**VEIN VELOCITY**

Phlebotomy Manual Policies and Procedures

1. **Subject:**

 This Standard Operating Procedures (SOP) will provide guidance for the laboratory personnel about performing phlebotomy according to the policy implemented by VEIN VELOCITY Lab Service.

1. **Responsibility:**

 The laboratory director or his/her designee is responsible for the monitoring and evaluation of the phlebotomy manual. The laboratory director must approve all phlebotomy policies and changes before implementation.

1. **Scope:**

 It is the policy of VEIN VELOCITY Lab Service to ensure that the laboratory phlebotomists meet defined standards for quality and patient safety, are in compliance with acceptable regulations, and to ensure that the phlebotomy part of the pre-analytical segment of the testing is monitored and evaluated. This SOP is to guide the phlebotomists on basic phlebotomy technique and principles to protect them and the patient from accidental needle sticks or injury. A phlebotomist must be trained properly and practice safety to bring to Extended Care Facility/ Home the quality of care that VEIN VELOCITY Lab Service has to offer.

1. **VEIN VELOCITY:**

* + 1. **Welcome to VEIN VELOCITY:**

 The primary goal is to develop in our phlebotomist the highest degree possible of technical and professional competence in a professional environment.

* + 1. **Skills:**

 VEIN VELOCITY Lab Service takes pride in giving the technical skill that you need to succeed in phlebotomy. These include training associated with the following:

* + 1. Proper patient Identification: 2 Active Identifiers required.
		2. Venipuncture site selection.
		3. Tube order of draw.
		4. Drawing adequate volume.
		5. Hematoma: prevention and management.
		6. Phlebotomy techniques resulting in erroneous results.
		7. Leaving a tourniquet on a patients arm.
		8. Prevention of needle sticks.
		9. Proper draw sites. (Facilities are responsible to draw from a Peripherally Inserted Central Catheters (PICC) or shunt line.)
		10. General specimens handling and transportation.
		11. Patient confidentiality.
		12. Respecting patient‘s privacy: do not draw patient in dining area, hallway or bathroom. XIII. Legal Issues in phlebotomy.

**3) Dress-Code Policy:**

 Vein Velocity Lab Service has dress requirements for personnel who work in the technical field. Always remember you represent the Company as well as yourself and your skills. Therefore, it is imperative that you dress accordingly.

The following is a list of the day to day dress code policies which you need to adhere to:

* + 1. Uniforms are required while on duty (this consists of scrubs/or business casual and a lab coat).
		2. Shoes must be closed toe with appropriate traction. It is mandatory to wear a slip resistant shoe for safety and injury prevention. Absolutely no heels, sandals, or clogs are allowed.
		3. Hair must be neat and well groomed. Long hair must be tied back.
		4. Employee personal hygiene is a must.
		5. Nails are to be kept short, clean and trimmed.
		6. Identification tag: consisting of name, picture, position, and company.
		7. Proper equipment must be with you, this includes a sharps container.

VIII. Any employee found not meeting these standards is subject to disciplinary action.

**4) Phlebotomist Code of Conduct:**

 This section is significant to your personal well-being. Your work environment is made up of many people in distress, as well as many unhappy individuals. Although you work with them, day after day, you must at all times maintain the highest code of professionalism and discipline when confronted with unpleasant situations.

**You must always follow these guidelines listed:**

* + - * Remain warm and considerate to patient’s needs.
			* Treat all patients with dignity.
			* Do Not Ask, “How Are You? Stress the words” your doctor ordered these tests”. This emphasizes the procedures importance and its necessity to the patient’s care.
			* Commit yourself to constant improvement.
			* Absolutely no foul language or vulgarities. Always remain respectful.
			* Do not engage in confrontational or combative behavior with anyone in the facilities.
			* No use of drugs or alcohol.
			* Do not practice theft.
			* Follow the dress code.
			* Practice Infection Control: demonstrate appropriate concern for the patients’ safety and yourself by following the guidelines for universal precautions.
			* Remember patient’s Bill of Rights.
			* Implement Vein Velocity Lab Services Policies and Procedures.
			* Report any suspicion of abuse or failures related to quality of care to direct supervisor.
			* English should be the sole communicating language by the phlebotomists unless specified by the facility.
			* Do not leave your phlebotomy kit unattended.
			* Be aware that phlebotomy is a talent you enjoy and what you do is worthy of your time

 All Extended Care Facility/ Homeare to report any violations to the Laboratory and/or their customer service representative at any time. All such reports will be thoroughly reviewed and corrective and disciplinary action taken as appropriate up to and including termination.

1. **Venipuncture Specimen Collection Procedure:**

* + 1. **Infection Control:** Every healthcare institution is required by The Joint (TCJ) to have an infection control program to break the chain of infection. Such procedures are aimed at protecting not only patients but also the employee, visitors, and any others. An infection control program is also responsible for monitoring and collecting data on all infections occurring within the healthcare institution and instituting special precautions in the event of an outbreak of a particular infection.

* + 1. **Safety Rules:**

Hand wash before and after each patient contact.

Hand wash before putting on gloves and taking them off.

Hand wash before leaving the facility.

Hand wash before eating anything, drinking, smoking, and/or the manipulation of contact lenses.

Hands should be washed immediately after accidental contact with blood, bodily fluid, and contaminated materials.

Hand wash before and after going to the restroom.

Hand wash whenever hands become visibly or knowingly contaminated.

Be safe! All blood specimens are considered potentially infectious.

Care must be taken not to spill or splash blood. Clean any blood spill with 10% bleach solution.

Laboratory Coats and gloves must be worn when collecting blood.

Needles must not be recapped, reused, bent or broken.

All needles must be disposed of in a biohazard container immediately after use.

Be sure to take all supplies with you when leaving a residents room. Or if in the designated area for draw make sure all materials are properly stored.

**Blood borne Pathogen is a term applied to any infectious microorganism present in blood and other body fluids or tissue.**

**A) Proper Hand washing:**

Wet hands with clean running water (warm or cold) and apply soap.

Rub hands together to make a lather and scrub them well; be sure to scrub the backs of hands, between fingers, and under nails.

Continue rubbing hands for at least 20 seconds (sing the “Happy Birthday” song twice)

Dry hands using a clean towel or air dry.

 Use towel to turn off faucet.

Washing hands with soap and water provides the best infection control. If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol. Alcohol-based hand sanitizers can quickly reduce the number of germs on hands in some situations, but sanitizers do not eliminate all types of germs. The following steps are recommended when using hand sanitizer:

Apply the product to the palm of one hand.

Rub your hands together.

Rub the product over all surfaces of your hands and fingers until your hands are dry.

If hands are visibly soiled, soap and water needs to be used for hand washing rather than hand sanitizers.

Laboratory personnel should avoid wearing artificial nails and keep natural nails short.

Standard soap products available on the market are acceptable for use in the laboratory.

**B) Glove-wearing**: All laboratory personnel should wear gloves to prevent skin and mucous membrane contamination while handling any of the following materials that are considered potentially infectious by the Occupational Safety and Health Administration (OSHA).

Blood, and any bodily fluids visibly contaminated by blood or unfixed tissues and/or organs.

Touch items or surfaces soiled with blood or bodily fluids, e.g. vaginal secretions

Performs venipuncture, finger sticks, and other vascular access procedures.

Have any cuts, scratches, and/or breaks in your skin.

When cleaning surfaces

For phlebotomy procedures, gloves must be changed between patients.

**C) Other Precautions:**

Disposable gloves should not be washed or reused.

Be safe! All blood specimens are considered potentially infectious.

Care must be taken not to spill or splash blood. Clean any blood spill with 10% bleach solution.

Laboratory coats and gowns must be worn when collecting blood.

Phlebotomists must use non-slip shoes to avoid injuries.

Do not attempt to draw combative patients alone, ask for assistance from the charge nurse. Lastly, record the name of the nurse who provided assistance on the requisition form. If help is not available, do not draw patient.

Upon approval from authorized health care giver in charge of the patient, you may raise the bed at a comfortable level to prevent back strain. Immediately after the blood is drawn have the care giver return the bed to the original position.

Vein Velocity Lab Services prohibits manual manipulation of the needle: Needles should not be recapped, reused, bent, broken or other manipulation to the needle. All needles should be disposed of in a biohazard sharp container immediately after used.

 **3) Universal Precautions:**

* + - Maintain your personal protective equipment in good condition.
		- Wear your personal protective equipment when it is required (gloves, mask, and gowns).
		- Maintain good housekeeping in your work area.
		- Obey safety labels (such as hazardous waste symbols).
		- Perform your task in a safe and proper manner.
		- Report any incident regardless of injury to the Extended Care Facility/ Home and ensure an incident report is filled out. If they refuse, you must obtain the name of the person with whom you spoke to.
		- Report any incident regardless of injury to your immediate supervisor. They will instruct you on what to do next.
		- We encourage you to choose to receive the immunization against HBV for Hepatitis when hired. **THIS IS OFFERED TO YOU FREE OF CHARGE!** It is extremely important for health care workers to protect both themselves and their patients from the spread of disease especially blood borne disease such as HBV, HBV or

Hepatitis. Since it is not possible to tell visually if any patient has these diseases, it is necessary **to treat all patients as if they were infected with HIV. Please note: Any employee who elects to receive the immunization must receive their first vaccine within ten (10) days from the date they are hired. Failure to do so will result in suspension until they have completed the above.**

* + - **Occupational Safety and Health Administration (OSHA) of the federal government requires very strict guidelines to prevent such infections.**

* 1. **Patient in Isolation Room:**

**A patient with a contagious disease is placed in isolation. The patient stays in a private room and anyone entering that room is required to wear a mask, gown, shoe protectors and gloves. Only the phlebotomy equipment needed for that patient is to be taken into the room. Place the needed equipment in a plastic bag. The disposable equipment used to draw the patient, including the needle, gauze, needle holder, and the tourniquet must be put in double bags and placed in the designated sharp container. The only items to leave the room are the tubes that contain the blood sample.**

* 1. **Test requisition:**

**I. Test requisition highlights:**

* + - The forms on which test orders are entered and sent to the lab are called test requisition forms.
		- Blood collection procedures begin legally with the test request.
		- Test requisitions become part of the patient’s permanent medical record and they require specific information to ensure that the right patient is tested and the physician orders are met.
		- They should insure correct tests are performed at the proper time under the required conditions.
		- They should provide all necessary data so the patient is billed properly.

**II. Test Requisition Procedures:**

 **Test requisitions must include the following information:**

**A)** Patient information:

Patient full name.

Date of birth.

SS number.

Gender**.**

Room number.

Requesting physician name

 **B)** Facility information:

Nursing home and client number.

Address.

Phone number.

**C)** Billing information:

* Medicare or insurance name and number
* Responsible party
* Diagnosis, ICD-10 code(s)

 **D)** Test information:

* All tests requested.
* Nurse’s and/or doctor’s signature. Phlebotomist’s signature.
* Time and date of the blood collection by the Phlebotomist.
* Site of draw by the Phlebotomist.

**III. Procedure for Handling Test Requisitions Lacking Required Information:**

 **In a case of incomplete test requisitions:**

* + - * The phlebotomist shall ask for all required information from a nurse or other authorized personnel in the Extended Care Facility/ Home.
			* If this information is not provided by authorized personnel, the phlebotomist should ask for the appropriate diagnostic code.
			* According to Highmark Medicare services, it requires each lab order to be justified with a proper ICD-10 Code (Diagnosis Code)**.**

**6) Initiating Patient Contact:**

 When it is time to collect the specimens, check the requisition to see that all of the needed equipment is in the blood collecting kit.

Arrange the test request according to priority.

Proceed to the patient’s room.

**I. Entering the Patient’s Room:**

Doors to patients’ rooms are usually open.

If the door is closed, knock lightly, open the door slowly, and say something like “good morning” before proceeding into the room.

Even if the door is open, it is a good idea to knock to make occupants aware that you are about to enter.

Curtains are often pulled when nurses are working with patients or when patients are using bedpans.

Make your presence known to patients before proceeding or opening the curtain to protect their privacy and avoid embarrassing them.

**Always, ask the patients** “What is your full name?” never ask, “Are you Mr. Martin?” The patient will often reply yes. Make sure that the full name that the patient gave you matches the identification band and test requisition.

Always check the patient’s identification band.

If a patient identification band is missing have the nurse identify the patient and document this on the test requisition form including the nurse’s name.

Never use the name that is on the door or foot of the bed to identify the patient. Patients often are moved from one unit to another.

If the patient asks “Will this hurt?” Never Reply “NO.” Say, it may hurt a little, but it will be over in a minute.

Never attempt to draw a patient when he/she is standing. The patient might suddenly collapse.

Do not draw a patient in a hallway, bathroom, dining area or any open areas.

Remember the patient’s right of privacy. The patient should be drawn only in the room where he/she resides.

Should the patient experience any of the following during phlebotomy, immediately cease venipuncture, bandage the site and seek assistance from the nurse on the unit:

1. Fainting.
2. Seizure.
3. Any injury, including hematoma.

**II. Professional appearance:**

The phlebotomist must present a professional appearance to their patient:

Maintain a calm attitude.

Do not appear hurried.

Make the patient feel important.

Your appearance should mark you as “professional”. Smile when you greet your patient.

Be clean, neat and dress conservatively.

Your laboratory coat should be buttoned.

Long hair should be tied back

Hands must be clean and nails well groomed.

Wear gloves that fit properly.

1. **Watch for signs:**

It is important to look for a sign containing information concerning your patient.

Signs are typically posted on the door to the patient’s room or on the wall behind the head of the patient’s bed.

Signs of particular importance to phlebotomists are signs that signify infection control precautions on blood draws from a particular arm.

1. **Identify Yourself:**

Identify yourself to the patient by stating your name that you are from the lab, and why you are there.

The Laboratory performs analytical testing only upon receipt of a request form from a physician or other authorized medical personnel.

1. **Identify the patient:**

In an effort to assure that the proper resident is drawn, and in keeping with The Joint Commission, phlebotomists are instructed to seek and use two active identifiers before beginning the phlebotomy procedure on each resident.

**The phlebotomist is required to identify patients by having them (or a designee) state their full name and at least one other active identifier such as:**

Assigned identification number.

Patient’s birth date

Social Security number

Photo ID, etc.

* **Do not draw if identity has not been established.**

* **A phlebotomist, who inadvertently draws blood from a patient who has not been identified using two active identifiers, will be prohibited from working in phlebotomy until they have completed an in-service retraining session. They will also be issued a first and final warning. Any second offense within a 12 month period from the time of the first and final will result in immediate termination.**

**VI. How to Handle ID Discrepancies:**

If there is a discrepancy with the patients name on the ID band and the information on the test requisition:

The patient’s nurse should be notified.

The specimen should not be obtained until the discrepancy is addressed and patient identity is verified.

If the patient’s nurse verifies the patient, the phlebotomist must document on

the test requisition ‘patient identified by (who)’ following by a nurse’s signature.

If there is no ID band, check to see if it is on an ankle.

Never verify information from an ID band that is not attached to the patient.

Never use an article in the patient’s room for identification such as TV, water pitcher, name on the door, and name on foot of the bed.

**VII. Handling Special Situations:**

**1. The Patient is asleep:**

If the patient is asleep, as is often on early morning rounds, wake him /her gently.

Try not to startle the patient. (Startling can cause a change in test results.) Speak softly but distinctly.

Never attempt to collect a blood specimen from a sleeping patient. Such an attempt may startle the patient and cause injury to the patient or the phlebotomist.

Drawing blood from a sleeping patient doesn’t allow proper identification to take place.

It violates the patient’s right to informed consent and could result in a claim of assault and battery.

1. **The Patient is Unconscious:**

If the patient is unconscious, continue to speak to the patient.

Identify yourself and inform the patient of your intent just as you would an alert patient.

Unconscious patients can often hear what is going on around them even though they are unresponsive.

1. **A Physician is with the Patient:**

If the patient’s physician is with the patient, don’t interrupt.

The patient’s time with the physician is private and limited.

Proceed to the next patient and come back to that patient later.

If the request is for a stat or timed test specimen, excuse yourself, explain why you are there, and ask permission to proceed.

1. **Family or Visitors are with Patient:**

Often there are family members or visitors in the room when you arrive to collect a specimen.

It is best to ask them to step outside the room until you are finished. Most will

prefer to do so; however, some family members will insist on staying in the room. Proceed with the draw.

Occasionally a family member, especially a spouse, is willing to assist you if needed.

It is acceptable to let a willing family member help steady the arm or hold pressure over the site while you label tubes.

1. **The Patient is not in the Room:**

If the patient is not in the room**,** check at the nurse’s station to find out where the patient is.

If the patient has been taken to another unit, ask the nurse for the transfer paper and attach it to the requisition form, then you may proceed to that unit.

If the patient is in the hallway inform the nurse that you need someone to bring the patient back into his/her room.

Every attempt should be made to find the patient, especially if the test is timed.

If the patient cannot be located, unavailable, or you are unable to obtain the specimen for any reason, it is Vein Velocity Lab Service policy to document that you were unable to obtain the specimen and the reason why on the proper form

Obtain the nurse’s signature making her aware of any UTO’s, and refusals.

Inform your supervisor of the unable to obtain/refusal and submit the form along with the other test requisition forms for the facility along with all specimens to be sent to the lab

Leave a copy of the UTO/REFUSAL form in the lab book for the nursing staff indicating the reason the patient was not drawn.

**VIII. Handling Difficult Patients:**

Hospitalization or illness is typically a stressful situation for a patient. A patient may be lonely, scared, fearful or just plain disagreeable and may react in a negative manner toward you.

It is important to remain calm and professional and treat the patient in a caring manner under all circumstances.

A statement of your intent to perform a blood test is usually sufficient for them to understand what is about to occur.

If a patient does not speak or understand English, check with the nurse in charge of the patient and ask for help.

Speaking slowly and distinctly, using language, or writing down information may be necessary for patients with hearing problems.

If a patient refuses to have his blood drawn, remind the patient that the

doctor ordered the test. This sometimes convinces the patient to cooperate. If not, the patients nurse may be able to convince the patient to cooperate.

Do not attempt to badger the patient into cooperating or restrain a conscious, mentally alert adult patient to obtain a specimen.

Remember, the patient does have the right to refuse testing.

If the draw was unsuccessful after two attempts, it is the responsibility of the facility to notify the ordering physician and place a new request form in the lab book.

If a patient refuses to cooperate, fill out the UTO/REFUSAL form and notify the patient’s nurse and your supervisor. Have the nurse sign the form.

Leave a copy of the UTO/REFUSAL form in the lab book for the nursing staff.

**7) Routine Evacuated Tube System/Order of Draw/Venipuncture:**

1. **Evacuated Tube System Used:**

 Although the analytical instrumentation may only require 1.0mL of sample, collect enough venous blood as required for the type of evacuated tube system used.

* Blue-top tubes are extremely volume-sensitive due to the requirements of coagulation testing. The ratio of blood to anticoagulant must be 9:1.
* Tubes received with less than the optimum volume will be rejected.
* Phlebotomists shall make sure that the tube is filled until no vacuum remains.
* If the evacuated tube cannot be filled to capacity, air is to be admitted into the tube.
* When requested, a sodium citrate (blue top) tube may be drawn for Platelet Count to offset the effect of EDTA –clumping. Mark the stopper so blood does not get spun down. Appropriate correction calculations are included in CBC procedures.
1. **Blood Drawing Order:**

When drawing more than one tube of blood from a single venipuncture using an evacuated tube, the following order of draw is followed: Blood culture tubes or vials.

Sodium citrate tubes (blue-stopper).

Serum tube with or without clot activator or gel separator (red-, or gold stopper,).

Heparin tubes (green-stopper).

EDTA tubes (lavender-stopper).

Glycolytic inhibitor (gray-stopper)

Please refer to the end of this Manual for additional tubes and requirements.

Additive tubes must be gently inverted anywhere from 5 to 10 times. Never shake or vigorously mix a specimen it can cause hemolysis.

When multiple tubes are drawn during a single venipuncture, tubes without additives should be drawn first to avoid contamination.

The maximum amount of tubes that are permitted to be drawn during a 24 hour period is seven (7). Under no circumstances will an allowance be made to draw more than this limit. In the event that ordered blood work requires more than the above a nursing supervisor must be notified that patient safety requirements allow only 7 tubes to be drawn in one day. They may contact the General Lab Supervisor or Medical Director if they take exception to this rule. **THERE ARE NO EXCEPTIONS.**

 ***Source****: CLSI Procedures for the Collection of Diagnostic Blood Specimens by Venipuncture [H3-A6].*

1. **Positioning the Patient:** Patients are positioned so that

The vein you will use is readily accessible.

You are able to work in a comfortable position.

1. **If a patient is not in the bed:**

Use the patient’s table. Place the patient’s table in a position where the arm can be placed across the table.

If necessary, put a small pillow or towel under the patient’s arm to support the extended arm.

Always remember to lock wheel chair when drawing blood.

1. **Phlebotomy Kit:**

Phlebotomy kit must be kept clean and neat at all times. The kit must be cleaned with bleach a minimum of once a week and where there is suspected contamination.

It should be check and replenished as needed

Phlebotomy kit should be decontaminated with 10 percent bleach

Specimen collection kit and processing areas should be decontaminated at the end of each shift.

Gloves should be worn when cleaning.

All supplies must be within their expiration date and stored according to manufacturer recommendations.

You are responsible for seeing that your equipment is in order. Vein Velocity Lab Services will not tolerate you borrowing supplies from nurses. You must come to your designated office or the laboratory to pick up your supplies.

* Alcohol prep pads
* Povidone-iodine swabs for blood culture
* Nonalcohol-based antiseptic for blood alcohol collection  Gauze pads.
* Adhesive bandage
* Gloves
* Tourniquet
* Blood collection tubes
* Single use safety needles
* Sharps container
* Pens

**VI. Performing Venipuncture**

Do not draw blood until identity has been established. If the patient’s identity cannot be established with certainty, notify the nurse in charge to resolve the discrepancy and have her sign the request form for approval of identification. Always check for a sign (indicating a site of draw).

Patients should be either seated or lying down when having blood drawn.

Collect the needed supplies for draw. (Keeping in mind you may need an extra one or two for tube replacement.)

Insert the first tube into needle with pre-attached holder ready to use right out of the package, with no assembly required and pull back pink safety shield toward the holder and twist and pull green needle cap straight off.

Place the tourniquet between the elbow and the shoulder. (About 2 to 4 inches above the elbow). If more than 2 minute has past while looking for vein you must release the tourniquet and reapply the tourniquet to try and find another vein.

Scrub the area for venipuncture with an alcohol swab in a circular motion. If by any circumstance, you touch the cleaned area, you must re-clean the area with alcohol. Allow alcohol to dry.

Use the tip of the index finger to palpate or feel veins to determine their suitability or to locate veins that cannot be seen. Do not select a vein that feels hard.

The vein should be fixed or held taunt during the puncture (you may need a pillow under the arm of a patient who is lying down to achieve proper positioning).

The needle should be lined up with the vein. The needle should be about a 15 degree angle with the skin. When you introduce the needle, grip the needle holder firmly and keep it steady.

Positioning the evacuated tube into tube holder holding it firmly and keep it steady as the tube fills with blood.

Release the tourniquet just before the needle is removed from vein, to avoid a HEMATOMA (bruise).

Place the gauze before needle is removed. Place pressure over the venipuncture site making sure bleeding has stopped. Re-check the site to see if bleeding has stopped then bandage the puncture site.

Dispose needle with safety shield into the sharp Biohazard Container, and

dispose other contaminated material in the proper biohazard container.

Label specimen tube with patient’s last name and first name, and the numeric label from matching requisition form and time and date of collection when necessary.

Side rail may be lowered to perform phlebotomy. It must be returned to the position in which it was found before you exit patient’s room. (**A phlebotomist who lowers a bed rail and forgets to raise it can be held liable if the patient falls out of bed and is injured.)**

Do not make any positional changes to the patient. If this is required, notify the nurse in charge to help you.

Do not transport a wheelchair patient. If this is required, ask a nurse to assist.

Do not give patient water, food, cigarettes, or matches as the nursing staff may not allow these privileges.

Do not discuss a blood test with patient.

**Do not draw** from a site other than a resident’s arm; this includes the hand if needed. Any other site is prohibited.

**Do not draw** a site where an IV, Fistula, Shunt, Arterial lines, Heparin lock, indwelling line, and implanted port is located. Use the other arm. **Vein Velocity Lab Service phlebotomists are not permitted to do venipuncture on these sites.**

When attempting to get blood and you are not successful, **do not stick the patient more than two times**. After the first unsuccessful attempt, reevaluate the veins and use a butterfly needle if needed. If you are not able to obtain blood on the second attempt, **STOP**, and report this to the nurse in charge and to your supervisor.

Check to see that you have your tourniquet and other equipment before exiting the patient’s room.

Thank the patient for his or her cooperation.

**VII. Collection of Blood Cultures:**

**Careful Technique is a Must**, as you know bacteria enters the body and causes diseases. At times, during a bacterial disease process, bacteria may enter the blood stream and grow. Blood cultures are ordered by a physician when there is a fever of unknown origin or suspect bacteria in the blood, or pathogenic bacteria in the blood. The skin is covered with bacteria. If skin bacteria are picked up by the needle and put into a culture bottle, they may grow there, and then neither the bacteriologist nor the physician can determine whether this was simply a contaminated organism or whether it is growing inside the patient and producing a severe disease.

Always wear properly fitted gloves.

Locate the vein before cleansing the skin. Special patient preparation is required.

After selecting the venipuncture site, release the tourniquet.

Scrub the site with 70% alcohol prep pad for 30 seconds. This is done to rid the site of excess dirt and surface debris.

Next use a 1% to 2% tincture of iodine for 30 seconds or a Povidone-iodine swab stick for 60 seconds to cleanse the site.

Beginning in the center and moving outward in concentric circles without going over any area more than once. Cover an area about 3 to 4 inches.

Allow the site to air dry.

Touching or palpating the site after it has been prepared is not recommended.

Remove the protective flip-top covering the rubber septum and clean the tops of the blood culture bottle with 70% alcohol or iodine.

Next use another 70% alcohol prep pad. Beginning in the center and moving outward in concentric circles without going over any area more than once. Cover an area about 3 to 4 inches

Prepare venipuncture equipment, being careful to handle all equipment in an aseptic manner.

Reapply the tourniquet, taking care not to touch the prepared area in the process.

Blood culture bottles have a vacuum, but it is not measured as in evacuated tubes. Therefore it is important to collect 8-10 mL on the side of the bottle’ fill lines to ensure enough, but not too much, blood enters the bottle.

Blood may be collected directly into blood culture media or with a butterfly collection set.

Fill the aerobic vial first.

Avoid backflow by keeping the culture bottle or tube lower than the collection site.

After filling both bottles, and collecting any other tests, remove the needle from the patient’s arm and hold pressure over the site.

To perform a blood culture, you must have two bottles anaerobic and aerobic. Each set must be numbered (set # 1 or set #2) with time of collection and patient’s name.

If a physician orders a blood culture X2 different site the blood culture must indicate the site of draw, time collected, patient’s name.

**VIII. Labeling Blood Collection Tubes:**

All blood tubes and non-blood specimens shall be labeled at the site of phlebotomy (bedside) in full view of the patient who has been drawn with (at least) patient’s full name and the numeric label from the requisition.

Date and time collected (if a timed draw), should be on the specimen as well.

Label blood tube with a pen using black or blue ink.

Print patient last name and first name.

Do not label tubes before venipuncture.

Never leave the room before labeling the tubes.

Do not label tubes with a pencil or marker

Do not write on the blood tubes in cursive.

**IX. Disposal of used Blood Collection Supplies:**

Used venipuncture needle(s) with plastic tube holder attached are to be immediately disposed of in a sharps container at the patient’s bedside.

Never stick the needle into the patient’s mattress.

Do not cut, bend, or break needles.

These containers are to be transported to Vein Velocity Lab Service for disposal when filled.

Syringes may be received from ECF where nurses draw blood samples.

They should be disposed of as a unit in a sharp’s container.

Dispose of gloves and gauze in a red bag, and wash hands as often as possible.

Follow all protocols as listed in Vein Velocity Lab Service Exposure Control Plan.

1. **Specimen Transport:**

The analytic integrity of blood and non-blood specimens depends upon the timely transport of theses specimens to the laboratory. The transport environment must be monitored and evaluated to ensure that no significant changes in temperature occur during the interval between the time the specimens leave the point of collection and the time the specimens reach the laboratory.

1. **Phlebotomist Duties for Specimen Transport:**

All blood specimens must be placed in plastic biohazard bags; all the requisitions must be placed in separate biohazard bags and sealed to prevent contamination. The blood specimen biohazard bag and the requisition biohazard bag must be placed in large plastic bag and the bag must be labeled with the facility name and date.

Each phlebotomist is responsible for transporting blood and non-blood specimens from the point of collection to the laboratory in a timely manner. The blood must be placed in the **back seat** of the car and not in the trunk.

Under certain circumstances the phlebotomist will transport their specimens to a pick-up point, Vein Velocity Lab Serivces is a Remote location. The phlebotomist is responsible to rack the blood and place it in the clear plastic bag, the bag must be labeled with the facility name and date. The bag must be placed in an insulated holding box. This box is designed to prevent the contents’ exposure to sudden temperature changes. If the phlebotomist is dropping the specimens at drop-off points, he/she must bring their specimens to the building in the closed insulated bag and must check with the facility for the location Vein Velocity Lab Service refrigerator and/or insulated dry box. The phlebotomist must transfer the content of their insulated bag as is (do not open the large plastic bags) to the refrigerator and/or dry box.

The specimens not directly transported to the laboratory by a phlebotomist will be transported by a delivery person.

He/she will pick-up the specimens at the designated pick-up points.

Specimens will be placed into an insulated and appropriately marked transport container.

Transported to the laboratory without delay.

The pick-up and delivery times will be monitored and documented.

All blood and non-blood specimen transport containers must be labeled with an appropriate BIOHAZARD label, large enough and placed as to be clearly visible.

**XII. Driver (courier) Duties:**

The blood container must be placed in the **back seat** of the car and not in the trunk.

All drivers are instructed to check in upon arriving at Vein Velocity Lab Service with a designated person in the Accessioning Department.

The arrival time is recorded, and a note of tardiness is taken if appropriate.

Drivers beginning their route at Vein Velocity Lab Service are instructed of any route changes made necessary by call-outs, etc.

All drivers who do not routinely report to the lab before beginning their route are required to call their supervisor upon arrival at their first stop.

**The above policy will enable monitoring chronic offenders in terms of tardiness so that appropriate action may be taken.**

**5. Procedure At Extended Care Facilities:**

The phlebotomist will proceed in the following order:

Report to nurse’s station to announce arrival.

Review all test requests found in the lab book, and organize the requisition by room number.

**Note:** If a patient has been sent out to the hospital or has expired, the original test requisition copy must be signed by the nurse and sent to the lab. The phlebotomist does not sign this form you only need to ensure that “Hospital” or “Expired”, etc is written on the requisition form.

Proceed to the patient’s room, you must always knock and announce yourself upon arrival and identify yourself with the patient.

Follow the laboratory protocol to draw all the patients

After finishing your rounds you must go back to the nurse’s station and re-file all the yellow copies of all the venipunctures performed.

Sign and date the daily log sheet.

Notify the nurse of any UTO/REFUSALS and have them sign the UTO/REFUSAL form, leave a copy of those forms as well.

Check specimen refrigerators and check test requisition for any discrepancies. Check specimen to make sure proper documentation is on specimen. Don’t forget to sign the test requisition. **Remember checking the facility specimen refrigerators is part of your job.**

Once you have gathered all the requisitions including those for the non blood specimens you must fax all the forms over to the lab for pre-accessioning. The fax number will be given to you upon hire by your supervisor.

If you have been assigned more than one facility, you must place each facility’s lab work and specimens in separate bags with the facility name on the outside of the bag.

**6. Standing Order Procedures:**

It is the policy of Vein Velocity Lab Service to print and issue the Standing Order forms on the 20th of each month for the following month. These are kept in a Daily Lab Book at each nursing unit of each Extended Care Facility/ Home. Each Standing Order is subject for renewal after 30 days.

  **Renewal of a Standing Order shall include all of the following:**

A Test Request is sent to the laboratory when the patient requires repeat testing at regular intervals.

A Physician does not have to write a new order each time a patient needs testing.

The Standing Order Department enters the test orders in a computer under the direction of the patient’s nurse.

Computer request is transmitted through a special computer network and a requisition prints in the laboratory.

The Standing Order Department verifies against the requesting physician’s order.

Entering or confirming the correct (up-dated) ICD-10 code.

Signing the form to authorize blood draw.

**7. Stat Procedure and Protocol:**

The following apply to all phlebotomists and it is a mandatory requirement; STATS are a part of the phlebotomist’s responsibility and shall be handled in an efficient, professional manner.

The various phone operators take the initial STAT request. All requests are completed with: facility name, room number, unit and/or floor number, callers name and the tests needed.

The request will be dispatched to your company phone with the above information.

You must accept the order once you have viewed it on your phone.

When a phlebotomist is dispatched to a facility for a STAT he/she should promptly arrive to the facility.

Once the stat is assigned to the phlebotomist the time will be noted on the request. The stat arrival time at the lab will be noted by the person receiving the stat; accessioning time will be noted in the computer.

The turn around time for stat specimens depend greatly on the phlebotomist promptness.

Report to the nurse’s station upon arrival, and review stat request in the lab book. Follow the lab protocol for drawing patient.

Place the stat in a separate bag along with the requisition form. Make sure that STAT is marked off on the requisition form by the nursing staff. The test requisition must be placed in the outer pocket of the specimen bag.

When Performing a STAT during morning rounds, you must place the STAT in a separate STAT bag along with the requisition form. This bag must be placed along with all other lab work performed during morning rounds.

You must complete the steps of an assignment on your phone. (Please refer to the phone manual for the protocol) Follow-up with a phone call and notify your supervisor of the outcome.

Peaks and troughs (along with all other tests ordered for that patient) are handled and bagged as a Stat. Peaks and troughs monitoring helps the physician establish drug dosage, maintain dosages at beneficial levels, and avoid drug toxicity. Timing of specimen collection in regard to dosage administration is critical for safe and beneficial treatment and must therefore be consistent.

If a phlebotomist performing morning rounds has an order for a Trough and Peak the requisition form must have a confirmation number on it which serves as verification that it was properly ordered. If the proper procedure was not followed then the nurse must be notified that a random level can be performed instead or they must reschedule the request for a different day allowing Vein Velocity Lab Service a 24 hours notice. (Please refer to the end of this manual for specific instructions regarding

TROUGHS/PEAKS)

1. **Procedure for blood collection in an isolation room:**

For the protection of the patient and the phlebotomist from the transmission of disease causing organisms, the following must be followed:

* 1. Prepare to take only essential items in the room. Do not take your kit (make sure to leave it by the door and where you can see it) into the isolation room. Any supplies taken into the room must be left there or discarded.
	2. Check the isolation sign on the door for isolation instruction if available or ask the nurse for isolation precautions.
	3. Wash hands and put on gloves.
	4. Place paper towels on the table and place equipment on one or two towels.
	5. Obtain specimens in the usual manner, avoiding any unnecessary contact with the patient and bed.
	6. After mixing place the filled tubes on clean paper towel.
	7. Dispose of blood collection assembly into an easily accessible approved puncture resistant disposal container.
	8. Dispose of the tourniquet in the paper container for biohazard materials.
	9. Pick up the tubes from the paper towel, place the tubes in a biohazard bag then double bag it.
	10. Remove gown and gloves and dispose of them in the proper paper container for biohazard materials XI. Wash Hands

XII. Turn off the faucet with a clean paper so hands are not contaminated.

1. **Blood Collection Complications and Procedural Errors**

 Each blood collection situation is unique. A competent phlebotomist must not only posses the technical skills necessary to collect a quality specimen, but must also understand the numerous patient variables, complications, and procedural errors that can affect the integrity of the specimen or the health and safety of the patient to avoid or reduce any negative impact

**1. Procedure Errors:**

Patient Identification.

Selecting Edematous area (should be avoided as blood collection sites)

Order of Draw

Fasting Test

Tourniquet too tight

Wrong size of needle used

Mixing additive tubes too vigorously or using rough handling during transport.

Short draw

Needle position

Temperature

No name

Blood with no test requisition

Test requisition with no blood

No phlebotomy supplies

Late drop off of blood

Specimen Bagging

Starting late

**10. Procedure for inability to obtain a Specimen**

If you are unable to obtain a specimen on the first try, evaluate the situation that resulted in the failure to establish blood flow and try again looking for a more suitable site. If the patient’s veins are small or fragile it may be necessary to use a butterfly on the second attempt.

**Never probe for a vein. It is painful and can injure the patient.** If blood fails to enter the evacuated tube, it could be for the following reasons:

The needle was not introduced far enough; you must lower the angle and advance it a little more

If the needle appears to have missed the vein, make sure the vein is secured with the thumb, partially pull the needle back and attempt to puncture the vein again.

If you think that you have gone through the vein, slowly pull back the needle, as the needle moves back into the center of the vein blood will flow. Be careful not to pull back the needle further once flow is established.

If at anytime during the above, a hematoma appears, release the tourniquet immediately withdraw the needle and apply pressure for at least 5 minutes. You must notify the nurse of this incident immediately.

After you have obtained all blood samples, place the dry clean gauze over the needle puncture and apply pressure.

On rare occasions, the blood flow may not stop readily. This continued flow might be related to patient’s condition; in this case, keep pressure on the site for 5 minutes or more. If bleeding has stopped, apply a pressure adhesive bandage.

**11. Resident’s Rights:**

It is the goal of our facility to promote and protect the rights of each resident. We believe that each resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility.

**Therefore, each of residents has:**

IX. The right to be informed of any charges for services not covered under Medicare,

Medicaid, private insurance carries, or by the facility’s basic per diem charge.

X. The right to confidentiality of personal and clinical information.

1. The right to refuse blood or specimen collection.
2. The right to be treated fairly and without discrimination, and free of fear.
3. The right to be treated with kindness, dignity, and respect.

 **PREVENTION OF RESIDENT ABUSE**

 HCFA is actively addressing the prevention and reporting of Elder abuse. Our company agrees wholeheartedly with this endeavor. Please review the attached policy on prevention of Resident Abuse

 If abuse is witnessed or suspected please contact your direct supervisor and/or Peter Gudaitis, President. Your help in this would be greatly appreciated.

**POLICY:** Prevention of resident abuse

**PURPOSE:** To prevent a resident from being abused by another resident, staff, visitor or family member in the facility.

**PROCEDURE:** Through the following policy the facility will develop a procedure for screening, training and protection of residents. This will specifically be achieved by the prevention, identification, and investigation and reporting of abuse, neglect, mistreatment and misappropriation of property.

**Screening**: Prior to hiring any new employee, the following criteria must be followed:

* A complete and comprehensive interview process
* Reference check
* Inquiry regarding work performance and attitude in the previous setting.
* Review reason for leaving the previous job
* If he/she is a certified nursing assistant/nurse, a license number and status will be checked with the Nursing Assistant Registry and Board of Nursing.
* A personal background check will be conducted by the facility.

**12. Importance of your mileage sheets and time keeping:**

The following applies to all phlebotomists and are mandatory requirements.

Mileage sheets are a “must” they are required to be sent to the lab on a daily basis and are used for travel reimbursements.

Clock in using the company phone or the phone in system (You will be instructed on which system you will be using upon hire.)

Mileage sheets must be completed properly.

Clock in errors must be documented by completing a time correction form and submitting it to your supervisor immediately, failure to do can result in a delay thus affecting your pay check.

Your supervisor and human resources must be informed of any changes of address or contact information for proper submitting of memorandums.

You must ensure accuracy when submitting mileage sheets and well as when clocking in and out. Failure to do so will result in a first and final for inaccurate time keeping.

The information that you provide on a daily basis is required by Medicare for the laboratory to properly bill the patients.

For additional information and sample sheets please refer to your Company Phone Manual)

**Warning, not following or neglecting this mandatory policy will subject violators to disciplinary action up to and including termination.**

**13. Staff Meeting**

 You will be notified through memorandums and/or text messages for any group inservices, workshops, and or seminars. It is mandatory for you to attend any of these scheduled meetings. This will also apply on an individual basis. Regional Phlebotomy Supervisors and/or designees with any concerns related to technique or quality of the specimens should bring the issue to the Regional Quality Assurance Supervisor who will follow-up with appropriate steps of training, retraining and the necessary feedback to the phlebotomist. Records of the counseling must be retained in HR.

 For those who are unable to attend any meeting that is scheduled a second one will be rescheduled for you on a date that works for yourself and your Supervisor and/or QA Supervisor. Failure to attend the rescheduled meeting will result in suspension; you will also be required to come to headquarters for the meeting. Your suspension will not be lifted until your meeting is completed. Failure to show within three days from the time you are suspended will result in discharge for job abandonment.

 Phlebotomist will receive training out in the field upon hire; a training evaluation will be submitted upon completion of your training.

You will receive your next evaluation after 4 months from the time you were hired, and annually after that. Annuals are conducted at the end of each calendar year.

**14. Communication Devices:**

Batteries are to be charged or changed as needed. No excuse of a dead battery will be accepted as a reason for not performing a task assigned or an absence from work.

You must have the cell phone on and available for communication during scheduled shifts.

When in the Extended Care Facility/ Home keep all cell phones on silent and or vibration mode until leaving the facility.

Upon receiving work whether it is via text messaging or voicemail you must either send a text or call back and respond to whoever assigned you work as confirmation that you received the assignment.

You will have thirty (30) minutes to respond. If you fail to respond within the given timeframe it will result in the ending of your shift as well as a deficiency for failure to follow the policy and do assigned work.

Anyone who refuses work for any reason during their assigned shift will be disciplined for insubordination and his/her shift will end at the time of refusal.

Anyone who is ON CALL and does not receive any work must call in every hour throughout their on-call shift to whoever is assigning work for that day.

You will have to sign a form of responsibilities for all company property and devices. If any company property is lost, stolen, and/or damaged you will be responsible for the amounts indicated on the form signed by you.

If stolen and you posses a police report, the theft may be reported to the insurance company. However, any reimbursement cost will be the responsibility of the employee.

**\*\*\*Please Note\*\*\***

Work assigned to you can come from your direct supervisor, QA supervisor, and/or any member of the dispatching department depending on the day, volume, and/or absences within the department.

**15. Illness/Absenteeism:**

 Vein Velocity Lab Services needs all their employees to meet their schedules to ensure the quality performance we have contracted to provide Nursing Homes. The current Corporate Policies & Procedures details approved means for obtaining time off. If you are ill or need to call out because of a personal emergency, you must do the following:

* + 1. The procedure requires advance notice except for emergency medical needs and notice as soon as possible connected with medical absences.
		2. The PTO form should be submitted in sufficient time for management to make reasonable schedule change to ensure coverage.
		3. Any other absence is considered a call out.
		4. If an employee calls-out a fourth day within a year they will receive a verbal warning from their supervisor and notified of the following disciplinary actions on any additional call-outs:
		- **6th call-out- Written Warning**  **8th –call-out Final Warning.**
		- **10th –mandatory discharge for excessive absences.**
		1. All such absences will either be charged toward accrued PTO time or will be unpaid if PTO time is not available. Unpaid hours could affect full time status and therefore other benefits.
		2. When calling out; call your supervisor so replacements can be arranged. It is unacceptable to call out one hour prior to work or one hour after you are due at work. You must notify your supervisor two hours prior to the start of your shift.
		3. It is the supervisor/dispatchers’ responsibility to call your facility making them aware and that a replacement will be there shortly.
		4. No call/ no show, will result in a first and final warning, a second offense will result in immediate dismissal. Any employee who is a NO CALL NO SHOW for two (2) consecutive workdays without communicating directly to their direct supervisor the reason for absence is considered to have voluntarily resigned his/her employment with the company.
		5. Failure to follow the above guidelines will result in termination of employment with no option for rehire at Vein Velocity Lab Service.
		6. For any employee who accrues three (3) call outs within their first 120 days of employment will automatically be terminated for failure to comply with attendance policy during their probationary period.

**1) Phlebotomy Call out Policy**

When calling out you must follow the steps below each and every time you cannot report to work:

* Call your Supervisors on duty, at 1-540-819-4963.
* If you get the voicemail you **MUST** leave a message including your **FULL NAME** and phone number.

**TO ALL PHLEBOTOMISTS:**

* **DO NOT wait until the start of your shift** to send a text message to anyone for call outs. Please send a text ASAP.
* **DO NOT** wait until after your scheduled start time to call out. Proper notification requires you to call out at least two hours prior to your scheduled start time or ASAP.

**The next couple of pages are reference guides for you to utilize when needed to assist you with performing according to standards.**

* 1. **Tube Collection Guide**
	2. **Troughs and Peaks Policy**
	3. **Incidents and Accidents Policy**
	4. **Driver Qualification Program**
	5. **First and Final Warnings**

 **TUBE COLLECTION GUIDE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Tube**  | **Additive**  | **Laboratory Use**  | **Tests**  |
|   | Buffered sodium citrate 0.109 M (~3.2%) plastic Citrate, theophylline, adenosine, dipyridamole (CTAD)  | For coagulation determinations. CTAD for selected platelet function assays and routine coagulation determination. Tube inversions prevent clotting.  | Prothrombin Time (PROTIME), APTT and Fibrinogen may be drawn in the same blue top. When D-Dimer is ordered, draw an extra blue top.  |
|   | Clot activator and gel for serum separation   | For serum determinations and diagnostic testing of serum for infectious disease. Tube inversions ensure mixing of clot activator with blood. Blood clotting time: 30 minutes.   | The following tests require an additional SST CA-125, HOMOCYSTEINE, TROPONIN 1, PTH-(Intact), TESTOSTERONE, PROLACTIN and CORTISOL (AM and PM must be clearly labeled on SST label). Serology testing may be combined in a single SST but separate from the above: RPR, RHEUMATOID FACTOR, and HCG (Pregnancy). Hepatitis and HIV testing require a separate SST. LITHIUM must be drawn in a separate SST tube.  |
| imagesCAUUPNY9  | Lithium Heparin  | For plasma determinations in chemistry. May be used for routine blood screening Tube inversions prevent clotting  | The following Chemistry may be drawn in the same FULL green top: LYTES(ELECTROLYTES),BASIC METABOLIC PANEL(CHEM7 / CMP), COMPREHENSIVE METABOLIC PANEL (CHEM12 / CMP), HEPATIC (LIVER) PANEL, RENAL FUNCTION PANEL, LIPID PANEL (CHOLESTEROL, HDL, TRIGLYCERIDES), TSH, FT3, FT4, CEA, PSA, B12, FOLATE, FERRITIN, MAGNESIUM, PHOSPHORUS, GGT, AMYLASE, URIC ACID, IRON- UIBC-TIBC,CK, LDH, CARBAMAZEPINE, PHENYOIN(DILANTIN), DIGOXIN, VALPROIC ACID (DEPAKENE),THEOPHYLLINE, PRIMIDONE (MYOLINE), T3 UPTAKE, T4, LIPASE, PREALBUMIN, CK-MB, CRP  (I and hs), and VITAMIN D25 OH. The following must not be combined with any other tests and must be drawn on TIME: VANCOMYCIN (Peak/Trough), GENTAMICIN(Peak/ Trough), TOBRAMYCIN (Peak/Trough), and AMIKACIN.  |
|   |  K2EDTA with gel  | For use in molecular diagnostic test methods (such as, but not limited to, polymerase chain reaction [PCR] and/or branched DNA [bDNA] amplication techniques).  | Ammonia (NH3) is always drawn in a white top tube (on ice). Also used for HIV PCR. No additional tests may be drawn with these tubes.  |
| imagesCAHW2F8A  | Liquid K2EDTA Spray-coated K2EDTA (plastic)  | K2EDTA and K3EDTA for whole blood hematology determinations. K2EDTA may be used for routine immunohematology testing and blood donor screening. Tube inversions prevent clotting.  | The following tests may be drawn in the same Lavender (Purple) top tube: CBC, SED Rate (ESR), and Reticulocyte. Draw an extra lavender for each Glycohemoglobin and BNP.  |
|   | Potassium oxalate/sodium fluoride. Sodium fluoride/Na2 EDTA Sodium fluoride (serum tube)  | For glucose determinations. Oxalate and EDTA anticoagulants will give plasma samples. Sodium fluoride is the antiglycolytic agent. Tube inversions ensure proper mixing of additive and blood.  | Glucose is always drawn in a gray top. No additional tests may be drawn with this tube.   |

**The tubes above are documented in the proper Order of Draw for your convenience.**

**Scheduling Trough and Peak Therapeutic Drug Levels**



It has become increasingly evident that protocols for testing patients who are receiving intravenous(IV) antibiotics need to be reinforced. The clinical usefulness of the information provided by this testing is only as good as the relevance of the results being transmitted.

In order to meet these scheduling requirements you **MUST** call and schedule each TROUGH/PEAK occasion.

Blood drawn for any of these tests that has not been scheduled at least one day (24 hours) in advance of the Drug administration will be considered a RANDOM test making it of limited clinical use for monitoring the antibiotic level. The phlebotomist is not permitted to schedule TROUGH and PEAK levels at the draw sit. **ALL** requests for scheduling must be placed through our office at 540-819-4963.

The client always has the option to draw the specimens for these tests themselves, in which case it is not necessary to call and schedule with Vein Velocity Lab Service. In this case, it is only necessary to call and request a BLOOD pick up once both specimens have been obtained. Please do not call in a blood pick up until you have collected all samples.

Please note any random Vanco/Genta/Tobra tests are not subject to this policy as they are not considered timed tests.

 The proper scheduling of **VANCOMYCIN**, **GENTAMICIN** and **TOBRAMYCIN** testing should be as follows:

|  |  |  |
| --- | --- | --- |
|  | **Trough**  | **Peak**  |
| **Vancomycin**  | **Levels should be drawn just prior to (up to 1 hour) initiating** **a dose**  | **Levels should be drawn 2 hours (+/- 30 minutes) after completion of an IV infusion**  |
| **Gentamicin**  | **Levels should be drawn just prior to (up to 1 hour) initiating** **a dose**  | **Levels should be drawn 30 minutes after completion of an** **IV infusion (or 1 hour after intramuscular injection)**  |
| **Tobramycin**  | **Levels should be drawn just prior to (up to 1 hour) initiating** **a dose**  | **Levels should be drawn 30 minutes after completion of an** **IV infusion (or 1 hour after intramuscular injection)**  |

**POLICY REGARDING INCIDENTS AND ACCIDENTS**

All employees are required to follow the protocol below in the event of an accident/injury.

 **Please remember regardless of how minor it may be and even if no injury was sustained it MUST be reported either way.**

The steps below **MUST** be followed:

1. Report any injury/accident to your direct supervisor **IMMEDIATELY**.
2. For incidents that occur at a nursing facility, make sure to obtain an incident report from the facility. If the facility refuses to provide one, the name of the person whom you reported the incident to and their title must be reported to your supervisor and/or Human Resources. Human Resources will verify this with the facility.
3. You must submit a detailed statement in your own words regarding what happened and fax it to 980-422-0363. Or bring in a signed written statement. HR will be in contact with you the same day to review the information to ensure timely submission of the claim.
4. If you are injured we will send you for treatment at an authorized medical center.
5. If medical attention is not needed at the time of the incident, report it to your supervisor, and you must sign the appropriate medical waiver which must be faxed to HR, 980-422-0363.
6. For car accidents, you must obtain a police report and submit it to Human Resources no later than two (2) weeks from the date of the incident. If you are given a report number you must inform HR of this as well. If authorities are not contacted and/or do not report to the scene you must provide proof of an accident by providing us with the information of the other party(s) involved. You must provide HR with the other parties full Name, phone number, plate information, vehicle make and model, and the name of their auto insurance policy.
7. Your supervisor will contact you to schedule a **MANDATORY** in-service, regardless of injury/accident type at Vein Velocity Lab Services headquarters in Virginia Beach, VA. If you are put out of work or placed on restricted duty, your in-service will be scheduled when you are released to full duty with no restrictions. If you are unable to keep your appointment, you will be given one opportunity to reschedule an appointment that works for both you and your supervisor. **Failure to attend the re-scheduled in-service will result in suspension until you have completed the in-service. If you still have not come in after 3 business days, it will be considered voluntary job abandonment.** All mandatory in-services will be compensated for.

Steps 1-5 must be completed within 2 hours of an incident. **Failure to complete any of the above steps or failure to follow this policy will result in a FIRST AND FINAL WARNING, a second offense will result in immediate termination.**

**DRIVER QUALIFICATION PROGRAM**

The development of a driver qualification program is vitally important to the successful operation of Vein Velocity Lab Service. The selection and retention of the best available drivers can avoid future financial losses resulting from accidents and abuse of vehicles.

Motor vehicle records will be utilized as a tool to determine driver eligibility at time of hire and annually thereafter. The minimum criteria acceptable for operation of any vehicle during company time:

1. No more than 3 moving violations and/or accidents within the 2 most recent years.
2. No more than 2 moving violations and/or accidents in the most current year
3. Drivers should have no “major convictions” within the last 5 years. **Major Convictions constitute:**
	1. Driving while intoxicated or under the influence
	2. Leaving the scene of an accident
	3. Homicide or assault through use of a motor vehicle
	4. Attempting to elude a police officer
	5. Drivers who have a suspended or revoked license or those who have had 3 or more license suspensions.

Employees who fail to meet the criteria mentioned above will not be fulfilling their job requirements and therefore will be considered to have voluntary resigned.

Employees must maintain an acceptable driving record throughout the course of employment. Employees must notify Human Resources of any and all Motor Vehicle Violations and Accidents whether they occurred while driving a company vehicle, customer vehicle or any other vehicle. This notification must be in writing within 24 hours of the violation/accident. Failure to report Motor Vehicle Violations and accidents will result in disciplinary action up to and including termination.

**Employees must also ensure we have up to date information that is not expired with regards to your Driver License, Vehicle Registration, and Car Insurance. Failure to do so will result in suspension until the appropriate documents are obtained. Anyone who fails to submit the appropriate documents after three days of being suspended will be dismissed for failure to meet the driver qualification program.**

**FIRST AND FINAL WARNINGS**

Below are all violations of company policy that will be considered a first and final warning. A second violation of any of the below will result in immediate dismissal.

1. Any **OSHA** violations. This includes failure to have a sharps container, failure to properly dispose of used needles, and/or any other biohazard materials, overfilling a sharps container.
2. Failure to properly report any incident and/or accident.
3. Failure to update HR with any documentation and all documentation as mentioned in the driver qualification program.
4. Failure to wear appropriate PPE when in healthcare setting.
5. Sticking the wrong patient, and/or failure to properly identify the patient(s).
6. Falsifying time and/or attendance records, mileage forms, time corrections, time of draw on requisition forms.
7. Being a NO CALL NO SHOW for work.
8. Violating the Health Insurance Portability and Accountability Act.
9. Sticking a patient in a prohibited site, and/or drawing from a site where an IV, Fistula, Shunt, Arterial Lines, Heparin Lock, Indwelling line, and implanted port is located.
10. Leaving a tourniquet on a residents arm, leaving a used needle and/or any other biohazard materials in a nursing home, parking lot, or any other area.
11. Improper specimen handling and transportation
12. Leaving specimens in a car, kit, cooler, and/or leaving them behind in a facility.
13. Failure to wear appropriate shoes and clothing while in healthcare setting.
14. Engaging in confrontational behavior with anyone at an Extended Care Facility/ Home.

**Please Note:** The above are most, but not all violations that can be considered a first and final.

 DATE

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| PROCEDURE ADOPTED SIGNATURE 08/01/2023 |   |
| PROCEDURE REVIEWED SIGNATURE  |   |
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**PHLEBOTOMY MANUAL**

**POLICIES AND PROCEDURES**

*I acknowledge that I have received a copy of Vein Velocity Lab Service Phlebotomy Manual, Policies and Procedures. I agree to read it thoroughly, including the statements in the foreword describing the purpose and effect of this Manual. I agree that if there is any policy or provision in the Manual that I do not understand, I will seek clarification from the Human Resources Department.*

*I understand that Vein Velocity Lab Service is an “at will” employer and as such, employment with Vein Velocity Lab Service is not for a fixed term or definite period and may be terminated at the will of either party, with or without cause, and without prior notice.*

*No supervisor or other representative of Vein Velocity Lab Service (except the President, in writing) has the authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the above.*

 *In addition, I understand that this Handbook states* Vein Velocity Lab Service *policies and practices for Phlebotomy in effect on the date of publication. I understand that nothing contained in the Handbook may be construed as creating a promise of future benefits or a binding contract with Vein Velocity Lab Service for benefits or for any other purpose. I also understand that these policies and procedures are continually evaluated and may be amended, modified, or terminated at any time.*

 Print Name Signature Date