Patient Safety Hotline number
8. Can locate the Disaster Hotline
9. Can locate the Ethics Hotline

**Questions / Comments / Notes:**



## REQUIRED POLICIES LIST AND SIGN-OFF

EMPLOYEE NAME: \_\_\_\_\_ LOCATION: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

In your browser, from the **Connect** page (<http://chifh.catholichealth.net>) go to Policies & Procedures to search for the files below.

Procedure/Policy Title & No. in PolicyStat	Date Read	Initials		Date Read	Initials
<b>PERFORMANCE &amp; REVIEW</b>			<b>SAFETY POLICIES</b>		
Introductory Period, 220			Chemical Hygiene Plan		
Performance Evaluations, 285			Hazardous Materials Spill Response Procedure		
Corrective Action, 160			Infectious Waste Management Plan: Storage and Disposal		
Termination Process, 360			Biohazard, Sharps, and Waste Designation Tool		
			Laboratory Infection and Exposure Control Plan		
<b>TIME &amp; ATTENDANCE</b>			Infection and Exposure Control Lab SOP		
Attendance, 120			Bloodborne Pathogens Exposure Control Plan		
Tardiness, 355			Tasks Requiring Personal Protective Equipment (PPE)		
Timekeeping, 365			Code Triage Lab Disaster Response Plan		
• PAR FORM			Fire Emergency and Evacuation Policy		
Meal and Rest Periods, 250			Incident Reporting (IRIS)/Accident Reporting for employees		
Paid Time Off (PTO), 270			Hand Hygiene Policy		
Bereavement Leave, 135					
Family Medical Leave (FMLA), 200					
Jury & Witness Duty Leave, 230					
Medical Leave, 252					
Military Leave, 255					
			<b>Date Read</b>	<b>Initials</b>	
<b>ORGANIZATIONAL STANDARDS</b>			<b>QUALITY POLICIES</b>		
Standards of Conduct, 310.00			Quality Plan Introduction		
Harassment and Discrimination, 205			Quality Policy #1 – Organization		
Substance Abuse, Drug and Nicotine Testing, 345			Quality Policy #2 – Personnel		
Dress Policy, 165			Quality Policy #3 – Equipment		
Identification Badges, 210			Quality Policy #4 – Purchasing/Inventory		
Cellular Phones & Pagers, 137			Quality Policy #5 – Process Management		
Email Announcements, 025.00			Quality Policy #6 – Documents & Records		
Social Media, 327			Quality Policy #7 – Occurrence Management		
FHS Laboratory Scent Policy			Quality Policy #8 – Assessments		
Workplace Violence Prevention, 554			Quality Policy #9 – Process Improvement		
Advance Directives, 300			Quality Policy #10 – Facilities & Safety		
Accommodation of Disabilities, 105			Quality Policy #11 – Information Management		
			Quality Policy #12 – Customer Service		
<b>MEDTRAINING MODULES - do as assigned during first week.</b>			Continuing Education Policy		
<a href="http://www.medtraining.org">www.medtraining.org</a>			Patient Safety & Error Management Policy		
password = "password"			(TECHS Only) Proficiency Testing and Sample Result Management - READ & SIGN PT Attestation		



# Virginia Mason Franciscan Health™

## REGIONAL LABORATORY DEPARTMENT SPECIFIC ORIENTATION - Clinical LAB TOUR GUIDE

<b>Employee:</b> _____	<b>ASSIGNED LAB SITE:</b> SJMC   SFH   SCH SAH   SEH   SANH   SMMC
<b>Department:</b> LABORATORY	<b>Department Hire Date:</b> _____
<b>Job:</b> _____	<b>Introductory Evaluation Date:</b> _____

### New Laboratory Employee Department-Specific Orientation Instructions

1. Locate and initial/date each safety item on the Department Tour Checklist at the specific site lab you will be primarily assigned.
2. Applicable contents of the corporate and Lab policy manuals will be reviewed with trainee. Lab orientation new hire presentation is viewed.
3. Initial and date the review of Lab-specific safety products.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager OR Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Designee Printed Name



Please review, date, and initial the following:

ELEMENT	Resource	Initial and Date when located
<p><b>Acknowledge Assigned Safety Modules and Quiz (&gt;80%) at website listed</b>  <b>All Staff:</b> Biosafety, Fire Safety, Electrical Safety, Ergonomic Safety, and Global Harmonization Standard (Training and Quiz)  <b>MT, MLT, Technical Asst Staff:</b> All of the above <b>Plus</b> Chemical Safety , Chemical Waste, Global Harmonization Standard, Formaldehyde Safety (training and quiz)  <b>New Hires</b> with <u>no previous lab experience</u> AND volunteers: Introduction to Clinical Lab (Training and Quiz) and other training modules as appropriate.</p>	<p>Internet website  <a href="http://www.medtraining.org">www.medtraining.org</a></p> <p>User ID is your CHI email address :            ____@chifranciscan.org</p> <p>Your initial password:  <b>password</b></p>	

### DEPARTMENT TOUR

So that you are able to become familiar with your new department more quickly, please locate the following:

ITEM	SJMC Review Date/Initial	Site-Specific Review Date
Job Description (PROVIDED BY HR AT HIRE) <b>Your initial means that you have read your JD</b>		N/A
Lab Conference Room		
<b>Bulletin Boards</b> <ul style="list-style-type: none"> <li>Lab Quality Metrics and Hospital Metrics for Patient Safety and Safety Surveillance results</li> <li><b>CAP Hotline</b> to report employee safety of patient test quality issues if not responded to by lab chain of command. (<i>Lab Quality Plan for Facilities and Safety R-PO-AD-1000</i>)</li> </ul> <b>Patient(and employee) Safety Hotline</b> Safety Hotline # 127-6289 or 253-426-6289		
Electronic Medical Record - Epic <ul style="list-style-type: none"> <li>Downtime Procedures for Epic on BCA stations</li> </ul>		
SAFETY Bulletin Board		
Microbiology Department		
Biological Hood (micro and specimen center) - <i>engineering control example</i>		
Employee Break Room - Clean Area, no lab coats		
Employee Lockers / Shelves / Drawers for personal belongings		
Clean Lab Coat Area / Laundry pickup schedule		
Point of Care		

ITEM	SJMC Review Date/Initial	Lab Site Specific Review Date
In-use Lab coat storage; <i>No lab coats worn in break room or to floor for phlebotomy</i> Dirty Lab Coat Drop-off Hamper		
Battery Recycling Bin		
Fire Extinguishers – Must be able to find the 2 nearest your work area (and apply PASS).		
Fire Pulls - Must be able to locate 2 near your primary work area (and apply RACE)		
Staff Restrooms		
<b>Safety Response</b> <ul style="list-style-type: none"> <li>● Emergency Response Chart- Code summaries</li> <li>● Amber Alert Dept Assignment</li> <li>● Employee Incident Reporting in IRIS- How to file a Workman’s Comp claim</li> <li>● Hazardous Spill Cleanup Procedure 530.00,</li> <li>● 800# or Quick Links for SDS, Spill Report Form in policy 530.00</li> <li>● Chemical Splash Response near chemical fume hood-what to do? CAP requirement to post instructions in the event of a splash: 15 minutes flushing of eyes/skin</li> </ul>		
<b>Emergency Preparedness</b> <ul style="list-style-type: none"> <li>● Evacuation Collection Point - Need to know your lab’s site!</li> <li>● Personal Preparedness - 3 days of supplies</li> <li>● Emergency Event Notification - Live Process and personal information updates</li> </ul>		
<b>Safety Equipment</b> <ul style="list-style-type: none"> <li>● Disaster Box - must know location for all Code Triage (disaster exercises)</li> <li>● Spill Kits (Universal, Acid, Base, Solvent)</li> <li>● Contaminated Broken Glass Cleanup (whisk broom/pan)</li> <li>● Gloves</li> <li>● Disposable face shields</li> <li>● TB prevention equip: CAPR, etc.</li> <li>● Flashlights</li> <li>● SDS online resources access / phone number. SDS Poster location = _____</li> </ul>		
<b>Automation Line</b> functionality (SJMC only)		N/A
<b>Safety Product Review:</b> <ul style="list-style-type: none"> <li>● Eclipse Vacutainer and Syringe Needles</li> <li>● Sharps Containers-when to empty. <i>Note- blue containers for sharps and some medications used on the clinical units.</i></li> <li>● Blood Transfer Devices for syringe draws</li> <li>● BD butterfly with Safety Guard</li> <li>● Safety Shields</li> </ul>		
<b>Badge Policy and Kronos exception log</b>		

ITEM	SJMC Review Date and Initial	Site Specific Review Date
Reader Boards - communication tool		
<b>Eyewash/fire extinguisher/any emergency equipment or electrical panel</b> <ul style="list-style-type: none"> <li>• Emergency activation must not be blocked (<i>engineering control</i>)</li> <li>• Locations of each</li> <li>• If used, eye washes require 15 minutes of flushing</li> <li>• Lab performs weekly testing</li> </ul>		
<b>Chemical Shower/testing</b> <ul style="list-style-type: none"> <li>• Emergency activation must not be blocked – engineering control</li> <li>• Locations</li> <li>• If used, 15 minutes of flushing is required</li> <li>• Facilities department tests</li> </ul>		
Fume Hood- Special Chemistry SJMC ( <i>engineering control</i> )		N/A
Flammables Cabinet ( <i>engineering control</i> )		
Proper Chemical Hazard Labeling examples		
Red Biohazard trash bags		
Biohazard Sharps containers (blue) – and Potentially Hazardous Medical Waste containers (red)		
Trash: Biohazardous, Confidential, Regular		
Recycle bins- confidential vs. non confidential receptacles		
Education and Training File Locations		
Absorbent Pads for spills		
Staff Schedules Locations		
Time clocks		
Sharps Containers - full bins storage area		
Pathology department location		
Lab Accreditation Certificates location		

**STAFF ATTESTATION REGARDING PROFICIENCY TESTING**

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> St. Joseph Medical Center, Tacoma, WA | <input checked="" type="checkbox"/> St. Anthony Hospital Gig Harbor, WA | <input type="checkbox"/> Harrison Medical Center, Bremerton, WA  |
| <input checked="" type="checkbox"/> St. Francis Hospital, Federal Way, WA | <input checked="" type="checkbox"/> St. Elizabeth Hospital Enumclaw, WA | <input type="checkbox"/> Harrison Medical Center, Silverdale, WA |
| <input checked="" type="checkbox"/> St. Clare Hospital Lakewood, WA       | <input checked="" type="checkbox"/> Highline Medical Center Burien, WA  | <input checked="" type="checkbox"/> PSC                          |

Per Work Instruction **Proficiency Testing Sample and Result Management, R-W-AD-0817:**

**CATHOLIC HEALTH INITIATIVES GUIDANCE ON PROFICIENCY TESTING**

- The laboratory must not send proficiency testing samples or portions of samples to another laboratory for any analysis which it is certified to perform in its own laboratory.
- Any laboratory that CMS determines inappropriately referred its proficiency testing samples to another laboratory for analysis may have its certification revoked for at least one year.
- Any laboratory that receives proficiency testing samples from another laboratory for testing must notify the Laboratory Regulatory Compliance Manager, CHI Compliance, and CMS of the receipt of those samples.
- PT challenges are only to be analyzed and reported on behalf of the CLIA licensed laboratory for which they were obtained. Laboratories may not share PT specimens with other licensed CLIA laboratories. Purchased PT samples are tied directly to the CLIA number of the purchasing laboratory and to share that specimen with another laboratory and to report the result of the second laboratory will be in interpreted as specimen referral which carries steep penalties.

*Staff performing testing or entering/reviewing data for proficiency testing are prohibited from utilizing any inquiry functions in the EMR for any other PT sample registrations other than their own facility for any purpose.*

**ATTESTATION**

By Signing below, I attest that I have read this Work Instruction in full. I understand the above requirements contained therein, and I will comply with these requirements. Failure to comply may result in disciplinary action up to and including termination.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## CLIA TESTING PERSONNEL INFORMATION

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> St. Joseph Medical Center, Tacoma, WA | <input checked="" type="checkbox"/> St. Anthony Hospital Gig Harbor, WA | <input checked="" type="checkbox"/> St. Michael Medical Center, Silverdale, WA |
| <input checked="" type="checkbox"/> St. Francis Hospital, Federal Way, WA | <input checked="" type="checkbox"/> St. Elizabeth Hospital Enumclaw, WA | <input type="checkbox"/> PSC   |
| <input checked="" type="checkbox"/> St. Clare Hospital Lakewood, WA       | <input checked="" type="checkbox"/> St. Anne Hospital Burien, WA        |  |

**Employee Name** \_\_\_\_\_

**Tech ID** \_\_\_\_\_

**Date of Hire** \_\_\_\_\_

**Laboratory Position**
**Start Date in Position**
**Laboratory Area**

- |  |       |
|--|-------|
| <input type="checkbox"/> Manager                       | _____ |
| <input type="checkbox"/> Med Tech Coordinator          | _____ |
| <input type="checkbox"/> Medical Lab Technologist (MT) | _____ |
| <input type="checkbox"/> Medical Lab Technician (MLT)  | _____ |
| <input type="checkbox"/> Blood Bank MT                 | _____ |
| <input type="checkbox"/> Blood Bank MLT                | _____ |
| <input type="checkbox"/> Microbiology MT               | _____ |
| <input type="checkbox"/> Microbiology MLT              | _____ |
| <input type="checkbox"/> Lab Technology Assistant      | _____ |

- |   |
|---|
| <input type="checkbox"/> Core Laboratory: |
| <input type="checkbox"/> Chemistry        |
| <input type="checkbox"/> Hematology       |
| <input type="checkbox"/> Coagulation      |
| <input type="checkbox"/> Urinalysis       |
| <input type="checkbox"/> Microbiology     |
| <input type="checkbox"/> Blood Bank       |
| <input type="checkbox"/> Other            |

**Previous Experience:** Indicate the name and address of each institution. If experience with one institution was divided into periods where work was in one department and then later, another department, list these periods separately.

Employer	Address	Start Date	End Date
<b>Circle Departments Worked</b>	Chemistry   Hematology   Coag   Urinalysis	Microbiology	Blood Bank

Employer	Address	Start Date	End Date
<b>Circle Departments Worked</b>	Chemistry   Hematology   Coag   Urinalysis	Microbiology	Blood Bank

Employer	Address	Start Date	End Date
<b>Circle Departments Worked</b>	Chemistry   Hematology   Coag   Urinalysis	Microbiology	Blood Bank

Employer	Address	Start Date	End Date
<b>Circle Departments Worked</b>	Chemistry   Hematology   Coag   Urinalysis	Microbiology	Blood Bank

<b>CLIA TESTING PERSONNEL INFORMATION</b>
---

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> St. Joseph Medical Center, Tacoma, WA | <input checked="" type="checkbox"/> St. Anthony Hospital Gig Harbor, WA | <input checked="" type="checkbox"/> St. Michael Medical Center, Silverdale, WA |
| <input checked="" type="checkbox"/> St. Francis Hospital, Federal Way, WA | <input checked="" type="checkbox"/> St. Elizabeth Hospital Enumclaw, WA | <input type="checkbox"/> PSC   |
| <input checked="" type="checkbox"/> St. Clare Hospital Lakewood, WA       | <input checked="" type="checkbox"/> St. Anne Hospital Burien, WA        |  |

**Education**

Education for Position	Copy of Diploma Stating Area of Study Attached Yes / No / NA	Copy of Official Transcript Stating Area of Study Attached Yes / No / NA
High School or Equivalent		
Military – Completed 50 weeks or more of training: YES or NO		
- Served as a Medical Lab Specialist: YES or NO		
- 3 months documented training: YES or NO		
Associate’s Degree    Major:		
Bachelor’s Degree    Major:		
Master’s Degree    Major:		

**Verification of Certification**

Certification Type (ASCP or AMT)	Certification Number	Certification Expiration Date

I certify that all of the information and statements made in this form are true, complete and correct to the best of my knowledge.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

*Indicate below the type of testing the individual is qualified to perform and whether supervision is required for patient testing*

**Employee is qualified to perform:**  
(Circle the appropriate responses below)

Waived Testing:	Yes	No
Moderate Complexity:	Yes	No
High Complexity:	Yes	No

QA Coordinator Review/Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Manager Review/Signature \_\_\_\_\_ Date \_\_\_\_\_