

NAME OF
PATIENT CARE SERVICES
ORIENTATION/COMPETENCY INVENTORY (OCI)

Phlebotomist

During orientation, you will be required to validate with your preceptor, administrative supervisor and/or department director established competencies for the above referenced position through either return demonstration or verbalizing the procedure, skill or criteria. Your preceptor, administrative supervisor and/or department director will date and initial each competency as they are satisfactorily completed. **THIS OCI MUST BE COMPLETED BEFORE YOU CAN BE RELEASED FROM ORIENTATION AND WORK WITHOUT A PRECEPTOR.** (Based on individual circumstances an employee may be released prior to completion of the OCI due to lack of opportunity for return demonstration. However, that procedure, skill or criteria may not be performed independently by the employee until s/he has been evaluated by the appropriate individual). At the conclusion of your orientation this OCI should be fully completed and will be reviewed by yourself, your preceptor and department director. This OCI will become a part of your Human Resources file.

Name of Employee: _____ Date of Hire: _____

Unit(s) Assignment: _____ Orientation Dates: _____ to _____

Employee Signature: _____ Date: _____

Preceptor Signature: _____ Date: _____

Department Director Signature: _____ Date: _____

KEY:

Self-Assessment:

Validation:

0 = No knowledge and/or experience.
(No competence).

RD = Return demonstration.

1 = Limited knowledge and/or experience.
(Some competence).

V = Verbalizes.

2 = Knowledgeable and feels confident.
(Complete competency).

NA = Not applicable to area or no
experience required.

Developed by: _____ Name of Developer
Approved by: _____ Name of Approver

SELF-ASSESSMENT (Orientee Initials)			COMPETENCIES The orientee will be able to:	VALIDATION (Preceptor, Administrative Supervisor, Department Director, Date and Initials)		
				RD	V	NA
0	1	2				
			1. <u>Discuss Hospital Safety Procedures:</u>			
			a. Internal Disaster (Fire [including RACE] & Electrical Safety, Bomb Threat).			
			b. External Disaster (Emergency Preparedness).			
			c. Infection Control: Bloodborne Pathogens and Tuberculosis Exposure Control Plans.			
			d. Body Mechanics.			
			e. Domestic Violence/Reporting of Suspected Abuse.			
			f. Risk management (including Hazardous Materials and MSDS).			
			g. Radiation Safety.			
			h. Current BLS-Healthcare Provider.			
			2. <u>Departmental Overview:</u>			
			a. Tour of department(s)/unit(s).			
			b. Mechanism for tracking time and attendance (Kronos).			
			c. Telephone system; etiquette.			
			d. Page operator; beepers.			
			e. Hospital/departmental manuals/resource texts.			
			f. Departmental staff meetings.			
			g. Standard of professional attire.			
			h. Ethics committee role and access.			
			i. Requirements for storage of reagents/chemicals; location of spill kits.			
			3. <u>Identify the patient with precision and accuracy:</u>			
			a. Inpatient identification.			
			b. Identification of infants and young children.			
			c. Emergency department patient identification.			
			d. Ambulatory patient identification			
			e. Test requisitions.			
			4. Greet patients and describe venipuncture procedure.			
			5. <u>Identify the different types of equipment and their proper use during blood collection:</u>			
			a. Supplies for venipuncture.			
			b. Positioning of the patient and venipuncture sites.			

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0	1	2		RD	V	NA
			c. Warming the puncture site.			
			d. Tourniquet application/removal.			
			e. Decontamination of the puncture site.			
			6. <u>State according to hospital policy isolation procedures/techniques:</u>			
			a. Standard precautions.			
			b. Transmission-based precautions.			
			c. Bloodborne Pathogens Exposure Control Plan.			
			d. Tuberculosis Exposure Control Plan.			
			e. Personal protective equipment (PPE):			
			1) Gloving.			
			2) Goggles.			
			3) Masking.			
			4) Gowning.			
			f. Entering and exiting patient rooms.			
			g. Disposing of contaminated items.			
			h. Biohazardous waste containers.			
			7. <u>Differentiate anticoagulants and blood collection tubes, as well as demonstrate knowledge of which tubes are used for which lab tests:</u>			
			a. Blood culture collection tubes.			
			b. Red-topped tubes (plain).			
			c. Light-blue topped tubes (Coagulation: Sodium citrate).			
			d. Serum separation tubes (a.k.a., SST, jungle top, tiger top, speckled, mottled).			
			e. Green-topped tubes (Heparin, lithium, sodium and ammonium).			
			f. Purple-topped tubes (EDTA).			
			g. Gray-topped tubes (Sodium fluoride and potassium oxalate).			
			h. Brown-topped tubes (Lead).			
			8. <u>Perform the following venipuncture methods:</u>			
			a. Evacuated tube system (vacutainer).			
			b. Syringe method.			
			c. Butterfly method.			

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0	1	2		RD	V	NA
			d. Blood culture bottles.			
			e. Proper disposal.			
			f. Order of tube collection.			
			g. Specimen identification and labeling.			
			h. Post venipuncture site care.			
			i. Other considerations.			
			9. <u>Describe the procedure(s) to be followed when performing a skin (finger stick) puncture:</u>			
			a. Indications for skin puncture.			
			b. Composition of skin puncture: Blood.			
			c. Preparation for skin puncture.			
			d. Supplies for skin puncture.			
			e. Skin puncture sites.			
			f. Warming the skin puncture site.			
			g. Cleaning the skin puncture site.			
			h. Skin puncture procedure.			
			i. Three (3) safety issues related to skin puncture blood collection.			
			10. <u>State the complications associated with venipuncture and the troubleshooting techniques to avoid the following:</u>			
			a. Fainting.			
			b. Failure to draw blood.			
			c. Hematomas.			
			d. Petechiae.			
			e. Excessive bleeding.			
			f. Mastectomy.			
			g. Edema.			
			h. Damaged, sclerosed or occluded veins.			
			i. Hemolysis.			
			j. Collapsed veins.			
			k. Burned or scarred areas.			
			l. Infections.			
			11. <u>Perform venipuncture using the following sequence:</u>			
			a. Accurately identifies the patient.			
			b. Explains the procedure to the patient.			
			c. Identifies special patient populations where venipuncture may be contraindicated.			

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			d. Determines appropriate tubes to use for requested laboratory exams; identifies special procedures for specific tests, e.g., ice, etc.			
			e. Washes hands, and dons gloves.			
			f. Assembles and checks equipment needed.			
			g. Positions patient so both phlebotomist and patient are comfortable.			
			h. Palpate vein for an appropriate site.			
			i. Apply tourniquet 2-4" above site.			
			j. Cleanse the site in a concentric motion with alcohol prep; permit to air dry.			
			k. Without touching the site again, anchor vein with index finger or thumb.			
			l. Make a proper venipuncture: 15° angle, bevel up, one quick smooth motion.			
			m. Use the following blood draw order:			
			1) Blood cultures (8-10ml).			
			2) Plain tubes (Red).			
			3) Coagulation: Sodium citrate (Light blue).			
			4) Serum separation (a.k.a., SST, jungle top, tiger top, speckled, mottled).			
			5) All other additive tubes:			
			a) Heparin, sodium and ammonium (Green).			
			b) EDTA (Purple).			
			c) Sodium fluoride and potassium oxalate (Gray).			
			d) Lead (Brown).			
			n. Invert all tubes 8 times except plain tubes, within 30 seconds of the draw.			
			o. Release the tourniquet within 1-2 minutes of application.			
			p. Disengage last tube from back of needle (vacutainer) and/or carefully withdraw needle from vein, applying pressure with a clean, dry gauze for 3-5'; dispose of needle in a sharps container.			

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			q. Label tubes with patient's identification information, date and time of draw, and phlebotomists initials.			
			r. Recheck site for bleeding.			
			s. Apply dry, sterile dressing (band-aid) to site.			
			t. Remove gloves and discard all used equipment in appropriate biohazardous waste container; wash hands.			
			12. <u>Perform pediatric phlebotomy procedures:</u>			
			a. Microcapillary skin puncture.			
			b. Heel stick,			
			c. Neonatal screening.			
			d. Finger stick.			
			e. Venipuncture.			
			13. <u>State resources available for the following special tests:</u>			
			a. Glucose tolerance test.			
			b. Postprandial glucose test.			
			c. Therapeutic drug monitoring (trough and peak).			
			14. <u>State procedures for the safe transport of specimens:</u>			
			a. Basic handling procedures.			
			b. Chilled specimens.			
			c. Warmed specimens.			
			d. Protection of specimens from light.			
			e. Microbiological specimens.			
			15. Recognize the safety precautions, techniques, and disposal that must be used when handling, transporting and processing blood specimens.			
			16. <u>State the procedure for processing of specimens:</u>			
			a. Able to use all pertinent Lab Information System routines.			
			b. Able to create patient identification labels.			
			c. Able to change printer cartridge.			
			d. Articulates computer downtime procedure.			

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				RD	V	NA
0	1	2				
			17. Completes the following supervised blood draws:			
			a. Evacuated Tube (vacutainer) #1.			
			b. Evacuated Tube (vacutainer) # 2.			
			c. Evacuated Tube (vacutainer) # 3.			
			d. Evacuated Tube (vacutainer) # 4.			
			e. Evacuated Tube (vacutainer) # 5.			
			f. Evacuated Tube (vacutainer) # 6.			
			g. Evacuated Tube (vacutainer) # 7.			
			h. Evacuated Tube (vacutainer) # 8.			
			i. Evacuated Tube (vacutainer) # 9.			
			j. Evacuated Tube (vacutainer) # 10.			
			k. Butterfly # 1.			
			l. Butterfly # 2.			
			m. Butterfly # 3.			
			n. Butterfly # 4.			
			o. Butterfly # 5.			
			p. Butterfly # 6.			
			q. Butterfly # 7.			
			r. Butterfly # 8.			
			s. Butterfly # 9.			
			t. Butterfly # 10.			

