Sentara®

School of Phlebotomy

Curriculum Guide

Student Handbook

School/Student Catalog

Class: May – August 2024

School of Phlebotomy

2010 Health Campus Drive
Harrisonburg, VA. 22801

Office and Lectures:
1401 Technology Drive
Office Phone: (540) 564-7232
Office Fax: (540) 437-0517
Web Site:
www.sentara.com/phlebotomyschool

Curriculum Guide
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Sentara RMH School of Phlebotomy
May - August 2024

The Sentara RMH School of Phlebotomy is certified to operate by the State Council of Higher Education for Virginia (SCHEV).

The Sentara RMH School of Phlebotomy is accredited by NAACLS.
(773) 714-8880, www.naacls.org.
NAACLS
5600 N. River Road
Suite 720
Rosemont, IL. 60018-5119

Section #	Table of Contents

Sentara RMH School of Phlebotomy

(Revised 8/14/2020)

Chief Administrator/Officer of School

Douglas J. Moyer

Sentara RMH Medical Center President
and
Corporate Vice President Sentara Healthcare

Duties and responsibilities of the officer above is ultimate administration of Sentara RMH School of Histotechnology and School of Medical Laboratory Science and School of Phlebotomy.

Sentara RMH School of Phlebotomy

Policy/Procedure When Applied Experience Cannot be Guaranteed

(Revised 1/23/2023)

Selection of students will be limited annually to the number of slots available on clinical rotation.

Because of the large number of hospitals in the Sentara System, there should always be rotation slots to accommodate students for rotation should a disaster occur in one of the hospitals.

With regard to the didactic portion of the program, if the Sentara RMH School of Phlebotomy would close, the lectures on file along with Power Points for the entire curriculum would be available to another Sentara Facility and their Lab departments. The certified medical laboratory scientists at those facilities could complete the didactic portion for the remaining weeks until the current class had finished the program.

The following is a list of all the hospitals in the Sentara Healthcare System:

Sentara Albemarle Medical Center- Elizabeth City, NC
Sentara CarePlex Hospital- Hampton, VA
Sentara Halifax Regional Hospital- South Boston, VA
Sentara Leigh Hospital- Norfolk, VA
Sentara Martha Jefferson Hospital- Charlottesville, VA
Sentara Norfolk General Hospital- Norfolk, VA
Sentara Northern Virginia Medical Center- Woodbridge, VA
Sentara Obici Hospital- Suffolk, VA
Sentara Princess Anne Hospital- Virginia Beach, VA
Sentara RMH Medical Center- Harrisonburg, VA
Sentara Virginia Beach General Hospital- Virginia Beach, VA
Sentara Williamsburg Regional Medical Center- Williamsburg, VA

Further details of the didactic and rotation completion would be formulated if a closing of Sentara RMH School of Phlebotomy should occur.

There is an affiliation agreement between Sentara RMH School of Phlebotomy and all of the Sentara Hospitals.

Sentara RMH School of Phlebotomy

Retention Policy in Event of Schools' Closure or Revocation of Certification

(Revised 8/14/2020)

In the event of schools closure or revocation of certification, the schools shall make provisions for transferring all official records of students to the council office, or secure location that will maintain the records permanently, notify all students of this location and how they may obtain official copies. The records transferred to the council office, or other depository, shall include the academic records of each student, which should include:

1. Academic transcripts showing the basis of admissions, transfer credits, courses, credit, grades, graduation authorization, and student name changes for each student;
2. As no financial aid is offered to the students, there will be no record of transcripts of financial aid;
3. Foreign student forms for foreign students;
4. Veterans Administration records for veterans;
5. Copies of certificates awarded;
6. One set of course descriptions for all courses offered by the school;
7. Copy of NAACLS accreditation during the years covered by transcripts.

The schools shall notify all enrolled students of the pending closure immediately, describing their financial obligations as well as their right s to a refund or adjustment, and provisions made for assistance toward completion of their academic programs, whether by the institution that is closing, or by contract with another institution or organization to teach out the educational programs.

This policy is in addition to the schools policy on "if applied experience cannot be guaranteed."

Sentara RMH School of Phlebotomy

Harrisonburg, Virginia

(Revised 8/24/2020)

Sentara RMH Medical Center, founded in 1912, is located in Harrisonburg, Va. Sentara RMH is a not-for-profit, community-based regional healthcare facility licensed for 266 beds and fully accredited by DNV. Sentara Healthcare is a not-for-profit healthcare organization serving Virginia and northeastern North Carolina. It is based in Norfolk, Virginia and offers services in 12 acute care hospitals with more than 300 sites of care all throughout Virginia and northeastern North Carolina and beyond.

The Sentara RMH PBT Program was established in 2018 to address a need for skilled phlebotomists and laboratory assistants within the Sentara system and the communities it serves. The program runs for 18 weeks with 10 weeks of didactic instruction followed by 8 weeks of clinical rotation. Clinical rotations are provided by the laboratories of Sentara RMH Medical Center and Sentara Martha Jefferson Hospital.

Entering students will be required to have a high school diploma or equivalent prior to the start of the program and be 18 years of age before the start of clinical rotations. A certificate will be granted upon completion of the program.

Sentara RMH School of Phlebotomy

Harrisonburg, Virginia

MISSION STATEMENT

(Revised 8/14/2020)

It is the mission of the Sentara RMH School of Phlebotomy to graduate beginning phlebotomists with the skills, knowledge, motivation, and insight to excel in the practice of laboratory phlebotomy, and to pass national certification examinations. These graduates will be motivated to continue their education, and to become our future phlebotomy educators and managers in the laboratory. The school will remain on the cutting edge of laboratory education providing the students with the curriculum that is current, safety conscious, and responsive to the dynamic health care environment.

The school's purpose includes an emphasis of 98% on instruction, 2% on research in the form of lectures during the education course, and 0% on public service.

Sentara RMH School of Phlebotomy

Program Goals**

(Reviewed 8/14/2020)

- To provide students with the knowledge of the health care delivery system and medical terminology in a safe environment.
- To instill in students professional integrity and pride.
- To educate students with a thorough knowledge of infection control and safety.
- To prepare student to successfully pass the ASCP Certification Exam for phlebotomy technicians.
- To educate students with the basic understanding of the anatomy and physiology of body systems and anatomic terminology in order to correlate with the different areas of the clinical laboratory and disease states.
- To prepare students to understand the age specific or psycho-social considerations involved in the performance of phlebotomy procedures on various age groups of patients.
- To prepare students to have an understanding of the importance of specimen collection and specimen integrity in the delivery of patient care.
- To graduate phlebotomy technicians with knowledge of collection equipment, additive types, and precautions necessary and substances that can interfere in the laboratory analysis of blood and other specimens.
- To educate phlebotomy technicians on the standard operating procedures when collecting specimens during venipuncture and capillary (dermal) puncture.
- To graduate phlebotomy technicians with an understanding of requisitioning, specimen transport and processing.
- To provide sufficient background material so that the graduate understands quality assurance and quality control in phlebotomy.
- To graduate phlebotomy technicians who can communicate (verbally and nonverbally) effectively and appropriately in the workplace.
- To instill in students an understanding of the importance of their work as phlebotomy technicians on a medical team whose sole purpose is the patient.

- To graduate phlebotomy technicians with a background in management for a future role in phlebotomy management in the laboratory.

**Reference: NAACLS PBT Unique Standards, PDF file pages 73 and 74.

Sentara RMH School of Phlebotomy

Harrisonburg, Virginia

Faculty

Cyndee Lowe, MLS(ASCP)^{CM}, M.A.
Program Director, Sentara RMH School of Phlebotomy, Medical Laboratory Science, and Histotechnology

Emileigh Conley, MLS(ASCP)^{CM}, B.S.
Phlebotomy Instructor, Sentara RMH School of Phlebotomy and School of Medical Laboratory Science

Sentara RMH Medical Center Practicum Instructors

Becky Wood, MT(ASCP)
Lab Manager, Sentara RMH Medical Center

Martha Jefferson Hospital Practicum Instructors

Debora House, MLS(ASCP)^{CM}
Lab Manager, Sentara Martha Jefferson Hospital

School of Phlebotomy

Faculty Selection Policy

(Reviewed 8/14/2020)

The selection of faculty for the Sentara RMH School of Phlebotomy Technician is based on the following criteria:

1. Interest in education
2. Teaching ability
3. Two years of medical technology/clinical laboratory scientist experience
4. Certification - MT(ASCP), preferred MLS(ASCP)^{CM}, education, and continuing education

In selection of faculty, the Sentara RMH School of Phlebotomy Technician does not discriminate on the grounds of race, color, religion, national origin, sex, age, marital status, sexual orientation, family responsibilities, or political affiliation.

It is recommended that faculty have a minimum of a B.S. degree (Master's Degree preferred) and national certification MT (ASCP), with MLS (ASCP) ^{CM} preferred.

School of Phlebotomy

Outcome Measures

(Reviewed 8/14/2020)

The school does the following to evaluate and improve the program success to be consistent with the mission of the school:

1. Monitor and report pass rate on ASCP Certification Exam.

2. Monitor placement rates of graduates.

3. Monitor attrition rates.

4. Send out questionnaires to:
    - Students
    - Graduates
    - Faculty
    - Employers
    - Advisory Committee

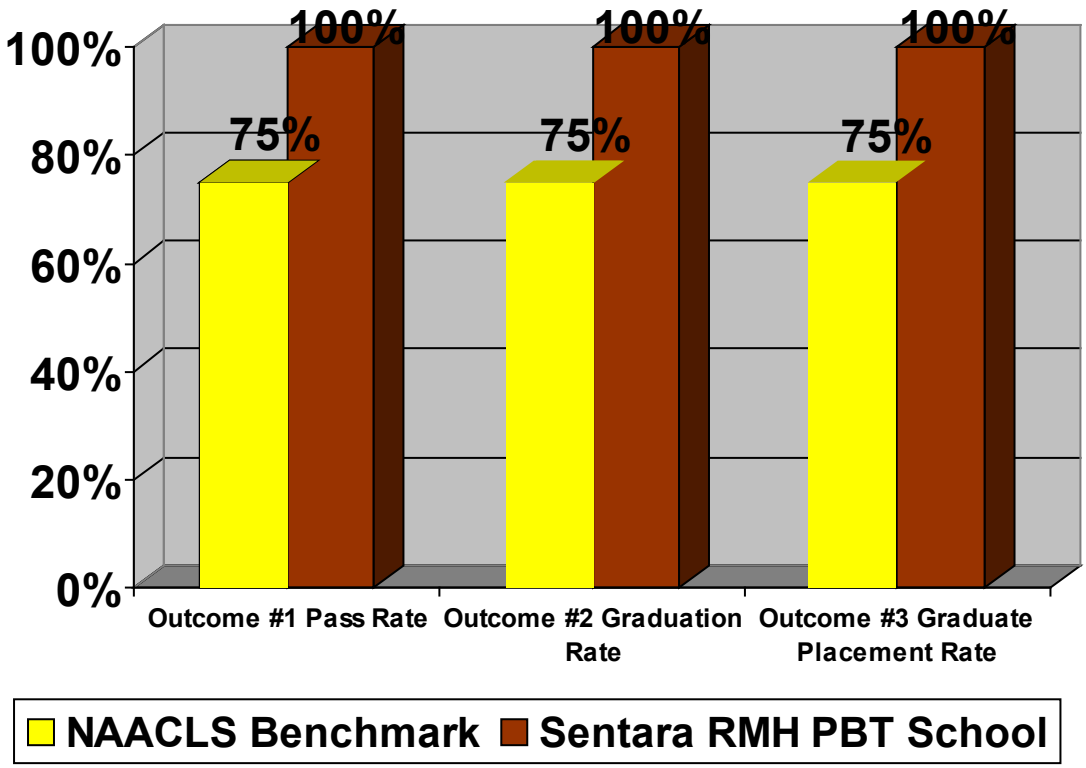
5. Monitor graduation rate for each class.

Sentara RMH School of Phlebotomy

Program Outcome Measures 2023

(Updated 3/15/2024)

Percentages reflect all students graduated in 2023	
Certification Pass Rate	100%
Graduation Rate	100%
Placement Rate	100%



Sentara RMH School of Phlebotomy

Academic Calendar

(Revised 8/14/2020)

The academic calendar includes all the time from the beginning of class in January or August to the graduation date in June or December respectfully. This includes approximately 18 weeks with 10 weeks of didactic and 8 weeks of clinical/rotation per calendar year.

May 2024

April '24

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

June '24

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
28	29	30	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27 NO CLASS HOLIDAY	28 9:00 Curriculum Guide and Sentara Orientation 11:30 Circulatory Lecture 1 2:00 Waived & POC Lecture 1	29 9:00 Circulatory Lecture 2 11:30 Waived & POC Lecture 2 2:00 Specimen Collection Lecture 1	30 9:00 Lab 1 11:30 Circulatory Lecture 3 2:00 Specimen Collection Lecture 2	31 9:00 Circulatory Lecture 4 11:30 Waived & POC Lecture 3 2:00 Specimen Collection Lecture 3	1
2	3	Notes				

June 2024

May '24

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

July '24

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
26	27	28	29	30	31	1
2	3 9:00 Circulatory Review 1 11:30 Waived & POC Lecture 4 2:00 Specimen Collection Lecture 4	4 9:00 Circulatory Exam 1 10:30 Circulatory Lecture 5 1:00 Wavied & POC Review 1 2:00 Specimen Collection Review 1	5 9:00 Lab 2 11:30 Circulatory Lecture 6 1:00 Waived & POC Exam 1 2:30 Waived & POC Lecture 5	6 ONLINE DAY 9:00 Specimen Collection Exam 1 2:30 Specimen Collection Lecture 5	7 9:00 Circulatory Lecture 7 11:30 Waived & POC Lecture 6 2:00 Specimen Collection Lecture 6	8
9	10 9:00 Circulatory Review 2 11:30 Waived & POC Lecture 7 2:00 Specimen Collection Review 2	11 9:00 Specimen Collection Exam 2 11:30 Lab 3 2:00 Specimen Collection Lecture 7	12 9:00 Circulatory Exam 2 11:30 Circulatory Lecture 8 1:00 Waived & POC Review 2 2:30 Specimen Collection Lecture 8	13 9:00 Lab 4 11:30 Circulatory Lecture 9 2:00 Waived & POC Exam 2	14 9:00 Circulatory Lecture 10 11:30 Waived & POC Final Review 2:00 Specimen Collection Review 3	15
16	17 9:00 Circulatory Final Review 11:30 Non-Blood Lecture 1 2:00 Specimen Collection Exam 3	18 9:00 Waived & POC Final Exam 11:30 Non-Blood Lecture 2 2:00 Specimen Collection Lecture 9	19 9:00 Circulatory Final Exam 11:30 Non-Blood Lecture 3 2:00 Specimen Collection Lecture 10	20 9:00 Lab 5 11:30 Management Lecture 1 2:00 Specimen Collection Lecture 11	21 9:00 Non-Blood Lecture 4 11:30 Management Lecture 2 2:00 Specimen Collection Review 4	22
23	24 9:00 Non-Blood Review 1 11:30 Management Lecture 3 2:30 Specimen Collection Exam 4	25 9:00 Lab 6 11:30 Non-Blood Exam 1 2:00 Specimen Collection Lecture 12	26 9:00 Non-Blood Lecture 5 10:30 Specimen Collection Lecture 13 11:30 ACLS Online BLS Training	27 9:00 Lab 7 11:30 Management Review 1 2:00 Specimen Collection Lecture 14	28 9:00 Non-Blood Lecture 6 11:30 Management Exam 1 2:00 Specimen Collection Lecture 15	29
30	1	Notes				

July 2024

June '24

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

August '24

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
30	1 9:00 Non-Blood Lecture 7 11:30 Management Lecture 4 2:00 Specimen Collection Review 5	2 9:00 Lab 8/9 11:30 Non-Blood Review 2 2:00 Management Lecture 5	3 9:00 Non-Blood Exam 2 11:30 Management Lecture 6 2:00 Specimen Collection Exam 5	4 NO CLASS HOLIDAY	5 NO CLASS	6
7	8 9:00 Lab Practical Practice 11:30 Management Lecture 7 2:00 Specimen Collection Lecture 16	9 9:00 Lab Practical Practice 10:30 Non-Blood Procedures 1:00 Management Lecture 8 2:00 Specimen Collection Final Review	10 9:00 Non-Blood Final Review 11:30 Management Lecture 9 2:00 Specimen Collection Final Exam	11 9:00 Lab Practical 11:30 Non-Blood Final Exam 2:00 Management Final Review	12 9:00 Management Final Exam 11:30 Lab Practical Feedback	13
14	15 Rotation 1	16 Rotation 1	17 Rotation 1	18 Rotation 1	19 Rotation 1	20
21	22 Rotation 2	23 Rotation 2	24 Rotation 2	25 Rotation 2	26 Rotation 2	27
28	29 Rotation 3	30 Rotation 3	31 Rotation 3	1	2	3
4	5	Notes				

August 2024

July '24

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

September '24

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
28	29	30	31	1 Rotation 3	2 Rotation 3	3
4	5 Rotation 4	6 Rotation 4	7 Rotation 4	8 Rotation 4	9 Rotation 4 Comprehensive Exam	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
1	2	Notes				

Sentara RMH School of Phlebotomy
2010 Health Campus Drive
Harrisonburg, VA 28801
(Phone) 540-564-7232
(Fax) 540-437-0517
(Web Site) www.sentara.com/phlebotomyschool
(E-Mail) CSLOWE@SENTARA.COM

ENROLLMENT AGREEMENT

STUDENT INFORMATION

STUDENT NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE #'S: H: _____C:_____W:_____

E-MAIL:_____

SOCIAL SECURITY #:_____

EMERGENCY CONTACT: _____

RELATIONSHIP: _____TELEPHONE #:_____

PROGRAM INFORMATION

DATE OF ADMISSION: ____/_____/_____ PROGRAM/COURSE: _____
MO DAY YEAR

PROGRAM START DATE: _____ANTICIPATED END DATE: _____

FULL-TIME: ☐ PART-TIME: ☐ DAY: ☐ EVENING: ☐
DAYS/EVENINGS CLASS MEETS: (CIRCLE) M T W TH F Sat Sun

TIME OF DAY/EVENING CLASS BEGINS: _____ TIME OF DAY/EVENING CLASS ENDS: _____

NUMBER OF WEEKS: _____ TOTAL CREDIT/CLOCK HOURS_____
(CIRCLE ONE)

TUITION

THE TOTAL COST OF THE SENTARA RMH PHLEBOTOMY PROGRAM

TUITION:	$_____
NON-REFUNDABLE REGISTRATION FEE:	$_____ *(may not exceed $100)*
BOOKS/SUPPLIES:	$_____
UNIFORM:	$_____
MISC. EXPENSES:	$_____

TOTAL COST: $_____

CANCELLATION REFUND POLICY

Rejection: An applicant rejected by the school is entitled to a refund of all monies paid.

Three-Day Cancellation: An applicant who provides written notice of cancellation with three (3) business days, excluding weekends and holidays, of executing the enrollment agreement is entitled to a refund of all monies paid, excluding the non-refundable registration fee.

Other Cancellations: An application requesting cancellation more than three(3) business days after executing the enrollment agreement and making an initial payment, but prior to the first day of class is entitled to a refund of all monies paid, less a maximum tuition fee of 15% of the stated cost of the course or $100, whichever is less.

Withdrawal Procedure:

A. A student choosing to withdraw from the school after the commencement of classes is to provide a written notice to the Director of the school. The notice must include the expected last date of attendance and be signed and dated by the student.

B. If special circumstances arise, a student may request, in writing, a leave of absence, which should include the date the student anticipates the leave beginning and ending. The withdrawal date will be the date the student begins leave of absence.

C. A student will be determined to be withdrawn from the institution if the student misses seven consecutive instructional days and all of the days are unexcused.

Tuition refunds will be determined as follows:

Proportion of Total Program Taught by Withdrawal Date	Tuition Refund
Less than 25%	75% of program cost
25% up to but less than 50%	50% of program cost
50% up to but less than 75%	25% of program cost
75% or more	No Refund

NOTICE TO BUYER:

1. Do not sign this agreement before you have read it or if it contains any blank spaces.
2. This agreement is a legally binding instrument.
3. You are entitled to an exact copy of this agreement and any disclosure pages you sign.
4. This agreement and the school catalog constitute the entire agreement between the student and the school.
5. The school reserves the right to reschedule the program start date.
6. The school reserves the right to terminate a student's training for unsatisfactory progress, nonpayment of tuition or failure to abide by established standards of conduct.
7. The school does not guarantee the transferability of credits to a college, university or institution. Any decision on the comparability, appropriateness and applicability of credit and whether they should be accepted is the decision of the receiving institution.

STUDENT ACKNOWLEDGMENTS:

1. I hereby acknowledge receipt of the school's catalog dated _____, which contains information describing programs offered. The school catalog is included as part of this enrollment agreement and I acknowledge that I have received a copy of this catalog.

   _____Student Initials

2. I have carefully read and received an exact copy of this enrollment agreement.

   _____Student Initials

3. I understand that the school may terminate my enrollment if I fail to comply with attendance, academic, and financial requirements or if I fail to abide by established standards of conduct, as outlined in the school catalog. While enrolled in the school, I understand that I must maintain satisfactory academic progress as described in the school catalog and that my financial obligation to the school must be paid in full before a certificate may be awarded.

   _____Student Initials

4. I understand that the school does not guarantee job placement to graduates upon program completion or upon graduation.

   _____Student Initials

5. I understand that complaints, which cannot be resolved by direct negotiation with the school in accordance to its written grievance policy, may be filed with the State Council of Higher Education for Virginia, 101 N. 14th Street, 9th Floor, James Monroe Building, Richmond, VA 23219. All student complaints must be submitted in writing.

   _____Student Initials

CONTRACT ACCEPTANCE

I, the undersigned, have read and understand this agreement and acknowledge receipt of a copy. It is further understood and agreed that this agreement supersedes all prior or contemporaneous verbal or written agreements and may not be modified without the written agreement of the student and the School Official. I also understand that if I default upon this agreement I will be responsible for payment of any collection fees or attorney fees incurred by _____ (school name).

My signature below signifies that I have read and understand all aspects of this agreement and do recognize my legal responsibilities in regard to this contract.

Signed this _____day of_____, 20_____

_____ _____
Signature of Student Date

_____ _____
Signature of School Official Date

REPRESENTATIVE'S CERTIFICATION:

I hereby certify that _____ has been interviewed by me and in my judgment, meets all requirements for acceptance as a student in the _____ (program name) at _____ (school name), as described in the school catalog. I further certify that there have been no verbal or written agreements or promises other than those appearing on this agreement.

School of Phlebotomy

Essential Functions

(Revised 8/14/2020)

The following essential functions are required for admission to the program:

1. Manual Dexterity: Ability to use hand(s) or prosthetic devices with coordination.
2. Fine Motor: Ability to manipulate small objects with fingertips or adaptive devices.
3. Mobility: Ability to maneuver in the laboratory and around instruments and in patients care settings.
4. Vision: Ability to distinguish red, yellow, and blue colors; distinguish clear from cloudy, and distinguish objects through a microscope.
5. Speech: Ability to verbally communicate understandably in English.
6. Hearing: Ability to adapt with assistive devices (i.e., phone receivers, hearing aid, etc.)
7. Writing: Ability to communicate effectively in the written form in English.
8. Reading: Ability to read, understand and follow directions printed in English.
9. Psychological Stability: Ability to demonstrate the emotional health required for full utilization of the applicant's intellectual abilities. Must be able to recognize emergency situations and take the appropriate actions.

Students entering the Sentara RMH School of Phlebotomy must be able to sign the following statement:

I _____ (Name) attest that I have read and understand the essential functions of the Sentara RMH School of Phlebotomy and I believe that I can, and am prepared to, meet these requirements.

Signature Date

Sentara RMH School of Phlebotomy

Harrisonburg, Virginia

Honor Code & Policy for Completion of Program

(Revised 8/14/2020)

I understand that if I cheat on an exam, practical or any type of evaluation instrument, that I will be dismissed from the school. I have read the causes for dismissal from the program, and agree to abide by the Sentara RMH Rules and I agree to abide by the honor code of the Sentara RMH School of Phlebotomy, and regulations while I am a student in the school.

I have read the information for progression through the program found in the Curriculum Guide. I understand the necessary requirements for progression in and completion of the program.

By signing this document I attest to the above stipulations.

_____ _____

Student Signature Date

Sentara RMH School of Phlebotomy

Harrisonburg, Virginia

Health and Safety Policy Signature Sheet

(Revised 8/14/2020)

I acknowledge that I have received instructions on health and safety during my hospital orientation class and Sentara RMH School of Phlebotomy Orientation course.

I understand this material and agree to adhere to the health and safety policies to include biohazard and safety training. Additional safety training will be in the School of Phlebotomy Student Lab and during clinical rotation.

_____ _____

Student Signature Date

Sentara RMH School of Phlebotomy

Confirmation of Knowledge of Rules and Regulations

(Revised 8/14/2020)

As a student of the Sentara RMH School of Phlebotomy, I agree to abide by the code of ethics and the general rules and policies of the school and the hospital, and I am responsible for my conduct at all times. In signing below, I also affirm that to the best of my knowledge, the application information is correct and accurate.

Signature Date

Consent for Photography/Videotaping/Interview

(For Media, Public Relations, Marketing, and Educational Purposes)

Date: _____

❑ SENTARA EMPLOYEE ❑ PHYSICIAN
❑ AGENCY/COMPANY ❑ OTHER: _____
❑ FAMILY MEMBER

Name (Print): _____

Street Address: _____ **City:** _____

State: _____ **Zip:** _____ **Phone:** _____

E-Mail: _____

I consent to interviews, photographs, or videotapes of me or my family member(s), that may disclose personal health information, for use, reproduction, and/or publication by Sentara Healthcare and its affiliates ("Sentara"), and authorize release by Sentara to other organizations or news outlets, including local, regional, national, and international print, broadcast, and internet media.

I understand and agree that these images and interviews, including my image, likeness, and/or voice, may be used in the news or by Sentara for purposes of education, promotion, public relations, and/or marketing, and that they may appear in print, on television, in radio broadcasts, or on the internet. I understand that there is a possibility that I may be identifiable in these photographs, videos, or written/audio accounts, though my name will not be published unless I specifically agree below.

❑ I DO ❑ I DO NOT Consent to the use of my name (or the patient's) with these photographs or videos.

I agree to release and hold harmless Sentara, its trustees, agents, officers, and employees from any and all liability which may arise from the making of or use of these photographs, videotapes, or interviews, and I will not request payment for the use of my image or likeness.

I understand that signing this authorization is strictly voluntary and that I may revoke it at any time. However, I acknowledge that any interviews or images to which I consented prior to revocation may already be in the public realm and not retrievable. I also understand that any personal health information released by me under this consent will no longer be protected by federal privacy regulations.

_____ _____

SIGNATURE (OR SIGNATURE OF GUARDIAN IF A MINOR UNDER 18 YEARS OLD) DATE

Person responsible for photo shoot / videotaping / interview session: (PLEASE PRINT)

_____ _____ _____

NAME TITLE ORGANIZATION

NOTES:

_____

_____

_____

9/2015

SENTARA®

SENTARA™

Statement of Responsibility & Confidentiality

All employees of Sentara Healthcare and any individuals who have access to Sentara Healthcare information, files, data or computer applications must sign and follow this statement of responsibility and confidentiality.

1. I understand and agree that any information I learn during my employment and/or affiliation with Sentara Healthcare regarding patients/families, physicians/dentists/limited health practitioners is confidential. I agree not to use, view, discuss, disclose, duplicate, alter or destroy such information **unless my job requires it**. Further, I will not give such information to anyone who does not have authorized access to it, attempt to learn confidential information not required by my job or discuss such information when participating in social media or other internet sites (i.e. posting of information, photographs, etc).

2. I understand this statement also covers all passwords issued to or used by me to operate Sentara Healthcare computer systems. Therefore, I agree not tell my passwords to anyone for any reason, not to permit another person to use them, not to use another person's, and not to sign on to any system to allow an unauthorized person to use the system. Further, since my passwords are the equivalent of my legal signature, I agree immediately to change or have changed passwords that have become known to other people.

3. I understand and agree to follow all SHC security policies and procedures of specific computer systems to which I am given access. I also understand if I have not used my access to a certain system within 90 days, my access to it may be suspended, and if I have not used it in 90 days, my access may be deleted.

4. I understand that I am responsible for logging off a system session if I leave the vicinity for the system workstation. I further understand that if I fail to log off the system session, I will personally be held responsible for any activity performed on the system after I left the workstation vicinity.

5. I understand and agree that I am responsible for Sentara Healthcare resources, material, and data in my possession. I will take precautions to protect them from theft, temperature changes, water damage, and other intentional damage; I understand that if I do not take reasonable precautions, I may be held liable for any damage incurred.

6. Although incidental and occasional personal use of Sentara hardware, software, and data is permitted, I understand that excessive personal use or inappropriate use of any Sentara resources, material, and data may result in disciplinary action up to and including termination and also agree not to allow another person to use them for personal use while they are in my possession. I acknowledge that I represent the company when using Sentara hardware, software, and data and will not participate in any activities that are unlawful nor will I release protected health information, Sentara trade secrets and other confidential business material of Sentara gained as a result of my position. I understand that any actions I take in the computer based information systems are tagged with my unique identifier as established in my user profile and such actions can be traced back to me.

7. I agree to respect copyright laws and not to make unauthorized copies of copyrighted material, and I understand that I will be held personally liable for any unauthorized copies of copyrighted material made by me.

8. I understand all patient medical information is confidential and agree to treat it as such. I further agree that I will use and disclose such information only in accordance with state and federal laws, including, but not limited to, the regulations promulgated under the Health Insurance Portability and Accountability Act of 1996.

9. Even if not technically enforceable, and to the extent possible, I will ensure that my passwords comply with the password Management Policy to the extent that a particular password is capable of compliance. For example, if the system can only accept a 6 character password, 6 characters will be sufficient.

I have read and understand the above and acknowledge that it is my responsibility to adhere to this Statement of Responsibility & Confidentiality at all times. I agree that any violation of this understanding and agreement will result in my losing access to computer systems and is grounds for corrective action that may result in dismissal. Sentara Healthcare will retain the original signed copy of this Statement of Responsibility and Confidentiality. I understand that this document does not alter my relationship with Sentara as an at-will employee.

User Name _____ Date_____

Revised 11-1-2010 – Revised Bullet 1 with language specific to social media; Revised 9-23-2013 – Added Bullet 9 for technical enforcement; Revised 1/29/15 – part 1.; Revised 6-1-16 #6 and #7 NLRB Edits; 7/19/2017 – annual review

(Please print your first, middle, and last name) _____

User Signature_____Employee ID _____

I understand that if the user named above changes job function, transfers to another department, requires leave of absence, or terminates employment, affiliation, or association, I must notify Security Administration immediately.

File in Personnel File

Revised 11-1-2010 – Revised Bullet 1 with language specific to social media; Revised 9-23-2013 – Added Bullet 9 for technical enforcement; Revised 1/29/15 – part 1.; Revised 6-1-16 #6 and #7 NLRB Edits; 7/19/2017 – annual review

SRMH SCHOOL OF PHLEBOTOMY

Volunteering for Phlebotomy Procedures
Release and Indemnity Agreement

I, (print name) _____, being over 18 years of age (if under 18, Parents/Guardian must sign), hereby acknowledge and agree to participate in a venous blood sampling where venous blood will be drawn from me by venipuncture or finger sticks by fellow students.

I am aware that possible complications, discomfort and risks may arise from this procedure. I also acknowledge that the student performing the procedure is a student presently learning phlebotomy and is not experienced in any of these procedures.

I hereby release and discharge and agree to hold harmless and defend the Sentara Healthcare, it's officers, directors, employees and affiliates from and against any and all injuries claims, damages, liabilities, costs and expenses whatsoever, including reasonable attorney fees, which I or anyone on my behalf may claim to have arisen or occurred in connection with my participation in the clinical practices.

This release shall be binding upon me and anyone who succeeds to my rights and responsibilities, such as my heirs, personal representatives or executor of my estate.

Volunteer signature _____ Date _____

Phone # _____

Signature of Parent or Guardian (if under 18 years of age) _____

Program Director Signature _____ Date_____

Instructor Signature _____ Date_____

Sentara®

Job Aid:	IP&C Hand Hygiene Competency Tool		
Manual:	Infection Prevention & Control	**Original Date:**	11/21/2023
Section:	Aseptic Techniques	**Revision Date:**	
Location(s):	SAMC, SCH, SHRH, SLH, SMJH, SNGH, SNVMC, SOH, SPAH, SRMH, SVBGH, SWRMC, SASD	**Approved By:**	IPPF, EOHS
		Process Owner:	Infection Prevention & Control

Revision Description (Most Recent):

Employee: _____ Date: _____

To be completed upon hire during orientation or as needed for refresher training.

Purpose:
To provide Employee Occupational Health with guidelines to assess hand hygiene competency among staff and others as necessary.

Definitions:
EOHS – Employee Occupational Health Services
IPPF – Infection Prevention Practice Forum

Sentara Hand Hygiene Competency Tool

World Health Organization (WHO) "5 Moments for Hand Hygiene": Before and after direct contact with a patient's intact skin, before performing a clean/aseptic procedure, after contact with patient equipment or the patient's environment, after body fluid exposure **risk** (i.e., emptying foley bag or bedpan).

Hand Hygiene Opportunities: Sentara prioritizes use of alcohol-based hand sanitizer for most hand hygiene opportunities. Use of soap and water is required before eating, after using the restroom, and when exiting a Contact Enteric Precautions patient room.

Use only Sentara-approved soap, alcohol-based hand sanitizer, and lotion.

Peer Checking/Peer Coaching: Provide positive feedback when hand hygiene is done correctly and always remind others (if they are about to have a lapse) and /or coach HH noncompliance – *All Hands on Deck!*

Hand Hygiene Using Soap & Water	Competent	
	Yes	No
Preparation: Ensure sinks are supplied with soap, paper towels, and a trash can. Use warm water.		
Apply enough soap for both hands, between fingers, up to wrists to about where gloves end. Must use hospital-approved soap.		
Scrub time must be **≥20 seconds** using friction.		
Wash all hand surfaces: The "5" Maneuvers a. Rub palms of hands, backs of hands, then palms again with interlocking fingers. b. Cup hands & fingers and rotate (to get the tops of fingernails and tips of fingers). c. Rub using rotation around thumbs. d. Rub fingertips to palms (to get the underside of fingernails and tips of fingers). e. Rub using rotation around wrists.		

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Rinse thoroughly under running water with fingertips pointed down.		
Dry hands thoroughly with clean paper towels.		
Use paper towel to turn off faucet to prevent contamination of clean hands.		
Hand Hygiene with Alcohol-Based Hand Sanitizer		
Apply enough hand sanitizer to cover all surfaces of hands and wrists for the entire process (hands should not be dry in 10 seconds).		
Dispense appropriate amount of hand sanitizer. Rub hand sanitizer vigorously over both hands up to ½ inch above wrists.		
General Observations – Nail Hygiene		
For all nails, regardless of clinical or non-clinical facility: ▪ Nails and nail bed must appear clean. ▪ Nails must not be chipped or ragged. **For clinical and patient-facing facilities:** ▪ Length no longer than ¼ inch. ▪ Nail polish must be easily wiped off/removed with nail polish remover. Nail products requiring a soak in nail polish remover are not permitted. ▪ Note that some areas, e.g., Surgical Services, may have more restrictive nail policies.		
Skin should be intact without open wounds, rashes, etc.		

Signature of observer:_____

Related Documents:

Policy	IP&C All Hands on Deck
Procedure	IP&C Hand and Fingernail Hygiene
Job Aids	IP&C Isolation Categories Chart
Regulatory References	Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Setting 2007 Guidelines for Hand Hygiene in Healthcare Settings, 2002 Department of Health Food Safety Regulations 2002 CDC Hand Hygiene in Healthcare Settings: Hand Hygiene Guidance, 2020 World Health Organization Hand Hygiene Guidance SHEA IDSA HH Practice Recommendations WHO 5 Moments for Hand Hygiene

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Online Orientation Training

(Revised 8/14/2020)

Complete all modules which have been assigned on Sentara Workday by 5/31/24

Sentara Healthcare Department Orientation Checklist

This form should be completed within 30-days of someone starting in your department.

Employee/Non-Employee Name (Print) Title Department Date

	Date	Initials of Orientee	Initials of Preceptor
Sentara Mission Statement – "We improve health every day"			
Introductions to staff/manager			
Tour of unit/facility, a Tobacco-Free campus			
Location of restrooms, break room, equipment, supplies, etc.			
Emergency codes review and number to call for emergencies (12)			
Location of fire extinguishers, pull boxes, fire plan, routes, RACE/PASS			
Hazardous Materials Safety Data Sheets access			
Infection Prevention and Control - personal protective equipment and where to locate, isolation precautions, handling exposures, eye wash station and procedure, *physically demonstrate proper hand hygiene (5 maneuvers)			
Video Remote Interpreter			
Dress code, badge requirements, specific unit/dept. policies			
HIPAA and privacy requirements			
Other: (Please list)			

Employee/Non-Employee Signature _____ Date: _____

Manager Signature: _____ Date: _____

Do not draw lines down page; each box needs to be filled in with date/initials.

Sign and retain a completed copy in the education folder. Additional department orientation material may be added as required.

Rev: 5/11/2022

*SWRMC Revision: Added Demonstrate proper hand hygiene (5 maneuvers)

School of Phlebotomy

Harrisonburg, Virginia

Safety Policies

(Revised 8/14/2020)

Student Safety

All students must follow the safety policies of the hospital and school. Student safety is of the utmost concern for the hospital and school, and precautions to protect that safety will be maintained. Safety policies required by CAP and DNV and other accrediting agencies will be followed by the hospital and school.

Laboratory Accidents

All laboratory accidents are to be reported immediately to one of the following:
Program Director
Laboratory Administrative Director
One of the laboratory managers
A **STARS Report** will be completed and filed, and any necessary medical attention promptly given. It is imperative that ***all*** accidents, no matter how minor, be reported.

Students in the Phlebotomy program are responsible for observing and following all hospital policies. The student is encouraged to review the laboratory policy manual upon entrance into the program. A copy of the manual is located in each clinical section.

Sentara RMH Laboratory Schools Fire Plan

Purpose: To delineate procedures to be followed by staff and students of Sentara RMH School of Medical Laboratory Science, Sentara RMH School of Histotechnology and School of Phlebotomy in the event of a fire until the arrival of the local fire department.

Procedure:

1. All employees will follow the procedures described by the acronym 'RACE' as outlined in the hospital procedure manual.

    R **Remove/rescue** all students or visitors who are in immediate danger
    A **Activate** the nearest fire alarm by calling 911
    C **Confine** the fire by closing all doors/windows
    E **Extinguish** the fire until the arrival of the Fire Department

2. There are three fire pulls in the building, located at each of the three exits. In case of fire, proceed to closest exit to activate the alarm. Emergency lighting is located at each exit.

3. There are smoke detectors located throughout the building; employees should observe where they are located in their work areas.

4. There are **7 fire extinguishers** located in the building:
    A. At both ends of the front hallway (2)
    B. At both ends of the back hallway (2)
    C. Breakroom
    D. MLS student laboratory
    E. HTL student laboratory

5. There are **3 exits** located in the building:
    A. Front door of the building
    B. At both ends of the back hall

General Fire Plan

1. **Inform:** The urgency and degree of the evacuation is a judgmental matter, depending on the situation. Some fires may require partial or total evacuation.

    A. Decision to evacuate the department shall be made by the Program Director

2. **Report:** The fire is reported by following the steps outlined below:
    A. Call in a loud voice, "Attention…a fire has been located in the building. Please remain calm and report to the nearest exit."
    B. Call 911

3. **Contain:** To prevent the spread of fire and smoke, close all windows and doors but do not lock them. A confined fire will gain less headway and spread less smoke to other areas.

4. **Fight fire:** After making sure everyone in the building is safe, and reporting fire, immediately start to extinguish or control fire. Follow the procedures delineated by the acronym PASS as outlined in the hospital procedure manual:

    P Pull
    A Aim
    S Squeeze
    S Sweep

5. **Evacuation:** If it is not safe to attempt to extinguish the fire, the area should be evacuated. Muster point for the building is the bus stop on Technology Drive.

Staff Responsibilities:

A. Ascertain the location of the fire
B. Implement fire plan
C. Communicate with staff and students
D. Evacuate students to nearest exit
E. Inform arriving fire department
F. Notify supervisor

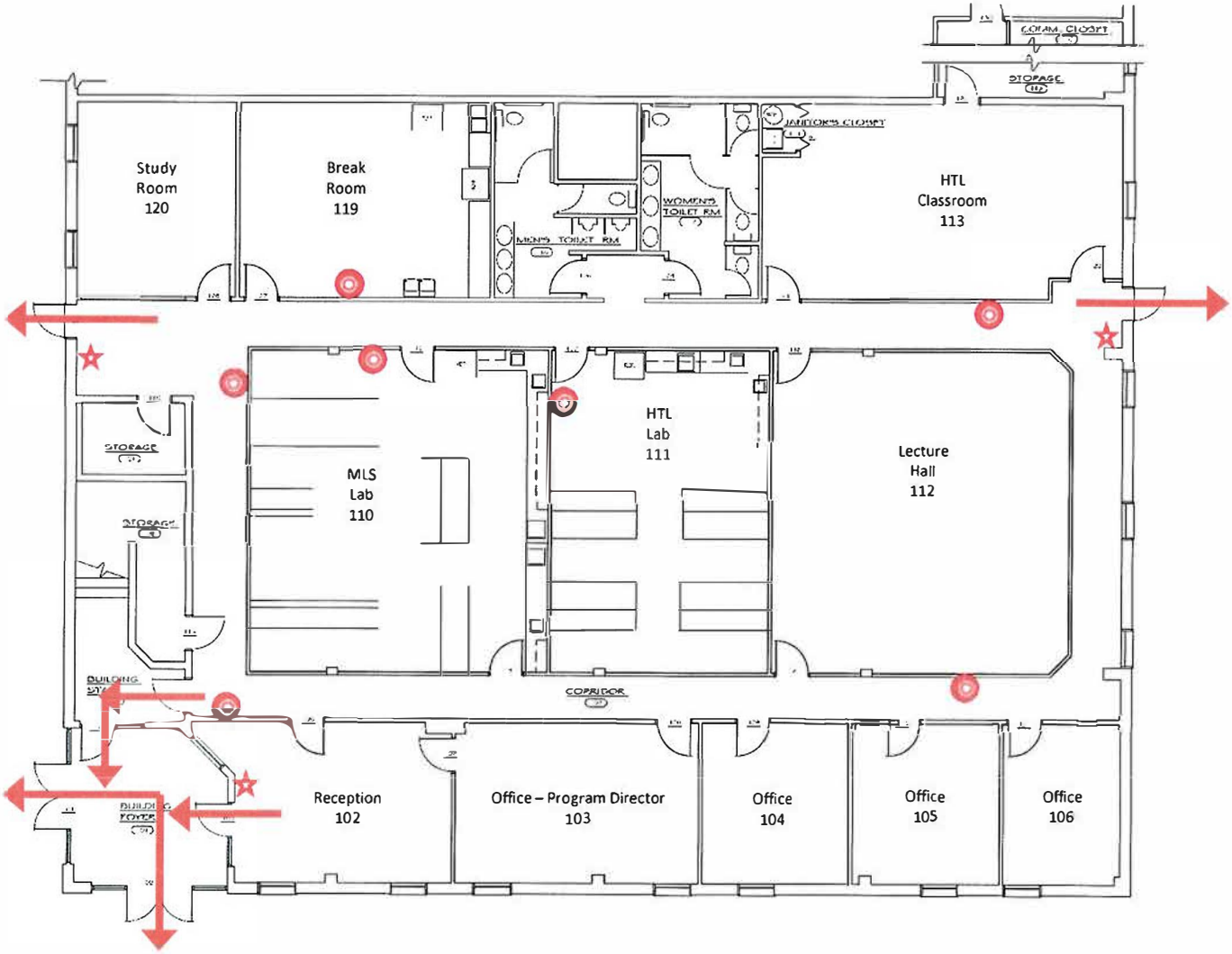
Training:

A. New personnel orientation will include a review of the departmental plan.
B. Each new class of students will be educated on the departmental plan, their roles, their evacuation routes, and the principals of RACE and PASS.
C. Employees will be inserviced annually on the departmental plan, their roles, their evacuation routes, and the principals of RACE and PASS.

FIRE PLAN

Sentara RMH Medical Center School of Histotechnology (HTL) and School of Medical Laboratory Science (MLS)
Building Located at 1401 Technology Drive

= Fire Extinguisher =Fire Pull Station



Muster point for the building is the bus stop on Technology Drive.

School of Phlebotomy

Snow Policy

(Reviewed 1/20/2023)

The Sentara RMH School of Phlebotomy will follow the cancellations of classes because of snow and ice or hazardous driving conditions the same as Harrisonburg City Public Schools. When you hear the announcement of closing Harrisonburg City Public Schools, you will know that Sentara RMH School of Phlebotomy is also closed. This only applies to closing due to bad weather and does not apply to any other situation. Announcements are given on radio and television in the case of bad weather. If there is a 2 hour delay because of weather at HCPS, the same will apply to Sentara RMH classes.

This policy is also in effect during student rotations. If Harrisonburg City Public Schools are closed due to snow and ice then you should not report to rotations for that day.

School of Phlebotomy

Harrisonburg, Virginia

General Policies

(Revised 8/14/2020)

Grievance Procedure (Academic and non-academic grievances will follow the same policy, and will be addressed in the same manner.)

Students are encouraged to maintain open lines of communication with faculty. This will promote discussion of any problem that may arise. If for any reason, the student feels that they have been treated unfairly, they may proceed with the grievance procedure. This grievance procedure will apply to an academic and non-academic grievance. It is as follows:

1. The student will bring the charge in writing to the program director within two weeks of the action or occurrence.

2. A response will be made by the program director within two weeks.

3. If the student is not satisfied with the ruling of the program director, they may file a written complaint to the laboratory administrative director.

4. The laboratory administrative director will make a ruling on the complaint.

5. If the student is not satisfied, the grievance committee will be convened, at the written request of the student. The panel will be made up of seven members. These will include the program director, SRMH laboratory administrative director, a student from the current class, SRMH Phlebotomy Instructor, education coordinator for PBT school at Sentara, one member from the SRMH Human Resources Department, and one member of the faculty from one of the university affiliates of the SRMH School of Phlebotomy (if possible, this member will be from the college the student attended). This committee will meet within two weeks of the written request from the student. The results of the grievance committee will be the final decision. The committee will give the final report within two weeks of the meeting to the student and any other parties involved. Waivers of the above stipulations may be granted if agreed to by all parties.

The student may contact the State Council of Higher Education as a last resort.

State Council of Higher Education for Virginia (SCHEV)
Private and Out-of-State Postsecondary Education
101 N. 14th Street
Richmond, VA 23219

Tuition

The tuition for the year is $2,000.00 for all students regardless if that student pays tuition to a university. Tuition must be paid before classes begin in all cases. Tuition must be paid in full. There are no installment payments available. The school does not offer any types of financial aid. One fee for the year of $100.00 is collected when the student accepts a position in the school. The $100.00 fee is nonrefundable. Accepted students will be sent a list of required textbooks. These are purchased by the student and brought the first day of class. The school does not participate in the federal student aid program.

Health Care

Each student must have and is responsible for obtaining an adequate health insurance policy during the clinical year. Evidence of this health insurance coverage must be demonstrated upon entering the Program. Any services administered as an inpatient are the responsibility of the student.

Emergency Room services and other hospital services are available to students for charges as rendered in the same manner as employees. Students injured as a result of a laboratory or hospital accident will be taken to the hospital emergency room for any necessary treatment. The student will be responsible for any expenses that are charged by the emergency room for such a visit.

Liability Insurance

The SRMH Healthcare will cover students with liability insurance while they are in class.

Leave of Absence (Voluntary Withdrawal)

In reference to voluntary withdrawal or leave of absence, re-admission to the program is contingent upon past records and space availability. Re-admission of students dismissed for academic or disciplinary reasons would not be considered unless such dismissal was due to illness or other correctable circumstances. Students have the right to appeal.

It is recognized that interruptions may occur for various acceptable reasons, such as an accident, illness, or pregnancy. Each request for interruption of the program will be considered on an individual basis. When a subject has been completed in its entirety, including both lecture and clinical rotation, credit will not be lost by interruption of the program. Partial credit would be given if at least three months of the program had been completed. Re-entrance for such interrupted training is dependent on space availability, academic standing at the time of the interruption, and length of interruption interval. Interrupted training must be reinstated within a two-year period.

A student who does not resume attendance on the return date following a leave of absence will be terminated by the program.

Withdrawal Policy

A student may withdraw from the Program at any time. A completed transcript of grades is generated for each student at graduation. Transcripts are not generated for students who do not finish the program. The withdrawal/cancellation must be made during the three (3) day cancellation period. For 100% refund

of tuition, withdrawal must be made during the three (3) day cancellation period. Withdrawal should be submitted in writing with student signature.

Student Counseling

There is an open-door policy with the program director and the education coordinator. Students may seek advice or counseling at any time throughout the year.

One formal counseling session with the program director and the PBT instructor will be scheduled. Additional formal sessions will be held if the student is experiencing problems.

If a student has concerns/problems within the didactic phase of the Program, the student should first discuss the matter with the respective instructor. If not satisfied with the response, the student may then contact the Program Director for further discussion.

After each rotation, the student will receive an evaluation completed by the department. This is an additional opportunity for the student to receive counseling when this evaluation is discussed between the Program Director and the student.

During the clinical rotation portion of the program, the program director and education coordinator will contact the student regarding career planning. Students will be advised on how to write a resume and will be given information regarding job openings both within Sentara labs and at other healthcare facilities.

Faculty will be available 30 minutes before or after each class for academic and/or course advising to students. There are no placement services offered by the school.

Parking

Parking is available in the lot next to the building. Please leave parking along the building for faculty and guests.

Professional Dress Code

Black scrubs must be worn at all times according to the Sentara RMH Healthcare dress policy. Scrub colors for rotation at other Sentara hospitals may vary. No flip-flops or open-toed shoes may be worn. If dress is not appropriate, the student will be asked to leave and not return until appropriate dress is worn. Any infractions will be noted in the student's permanent record.

Substance Abuse Policy

SRMH Healthcare has a strong commitment to its employees and patients to provide a safe work place and to establish programs promoting high standard of employee health and wellness. The Hospital's goal will continue to be one of establishing and maintaining a work environment that is free from: (A) the effects of illegal drugs, (B) the effects of alcohol, and (C) the abuse of legal drugs and substances. The Hospital recognizes that serious involvement with drugs or alcohol eventually takes a toll on an individual, family and the organization. Students having a drug or alcohol problem are strongly encouraged to seek outside professional assistance.

Students are subject to abide by Sentara Policy.

Sentara

Policy:	Colleague Professional Appearance 109		
Manual:	Human Resources	**Original Date:**	9/1/1998
Section:	Employment	**Revision Date:**	11/21/2023
Location(s):	Sentara and its direct and indirect wholly owned and/or majority-owned subsidiaries, including Consolidated Courier Services, Corporate, PACE, SAMC, SCH, SE, SHP, SHRH, SLH, SASD, SMJH, SNGH, SNVMC, SOH, SPAH, SRMH, Supply Chain, SVBGH, SWRMC	**Approved By:**	Executive Vice President & Chief People Officer
		Process Owner:	Human Resources

Revision Description (Most Recent): Added Identification Badge and expectations to policy.

Policy Statement:

At Sentara Health, we understand and appreciate the diverse backgrounds and personal expressions of our team members. We believe that our collective appearance plays a role in fostering a positive work environment, strengthening our organizational culture, and enhancing our reputation. Together, we aim to present an image that helps build trust with those we serve. This policy not only prioritizes safety and professionalism but also seeks to uphold the dignity and respect of every team member.

General Guidelines

We trust and encourage our team members to select apparel and grooming styles that reflect professionalism and align with their roles.

1. Please ensure your attire is clean, neat, professional, and respectful.
2. Clothing shall be free of pictures, advertisements, and endorsements, except with senior leadership approval (i.e., President) who can approve Sentara logo gear, spirit week attire, holiday celebrations, etc.
3. Shoes should be appropriate for a professional work environment, clean, and in good condition.
4. For those who love accessorizing, let's ensure our jewelry choices are safe and suitable for our roles.
5. Fragrances should be used sparingly as they may irritate those who have sensitivities to fragrances.
6. We appreciate and respect personal expressions like tattoos and body art. Let's ensure they convey respect and understanding for all. A leader may ask you to cover a tattoo or body art (i.e., bandage or article of clothing) if the tattoo is potentially offensive or controversial to co-workers, patients, members, vendors, or others (i.e., violence, nudity, illegal substances, weapons, etc.).
7. ID Badges with a current official picture and in good condition shall be worn and visible for our consumers and colleagues to identify one another easily and for security purposes.
8. Attire for business units/departments or occupations that have executive leadership approval may adopt a uniform that includes khakis and polo shirts.

Expectations for Direct Patient-Care Occupations and Environments

1. A ***uniform***, designated clothing, jackets and/or scrubs as applicable for assigned occupation shall be worn and maintained by you.
    a. All uniforms and clothing shall be worn in accordance with established color guidelines, in good condition, and cleaned daily to ensure prevention of infection risks to our patients.
        i. Home laundering of clothing and departmental uniforms shall be performed according to manufacturer's recommendations and not mixed with items used for environmental cleaning/disinfection in the same load. Home laundering is not allowed for surgical/procedural area scrubs.
    b. Clothing worn prior to changing into hospital provided scrubs should be clean and professional.
2. Clothing shall be ***free of pictures, advertisements, and endorsements,*** except with senior executive approval (i.e., President) who can approve Sentara logo gear, spirit week attire, holiday celebrations, etc.

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3. ***Headwear*** required for safety reasons or as part of a department uniform are appropriate.
4. ***Shoes*** shall be clean and appropriate to the uniform in the area and the type of work performed.
    a. Per OSHA regulations, open toed shoes/sandals are prohibited in any patient care/clinical areas.
    b. Footwear worn by clinical staff shall be professional/hospital/clinical grade, solid surface made of non-absorbent and non-perforated materials (i.e., no perforated CROC style clogs or shoes constructed of nylon or canvas materials.) If clogs are loose fitting, the heel strap shall be worn.
    c. Shoe covers should not be worn outside ofyour immediate patient work area.
    d. Department specific shoes may be required, such as designated color, slip resistant soles or shoes with hard toe for safety.
5. ***Hair*** shall be clean and not pose a safety hazard when performing assigned job duties.
        i. Facial hair may not inhibit N95 respirator for those positions requiring fit testing.
6. ***Fingernails*** shall be natural, clean, unchipped, and maintained at a length shorter than one-quarter inch past the tip of the finger. For more information, please refer to the Infection Prevention & Control Procedure #204 Handwashing/Hand Hygiene/Fingernail Hygiene.
7. ***Fragrances*** should not be used in clinical and patient care areas.
8. ***Personal Protective Equipment*** (PPE) shall be worn in accordance with the procedures/processes for your position. You are responsible for:
    a. understanding and adhering to the process of Standard Precautions.
    b. the proper use of personal protective equipment.

Expectations for Environments Where Patients or Members Are Not Seen Daily

In Sentara's divisions where we don't see patients or members daily, we embrace a ***professional casual dress code*** to nurture a respectful and polished work environment. Our intention is to foster a culture of professionalism while providing some flexibility in attire choices. We trust our employees to make clothing choices that align with our company's values and mission. We encourage our employees to embrace the following guidelines:

1. ***Attire*** should mirror professionalism, such as dress slacks, skirts, and collared shirts/blouses. While a blazer or suit jacket is an option, you are encouraged to select clothing that presents a professional image.

2. Closed-toe ***footwear*** or dress shoes are preferred. Sneakers, flip-flops, and overly casual footwear should be avoided. If you plan to visit a patient care facility, closed-toe shoes are recommended for safety reasons.

3. We celebrate ***Fridays*** as a day of relaxation and camaraderie. On Fridays, you are encouraged to embrace a more relaxed dress code, allowing well-kept jeans. Please ensure they are clean and free of holes or excessive wear.

4. For meetings, presentations, client interactions or other ***special occasions***, you are encouraged to elevate your professional casual attire, which may include wearing a blazer or more formal clothing.

6. Some departments or roles may have ***specific dress code*** recommendations. We invite you to consult with your supervisor or HR for any needed clarification.

Expectations for Remote Colleagues

Remote colleagues must be "camera-ready" during business hours. Professional casual dress appropriate to your role is expected when on video conferencing and all other general guidelines apply.

Expectations for ID Badges

Upon employment, Sentara Healthcare provides employees and contingent workers with an identification badge to be worn while at work and which must be displayed appropriately with the picture side visible to consumers and coworkers all times. All employees with onsite and hybrid work status, and contingent workers are required to obtain an ID badge the first day

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they work onsite at a Sentara location. Employees with remote only worker status are required to obtain an ID badge, if they perform in consumer facing positions or if directed to by their supervisor.

The ID Badge clearly identifies the individual as a Sentara employee. This badge must be returned to the employee's manager at the time of employment separation from Sentara Healthcare. Photos on the badge must be renewed every 10 years or in any situation where there is a significant change to appearance, or the photo has been damaged and is unrecognizable. The badge is also used for recording time worked (see Recording Time Worked Policy 401 for details). This badge is also used to access secure areas and computer programs.

The identification badge bears a photo of the individual, first name and last name initial, job title and division/location. Sentara employees in Director level or above positions will be required to have their full last name displayed. The badge is only to be used by the individual to whom it was issued. Any employee who allows another to use their badge or uses another employee's ID badge will be subject to corrective action. This corrective action is defined in the Employee Conduct Procedure Policy (see Policy 301a for details) as a "Critical Infraction", under "Falsification of organizational records, or providing false or misleading information."

If the employee has lost their ID badge, or it has been damaged through other than normal usage, a replacement can be obtained by first paying a replacement fee to the nearest Sentara cashier and presenting the receipt at the nearest badge replacement location. Please contact your Security office for replacement badge information.

Upholding the Policy

Our policies are here to guide and support and ensure safety in the workplace rather than dictate. While we've provided broad guidelines, we trust in your judgment and understanding of Sentara's values. We are all stewards of Sentara's reputation, and our leaders are here to help ensure we reflect our best self and therefore have the responsibility to ensure if someone misunderstands or isn't in adherence with this policy, they clarify and take the best course of action for correction.

We're always here to understand and accommodate special needs based on medical or religious grounds. Feel free to discuss these with your supervisor, Employee Relations, or other system advisors such as Infection Prevention and Control and/or Employee Health.

Based on the diversity of our business needs, senior leaders and human resources in collaboration may publish additional dress code expectations.

Monitoring

Outcomes Monitoring – Departmental Directors/leaders shall be responsible for monitoring and ensuring adherence and enforcement of the stated Dress Code requirements.

Document Management – Human Resources shall be responsible for developing, communicating, and maintaining this policy and related procedures and job aids necessary for the implementation and continuance of the policy. This policy shall be reviewed at least every 3 years for repeal or amendment as appropriate.

Related Documents

Policy	Handwashing/ Hand Hygiene/Fingernail Hygiene 204 Employee Conduct Procedure Policy 301a Recording Time Worked Policy 401
Procedure	Surgical Attire in the Surgical Area Infection Prevention & Control Procedure
Job Aids	List Related Job Aids.
Regulatory References	DNV Managing Infection Risks Standards

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SENTARA

Policy: 303a – Substance Abuse Testing

Division: Sentara Healthcare

Manual: Human Resources

Section: Employee Relations

Location(s) Consolidated Courier Services, Corporate, Optima, PACE, SAMC, SCH, SE, SHRH,SLH, SASD,SMJH, SNGH, SNVMC, SOH, SPAH, SRMH, Supply Chain, SVBGH, SWRMC, Virginia Premier

Original Date: 9/1/2013

Revision Date: 4/20/2021

Approved By: SVP & CHRO

Process Owner: Human Resources

Revision Date	Revision Description (Most Recent)
4/20/2021	Verbiage update per legal guidance.

Substance Abuse Testing Program

Applicants and Students:

Drug/alcohol screenings of all applicants to whom an employment offer or an offer of enrollment to the Sentara College of Health Professions has been made will be conducted before the applicant's hiring or student's enrollment is final. Students who are assigned to Sentara facilities for clinical training will be subject to their school's pre-enrollment drug screening policies.

If an individual refuses or is ruled out for employment due to unacceptable positive results, he/she may not reapply for a period of 12 months from the date of the test.

Testing for "Reasonable Suspicion":

Drug/alcohol screenings will be conducted in accordance with Sentara's Drug Free Workplace policy if your actions give rise to "reasonable suspicion" of being under the influence of a drug or alcohol or of being a user of an illegal or controlled substance. Some examples of "reasonable suspicion" for testing include, but are not limited to:

- Observation of inappropriate behavior (i.e., slurred speech, poor coordination, irrational behavior, hyperactivity, etc.) or performance and/or other problems on the job that may be caused by substance abuse.
- Credible information of illegal drug activity from a reliable source.
- On-the-job accident or serious incident resulting in property damage or personal injury or where the supervisor has reason to question your physical, mental, and/or emotional condition.
- Instances where you are suspected to be associated with missing controlled substances, or where illegal drugs are found in your possession or in or on your personal property brought onto Sentara premises or otherwise while at work. Testing may include groups of employees as determined by the circumstances.

Sentara reserves the right to remove any non-employee (i.e. contractor) who is suspected of being under the influence of a drug or alcohol from their duties. The testing procedure will be determined by the non-employee's employer or contract terms.

ATTENTION: FOR REFERENCE USE ONLY WHEN PRINTED; PLEASE REFER TO ELECTRONIC DOCUMENT FOR MOST CURRENT VERSION

SENTARA

Positions Subject to DOT Regulations

The following screenings may be required if you hold a position that requires the operation of vehicles covered by the Department of Transportation (DOT):

- pre-employment;
- random screening;
- periodic testing; and
- post-accident testing

Substance Abuse Testing Procedures

- You will report at a designated time and place for testing. Appropriate collection and chain of custody procedures will be followed to protect the integrity and accuracy of the test and to respect your dignity.
- You will be subject to termination if you refuse or fail to report for testing within three (3) hours of notification.
- Positive test results will be referred to a Medical Review Officer (MRO). The MRO will communicate the results, as well as any attempt to tamper with a specimen, to the appropriate Human Resources Representative. You are not permitted to return to work until authorized by your manager/supervisor and/or the appropriate Human Resources Representative.

Required Reporting

Your manager or designated leader will report to the applicable licensure board, governing authority, and/or governing entity any information that SHC may be obligated and/or required to report.

Legal Drugs

You must report any legally prescribed drugs that you take while at work, which may influence your work performance, to Employee Health. Please discuss with your healthcare provider if a prescribed drug could affect your work performance and obtain a medical release, if necessary, prior to returning to work.

Monitoring:

Outcomes Monitoring – Managers, Recruitment and Human Resources shall be responsible for monitoring and ensuring adherence to this policy.

Document Management – Employee Relations Center of Expertise shall be responsible for developing, communicating and maintaining this policy and related procedures and job aids necessary for the implementation and continuance of the policy. This policy shall be reviewed at least every 3 years for repeal or amendment as appropriate.

Related Documents:

Procedures	Policy 303 – Drug Free Workplace and Substance Abuse
	Drug/Alcohol Screening Protocol – HR Hosp., Optima, SE, SLC, SMG, Corp (HR Job Aid)
	Drug/Alcohol Screening Protocol – SNVMC, SRMH, SMJH, SAMC, SHRH (HR Job Aid)
	Drug/Alcohol – Employer Medical Request Form (HR Job Aid)
	Drug/Alcohol – Observed Behavior Reasonable Suspicion Record (HR Job Aid)
Regulatory References	

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Sentara RMH School of Phlebotomy

General Rules for Classrooms

(Revised 8/14/2020)

1. Behavior should be professional at all times this includes; showing respect to fellow students and instructors with seating posture and body language during class and between classes. Use of profanity is not acceptable.

2. No food in the classroom or student lab. Drinks are permitted in the lecture room only, not in the lab. Please be careful not to spill drinks on the floor, all drinks must be in a container with a lid.

3. Do not move or rearrange tables and chairs without permission of the instructor.

4. School library books are for use in classrooms only. Please ask the Program Director if you wish to sign out a book.

5. You may have your cell phones in the classroom but should be set to silent during lecture.

6. No cell phones or any electronic devices permitted in the student lab without permission of instructor. For exam purposes you will need to leave your phone or any electronic devices out of the classroom.

7. Only non-programmable calculators may be brought to the test room.

8. Students are not allowed in the faculty offices unless the faculty instructor is present.

9. No sleeping in the school during class or between classes. Students found sleeping will be asked to return home until properly rested before returning to class. No lying on the floor of the classroom or student lab at any time.

10. Noise should be kept to a minimum because we share the building with other classes and offices.

11. During exams no personal belongings will be permitted in the classroom other than your pencil and calculator.

12. All valuable items should be placed in your school locker or vehicle, the school will not be responsible for anything lost or stolen.

Sentara RMH School of Phlebotomy

Harrisonburg, VA.

CAUSES FOR DISMISSAL

(Revised 8/14/2020)

1. Failure to maintain a grade point average of 70% in any subject, rotation or any form of evaluation.
2. Failure of three consecutive lecture tests in one subject or five quizzes in one subject.
3. One unsatisfactory clinical rotation test, evaluation, or practical.
4. Cheating on any type of evaluation (tests, practical exams, or oral exams etc.)
5. Failure to pass the Comprehensive Exam with a 70%.
6. Failure to follow the rules and instructions of the Student Lab resulting in a failing grade of less than 70% on two or more student labs.
7. Falsification of application materials.
8. Excessive absenteeism and tardiness as addressed in the Sentara RMH School attendance policy.
9. Gross neglect of duty, insubordination, dishonesty or misappropriation of hospital property.
10. Incompetence, falsification of records, disorderly conduct, soliciting for tips.
11. Willful destruction of hospital property.
12. Habits or state of health dangerous to the student, to other students, employees or to patients.
13. Alcohol and/or drug abuse-includes drinking or being drunk on the job.
14. Gambling on hospital premises.
15. Harassment of staff, fellow students or patients.

16. Failure to follow the rules and regulations of Sentara RMH and the school to include the Professional Dress Code.

17. A violation of 2 or more Sentara Red Rules as listed; for example, misidentification of patients or reporting inaccurate results on a didactic or rotation practical exam.

Students wanting information about their status should contact the school in writing with signature. The school will respond to the student in writing within two weeks of the request for information. Communication regarding dismissal should be in writing between the student and the school.

School of Phlebotomy

Harrisonburg, Virginia

Academic Policies

(Revised 8/14/2020)

Policies on Grading and Academics

The grading system will consist of the following:

90-100 A
80-89 B
70-79 C
Below 70 = unacceptable grade

A minimum of 70% must be maintained in all courses. Below 70% is unacceptable performance.

All tests must be taken on the assigned day or a failing grade is recorded. Exceptions may be made in emergency situations.

If a student fails (below 70%) on two didactic tests, he/she may be put on probation. If a third didactic test is below 70%, the student may be dismissed from the program. Three or more quizzes below 70% may result in the placement of the student on probation. Once on probation, the failure of two additional quizzes may result in dismissal of the student. All probation status will remain in effect for the entire duration of the course, upon successful completion of the course probation may be lifted.

The progress of each student will be communicated to them by posting grades weekly on SharePoint.

Honor Code Violations

The Program has a zero tolerance for cheating. If a student is found to be breaking the honor code they will be dismissed from the program. If faculty suspect that a student is cheating, the incident will be reported to the Program Director who will convene a meeting of the Advisory Committee. At this meeting the Program Director will give a report of the incident and the committee will help determine an appropriate disciplinary response. The student may be asked to provide a written statement prior to the meeting.

Certificate of Completion

The Program awards a certificate upon successful completion of all course requirements. ***The granting of the certificate is not contingent upon the student's passing any type of external certification or licensing examination***. In addition, an official grade transcript is provided to the student.

Transcripts of grades include the following:

Course	Grade	Suggested Semester Hours
PBT 105 Circulatory System		2
PBT 107 Specimen Collection, Handling, Transport, and Processing		8
PBT 109 Waived and Point-of-Care Testing		2
PBT 111 Non-Blood Specimens		2
MT 408 Clinical Laboratory Supervision and Management		3
PBT 201 Practicum (Clinical Rotation)		16

SRMH School of Phlebotomy

Admissions Policy

(8/11/2020)

Applicants must possess a high school diploma from an accredited institution with a minimum grade point average of 2.6 OR a GED score between 660-800, with no individual test score below 165, upon starting the program and be at least 18 years of age prior to the start of clinical rotations.

Admission criteria include a personal interview, analysis of college transcripts, review of three letters of recommendation and evaluation of personal written statement. In addition, essential functions are required for admission. Applicants will be notified of acceptance by letter.

The Sentara RMH School of Phlebotomy Technician does not discriminate on the grounds of race, color, religion, national origin, sex, age, marital status, sexual orientation, family responsibilities or political affiliation.

NOTE: We will prepare you for the lab portion of the ASCP exam or any certification exam. We cannot change the non-lab (experience and/or undergraduate accreditation) requirement for any certification exam. We cannot guarantee that you will be able to sit for any exam.

Sentara RMH School of Phlebotomy

(Revised 8/11/2020)

Transfer Credit

The school does not give credit for work completed at other institutions. Credits earned at the school are transferable to another institution at the sole discretion of the accepting institution.

Sentara RMH School of Phlebotomy

Refund Policy

(Revised 8/14/2020)

If a student withdraws from the program, a refund may be requested. Notice of withdrawal should be submitted in writing to the Program Director of the School of Phlebotomy. (This refund policy applies to the $100 deposit and $2,000 tuition).

The refund policy is as follows:

A. A student who enters the school but withdraws or is terminated during the first quartile (25%) of the program shall be entitled to a minimum refund amounting to 75% of the cost of the program.
B. A student who withdraws or is terminated during the second quartile (more than 25%, but less than 50%) of the program shall be entitled to a minimum refund amounting to 50% of the cost of the program
C. A student who withdraws or is terminated during the third quartile (more than 50%, but less than 75%) of the program shall be entitled to a minimum refund amounting to 25% of the cost of the program.
D. A student who withdraws after completing more than three quartiles (75%) of the program shall not be entitled to a refund.

A student applicant may cancel by written notice, their enrollment at any time prior to the first class day of the session for which application was made. When cancellation is requested under these circumstances, the school will refund all tuition paid by student, less a maximum tuition fee of $100.00. A student applicant will be considered a student the first day of class.

Sentara RMH School of Phlebotomy

Harrisonburg, Virginia

Attendance & Late Policy

(Revised 8/14/2020)

Late is defined as being one minute past the time that the rotation begins. For example, if a rotation begins at 8:00 AM, 8:01 is defined as late.

If you are one minute past start time for a test, you will be deducted 10 percentage points and will not be granted extra time to complete your exam.

Plan to be in seats and ready before the test begins.

Three or more days late per didactic portion or rotation will be considered tardiness and may be reason to put a student on probation. Five or more days late per didactic portion or rotation is unacceptable, and may be cause for dismissal. If you will be 5 minutes late, you must call the school. Extenuating circumstances such as emergencies or car trouble will be evaluated on a case-by-case basis.

Students will be considered withdrawn from the program after missing 14 calendar days in a row (including weekends & holidays) after the student's last date of attendance.

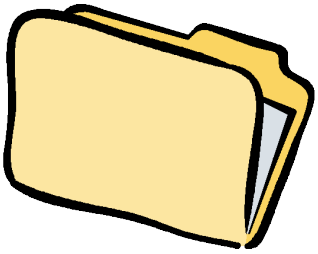
Make-up work due to absences during the didactic portion of the program: it is the student's responsibility to obtain lecture notes from another student.

Students who have unsatisfactory attendance may be dismissed from the program. A student dismissed because of unsatisfactory attendance will not be readmitted to the program.

Sentara RMH School of Phlebotomy

Student Records

(Revised 8/14/2020)



All student records will be maintained permanently.

Student confidentiality is maintained by locked offices, files, and filing cabinets. A student may obtain his/her student records and/or financial records by written request with signature. Records of grades and/or financial history will not be released to anyone without written request from student with signature.

Sentara RMH School of Phlebotomy

STUDENT EMPLOYMENT AND SERVICE WORK POLICY

(Revised 8/14/2020)

Understanding that employment during the clinical year is sometimes a necessity, such employment is left up to the discretion of the individual student. When considering this option, the student should remember that the clinical program is a minimum of 40 hours each week, not including preparation and study time outside of the clinical setting. While outside employment is a student decision, the Program Director may counsel the student should academic work begin to decline.

Following completion of the first clinical rotation, students may be eligible to apply to work weekends, evenings or holidays according to hospital employment policies, based on position availability. This employment is an option to the student, and compensation will be monetary. When students work for pay, they are responsible to the hospital, as any other employee, and this work has no connection to the requirements of the student by the School of Phlebotomy. Again, work is contingent upon position availability within the laboratory, and will be handled by the School of Phlebotomy as any other form of employment would be handled.

Service work by students in clinical settings outside of academic hours must be noncompulsory.

Students may not be substituted for regular staff during their student experiences.

Sentara RMH School of Phlebotomy

Competency Statements*

(Reviewed 8/14/2020)

1.0 Demonstrate knowledge of the health care delivery system and medical terminology.

a. Identify the health care providers in hospitals and clinics and the phlebotomist's role as a member of this health care team.
b. Describe the various hospital departments and their major functions in which the phlebotomist may interact in his/her role.
c. Describe the organizational structure of the clinical laboratory department.
d. Discuss the roles of the clinical laboratory personnel and their qualifications for these professional positions.
e. List the types of laboratory procedures performed in the various disciplines of the clinical laboratory department.
f. Describe how laboratory testing is used to assess body functions and disease.
g. Identify reference ranges and panic values for different laboratory tests.
h. Use common medical terminology.
i. Understand qualitative versus quantitative testing.

2.0 Demonstrate knowledge of infection control and safety.

a. Identify policies and procedures for maintaining laboratory safety.
b. Demonstrate accepted practices for infection control, isolation techniques, aseptic techniques and methods for disease prevention.
    - Identify and discuss the modes of transmission of infection and methods for prevention.
    - Identify and properly label biohazardous specimens.
    - Discuss in detail and perform proper infection control techniques, such as hand hygiene, gowning, gloving, masking, and double-bagging.
    - Define and discuss the term “healthcare-acquired infection”.
c. Comply with federal, state and locally mandated regulations regarding safety practices.
    - Observe the OSHA Blood borne Pathogens Standard and Needle Safety Precaution Act.
    - Use prescribed procedures to handle electrical, radiation, biological and fire hazards.
    - Use appropriate practices, as outlined in the OSHA Hazard Communications Standard, including the correct use of the Material Safety Data Sheet as directed.
d. Describe measures used to insure patient safety in various patient settings, i.e., inpatient, outpatient, pediatrics, etc.

3.0 Demonstrate basic understanding of the anatomy and physiology of body systems and anatomic terminology in order to relate major areas of the clinical laboratory to general pathologic conditions associated with the body systems.
    a. Describe the basic functions of each of the main body systems, and demonstrate basic knowledge of the circulatory, urinary, and other body systems necessary to perform assigned specimen collection tasks.
    b. Identify the veins of the arms and hands on which phlebotomy is performed.
    c. Explain the functions of the major constituents of blood, and differentiate between whole blood, serum and plasma.
    d. Define hemostasis.
    e. Describe the stages of coagulation.
    f. Discuss the properties of arterial blood, venous blood, and capillary blood.

4.0 Demonstrate understanding of the importance of specimen collection and specimen integrity in the delivery of patient care.
    a. Describe the legal and ethical importance of proper patient/sample identification.
    b. Describe the types of patient specimens that are analyzed in the clinical laboratory.
    c. Define the phlebotomist's role in collecting and/or transporting these specimens to the laboratory.
    d. List the general criteria for suitability of a specimen for analysis, and reasons for specimen rejection or recollection.
    e. Explain the importance of timed, fasting and stat specimens, as related to specimen integrity and patient care.

5.0 Demonstrate knowledge of collection equipment, various types of additives used, special precautions necessary and substances that can interfere in clinical analysis of blood constituents.
    a. Identify the various types of additives used in blood collection, and explain the reasons for their use.
    b. Identify the evacuated tube color codes associated with the additives.
    c. Describe the proper order of draw for specimen collections.
    d. Describe substances that can interfere in clinical analysis of blood constituents and ways in which the phlebotomist can help to avoid these occurrences.
    e. List and select the types of equipment needed to collect blood by venipuncture and capillary (dermal) puncture.
    f. Identify special precautions necessary during blood collections by venipuncture and capillary (dermal) puncture.

6.0 Follow standard operating procedures to collect specimens.
    a. Identify potential sites for venipuncture and capillary (dermal) puncture.
    b. Differentiate between sterile and antiseptic techniques.
    c. Describe and demonstrate the steps in the preparation of a puncture site.
    d. List the effects of tourniquet, hand squeezing and heating pads on specimens collected by venipuncture and capillary (dermal) puncture.
    e. Recognize proper needle insertion and withdrawal techniques, including direction, angle, depth and aspiration, for venipuncture.
    f. Describe and perform correct procedure for capillary (dermal) collection methods.
    g. Describe the limitations and precautions of alternate collection sites for venipuncture and capillary (dermal) puncture.

h. Explain the causes of phlebotomy complications.
i. Describe signs and symptoms of physical problems that may occur during blood collection.
j. List the steps necessary to perform a venipuncture and a capillary (dermal) puncture in order.
k. Demonstrate a successful venipuncture following standard operating procedures.
l. Demonstrate a successful capillary (dermal) puncture following standard operating procedures.
m. Invasive versus non-invasive

7.0 Demonstrate understanding of requisitioning, specimen transport and specimen processing.
a. Describe the process by which a request for a laboratory test is generated.
b. Explain proper collection, preservation, and procedures for non-blood specimens and tests, and provide proper patient collection instructions.
c. Explain methods for transporting and processing specimens for routine and special testing.
d. Explain methods for processing and transporting specimens for testing at reference laboratories.
e. Identify and report potential pre-analytical errors that may occur during specimen collection, labeling, transporting, and processing.
f. Describe and follow the criteria for collection and processing of specimens that will be used as legal evidence, i.e. paternity testing, chain of custody, blood alcohol levels, etc.

8.0 Demonstrate understanding of quality assurance and quality control in phlebotomy.
a. Describe quality assurance in the collection of blood specimens.
b. Identify policies and procedures used in the clinical laboratory to assure quality in the obtaining of blood specimens.
- Perform quality control procedures.
- Record quality control results.
- Identify and report control results that do not meet pre-determined criteria.

9.0 Communicate (verbally and nonverbally) effectively and appropriately in the workplace.
a. Maintain confidentiality of privileged information on individuals, according to federal regulations (e.g. HIPAA).
b. Demonstrate respect for diversity in the workplace.
c. Interact appropriately and professionally.
d. Demonstrate an understanding of the major points of the American Hospital Associations' Patient's Bill of Rights and the Patient's Bill of Rights from the workplace.
e. Comply with the American Hospital Associations' Patient's Bill of Rights and the Patient's Bill of Rights from the workplace.
f. Model professional appearance and appropriate behavior.
g. Follow written and verbal instructions.
h. Define and use medico legal terms and discuss policies and protocol designed to avoid medico legal problems.
i. List the causes of stress in the work environment and discuss the coping skills used to deal with stress in the work environment.
j. Understand the need for patient advocates in a healthcare setting.
k. Demonstrate an understanding of the ADA.

10.0 Understand different management styles.

a. Know the significance of mission, vision, and values.
b. Understand management objectives and the six functions of management.
c. Discuss the founding fathers of management (management styles, beliefs, etc.).
d. Understand the differences between a manager and a supervisor.
e. Understand time management, why this is important, and examples of time robbers.
f. Define different levels of care such as ambulatory, non-ambulatory, urgent care, hospitals, etc.
g. Understand medical billing procedures.

*Source NAACLS Standards Compliance Guide

Sentara RMH School of Phlebotomy

Students' Rights and Privileges

(Revised 8/14/2020)

1. **Counseling:** Confidential counseling assistance is available to students experiencing any personal problems. The Program staff will provide more information if requested. Confidentiality is maintained during all student-counseling sessions.

   There is an open-door policy with the program director and the phlebotomy instructor. Students may seek advice or counseling at any time throughout the year.

   One formal counseling session with the program director and the phlebotomy instructor will be scheduled. Additional formal sessions will be held if the student is experiencing problems.

   If a student has concerns/problems within the didactic phase of the Program, the student should first discuss the matter with the respective instructor. If not satisfied with the response, the student may then contact the Program Director for further discussion.

   After each rotation, the student will receive an evaluation completed by the department. This is an additional opportunity for the student to receive counseling when this evaluation is discussed between the Program Director and the student.

   During the clinical rotation portion of the program, the program director and education coordinator will contact the student regarding career planning. Students will be advised on how to write a resume and will be given information regarding job openings both within Sentara labs and at other healthcare facilities.

2. **Complaints:** Student complaints should be brought to the Program Director. If the complaint cannot be solved by the Program Director and the student, and it involves the entire class, then a class meeting will be held. The group will discuss the complaint and decide on a resolution that is acceptable to all concerned. Complaints will be addressed in a timely manner so that a resolution may be reached quickly with the satisfaction of everyone. Complaints will be handled within the framework of the Program and hospital policies. Respect for all involved is of utmost importance to the Program. If another department in the hospital is involved, the Program Director will contact the other department. It is felt that open communication will help to prevent any unhappiness from escalating into a complaint. Students will not be subject to unfair actions by faculty in response to complaints.

3. **Respect:** Students have the right to respect from the Program Director, all instructors and fellow students.

4. **Leave of absence:** It is recognized that interruptions may occur for various acceptable reasons, such as an accident, illness, or pregnancy. Each request for interruption of the program will be considered on an individual basis. When a subject has been completed in its entirety, including both lecture and clinical rotation, credit will not be lost by interruption of the program. Partial credit would be given if at least three months of the program had been completed. Re-entrance for such interrupted training is dependent on space availability, academic standing at the time of the interruption, and length of interruption interval. Interrupted training must be reinstated within a two-year period.

5. **Voluntary Withdrawal:** A student may withdraw from the Program at any time.

6. **Safety:** Student safety is of the utmost concern for the hospital and school, and precautions to protect that safety will be maintained. Safety policies required by CAP and DNV and other accrediting agencies will be followed by the hospital and school.

7. **Laboratory work during clinical rotation:** Students may not be substituted for regular staff during their student experiences.

8. **Library Use:** The SRMH Library will provide up to 10 free interlibrary loan photocopies for students who are enrolled in the Program. Thereafter, an $8.00 charge will be assessed per article. Students may check out books from the library.

9. **Achievement:** Students who demonstrate outstanding achievement while on rotation may advance to the next rotation (eliminate all or a portion of a rotation) by meeting the following criteria:
    a. Pass a rotation practical, evaluation and written exam with a grade of “C” or better.
    b. Meet all objectives including the cognitive, affective and psychomotor learning domains for that rotation.
    c. Must have completed prior clinical laboratory experience in that section for two years minimum under the supervision of a certified pathologist within the last five years.
    d. Must have the recommendation of the program director and the lab department manager before eliminating one or part of a rotation.

Student Responsibilities: The student will demonstrate the following affective, professional and ethical behavior:

1. Demonstrate an effort to achieve professional excellence by showing initiative to do extra tasks and show a willingness to complete unsolicited tasks.

2. Prepare for daily class assignments in an organized fashion and participate in class discussions (volunteers in class to answer questions and actively discuss class issues). Lack of preparation for class may be demonstrated in failing quiz grades.

3. Accepts and acts on advice from instructors.

4. Does not argue with the instructor or solicit other students to argue with the instructor.

5. Assumes responsibility for behavior by following rules and policies. For example, follows the dress code and rules of the classroom.

6. Displays confidence, yet recognizes limitations of being a student.

7. Acts in a professional manner and maintains patient confidentiality according to HIPAA rules.

8. Works well in the School of Phlebotomy as a team member with the other students and instructors. Contributes to the initiatives at hand in a positive manner.

9. Demonstrates respect to fellow students as well as instructors.

10. Reports to class on time and is present on all days as assigned.

11. Demonstrates hospitality standards of the profession and hospital to all students and instructors. Shows courtesy to other students and instructors similar to the hospitality they would show a guest in their home.

Sentara RMH School of Medical Laboratory Science

Library Resources

Sentara RMH Virginia Funkhouser Health Sciences Library / Sentara RMH Medical Center
2010 Health Campus Drive
Harrisonburg, VA 22801

540-689-1777 phone
500-689-1770 fax
RMH_RMHLibrary@sentara.com
8:00AM – 4:30PM Monday – Friday

1 FTE professional staff: **Megan D. Khamphavong, MSLS**
Librarian
10 years post-degree professional experience in health sciences libraries; at Sentara RMH since 2007

Facility:
1,400 sq. ft.
Opened in May 2010
9 study carrels (7 outfitted with PCs)
1 network photocopier / fax / printer / scanner

Collections & Services:
Access to library resources available via the following link:
https://www.skor.stacksdiscovery.com

8,000+ titles in print, searchable via a web-based catalog

- ~6,000 are clinical, including 22 anatomic models
- ~1,500 in Leadership, management, business administration, medical staff & governance; training & development
- ~400 historical medical/nursing books
- ~300 in Grief

11,000+ electronic resources related to health/medicine

- with subject specific titles that include the following areas related to clinical laboratory science:
    - anatomy
    - cytology
    - histocytochemistry
    - laboratory techniques and procedures
    - microbiology
    - microscopy

- mycology
- parasitology
- pathology
- physiology
- virology

Research and reference databases, plus specialty search tools available through the EBSCO Discovery Service.

- Research and reference databases
  - APA PsycEXTRA
  - Atla Religion Database with AtlaSerials PLUS
  - Biomedical Reference Collection: Comprehensive
  - CINAHL Complete
  - Cochrane Collection Plus
  - eBook Collections
  - Education Source
  - ERIC
  - GreenFile
  - Health Business Elite
  - Library, Information Science & Technology Abstracts (LISTA)
  - MEDLINE Complete
  - Nursing and Allied Health Collection: Comprehensive
  - OpenDissertations
  - Psychology and Behavioral Sciences Collection
  - SocINDEX
  - Regional Business News

- Specialty resources
  - AORN eGuidelines+
  - Bates' Visual Guide to Physical Examination
  - DynaMedex/DynaMed Decisions
  - JCO Digital Library
  - Joanna Briggs Institute
  - Lexicomp
  - Micromedex
  - Nursing Reference Center Plus
  - Natural Medicines
  - Orthopaedic Trauma Association/Online Trauma Access
  - Scientific & Medical ART Imagebase (SMART)
  - Visible Body Human Anatomy Atlas

Consolidated acquisitions for information resources across departments within Sentara RMH Medical Center and the Medical Group

Interlibrary loan and article copy services, including

- membership and participation in the National Network of Libraries of Medicine

Mediated literature searching and individual, as well as group training offered in search techniques

School of Phlebotomy

Objectives PBT 105 Circulatory System

The student will be able to do the following with a minimum of 70% accuracy on a written exam, oral exam, or any other form of evaluation after lectures, reading assignments, and laboratories:

Medical Terminology

1. Describe medical terminology with regard to the terms of roots, prefixes, and suffixes.
2. List and define words that are commonly used in the clinical laboratory. Examples would include thrombophlebitis, thrombosis, anuclear, anisocytosis, extravascular, polyuria, hypoglycemia, arrhythmia, acromegaly, immunology, erythrocyte, anemia, leukopenia, cardiomegaly, stethoscope, phlebotomy, the suffix-itis (inflammation), appendicitis, arthritis, cystitis, gastritis, pancreatitis, tonsillitis, nucleus, nuclei, artery, arteries, hematology, leukemia, peripheral, milliliter.
3. Define prefixes used commonly in the laboratory.
4. Define suffixes commonly used in the laboratory.
5. Define primary word roots related to the cardiovascular system such as thromb, sera, lipid, card, arterio, cyte, etc. as listed on page 161 in the text by Garza.
6. Define and list common suffixes used in the clinical such as the ones listed on page 163 in the text by Garza.
7. Recognize commonly used symbols in healthcare and in the laboratory.

Human Anatomy and Physiology

8. Define human anatomy and physiology.
9. Identify and define the different positions of the body to include anatomical position, lateral, prone, and supine.
10. Identify and describe the different body planes to include frontal, sagittal, transverse, and directional terms such as distal anterior (ventral), posterior, superior, and inferior (caudal).

11. Describe and identify the different body cavities to include cranial, spinal, thoracic, abdominal, and pelvic.
12. Define and describe homeostasis.
13. Define and discuss metabolism, catabolism and anabolism.
14. Identify and discuss the different parts and function of the cell to include nucleus, cytoplasm, nucleolus, nuclear membrane, cellular membrane.
15. Define the cell components to include nucleolus, nucleus, chromosomes, plasma membrane and mitosis.
16. Discuss the four basic types of normal tissue to include connective, epithelial, muscle (cardiac and smooth), and nerve.
17. List the major body organ systems and discuss the function of each.
18. Describe the role of the clinical lab in the four areas of health care to include: screening, diagnosis, treatment, and monitoring.
19. Describe the integumentary system and its function to include skin, hair, sweat glands, teeth, and fingernails.
20. Define and describe disorders of the integumentary system and give examples of each to include bacterial infections, ulcers, viral infections, fungal infections, allergic reactions, dermatitis, eczema, psoriasis, skin cancers, insect bites and burns.
21. List the various lab tests for the integumentary system.
22. Describe the role of DNA in the human body.
23. Identify the layers that make up the human skin.

Body Systems

24. Describe the body's skeletal system identifying its parts and function of each to include bones, cartilage, joints, ligaments, and tendons.
25. Define/describe and give function of hematopoiesis.
26. Define and describe disorders of the skeletal system.
27. List the various lab tests for the skeletal system.
28. Describe the muscular system and give function for the following muscles: skeletal (striated), visceral or smooth, and cardiac (striated, involuntary).

29. Define and describe disorders of the muscular system.
30. List the various lab tests for the muscular system.
31. List the different parts of the nervous system and give the function of each to include: neurons, brain, spinal cord, brain and spinal cord coverings (meninges) and cerebrospinal fluid (CSF). Describe the difference between the central nervous system, peripheral nervous system, and the autonomic nervous system.
32. Define and describe disorders of the nervous system.
33. List the various lab tests for the nervous system.
34. Define the main components of the respiratory system.
35. Describe the function of RBCs (erythrocytes) and the molecule called hemoglobin. Identify where the gas exchange occurs in the hemoglobin.
36. Define and describe disorders of the respiratory system.
37. List the various lab tests for the respiratory system.
38. List and describe the function of the parts of the digestive system.
39. Define and describe disorders of the digestive system.
40. List the various lab tests for the digestive system.
41. Define the structure and function of the parts of the urinary system.
42. Define and describe disorders of the urinary system.
43. List the various lab tests for the urinary system.
44. Describe the endocrine system to include the exocrine glands, endocrine glands, hormones, and pituitary gland. Identify where these are located in the body.
45. Define and describe disorders of the endocrine system.
46. List the various lab tests for the endocrine system.
47. List and give the function for the male and female reproductive systems.
48. Define and describe disorders of the reproductive system.
49. List the various lab tests for the reproductive system.

The Circulatory System/Cardiovascular System

50. List and describe the two components of the circulatory system.
    - Describe and know the components and functions of the lymphatic system.
51. List and describe the three primary components of the cardiovascular system.
52. Identify from a picture and label the parts of the heart to include superior vena cava, pulmonary artery, pulmonary vein, right atrium, tricuspid valve, right ventricle, inferior vena cava, left ventricle, bicuspid valve, left atrium and aorta.
53. Describe the heart with regard to size, function, and average heart beats per minute.
54. Identify from a picture and label the chambers of the heart, the septum, heart valves, left pulmonary arteries, left pulmonary veins, right pulmonary arteries, and right pulmonary veins.
55. Trace and describe the blood flow into the heart and out from the heart noting that the left pulmonary arteries are blue in color and carry deoxygenated blood.
56. Define the heart valves and give the function, and be sure to note that atrioventricular valve is the mitral valve.
57. Describe the arteries, veins, and arterioles and give the location in the body and function.
58. Identify that oxygenated blood is bright **red** in color.
59. Describe, give location in the body and give the function of veins and venules.
60. Identify that deoxygenated blood is **dark red** in color.
61. Describe capillaries, give their function, and define the relationship between capillaries, arterioles and venules.
62. Define the function of blood.
63. Clarify and define words that sound alike such as palpitation, palpation, hemostasis, hemorrhage, and homeostasis.
64. Describe blood pressure giving the effects of high blood pressure and how it is measured.

Heart Function, Disorders, Vessels, Circulation

65. List the three kinds of blood vessels and give the function of each.
66. Define the largest artery and vein give the width of each.
67. Define the blood flow through the artery, arteriole, capillary, venule and vein.
68. Describe how only one red blood cell can pass through a capillary.

69. Define hardening of the arteries and atherosclerosis.

70. Describe the function, color, presence of valves in veins.

71. Identify that capillaries are the only vessels that allow the exchange of gasses (O2) and (CO2), and other molecules between blood and surrounding tissues.

72. Compare external bleeding from arteries, veins, and capillaries with regard to color, appearance, ability to control, and appropriate action to take when this occurs.

73. Calculate the volume of blood for an adult female and male, child, and newborn.

74. Describe the function and contents of blood.

75. Recall the average blood volume used by SRMH Clinical Lab.

76. Calculate the blood volume by converting pounds of the patient to kg and then taking the average blood volume times the weight of the patient in kg.

77. Discuss the three layers created and label a picture of blood drawn from a vein and centrifuged—there is no anticoagulant in the tube. Label the serum and clotted blood.

78. Recognize and label a tube of blood with an anticoagulant that has been centrifuged. Label the three layers to include plasma, buffy coat with WBCs and platelets, and lower red blood cell portion. Know the functions of the different anticoagulants.

79. Identify and describe bags of donated blood, and list the possible component from the blood that can be given to a patient.

80. Describe the veins in the arm and locate each.

Blood Vessel Structure, Major Arm Veins, Flow of Blood, and Vascular System Disorders

81. Describe veins with regard to blood flow, presence of valves, presence of deoxygenated blood, thickness of walls, and appearance of a blue color under the skin.

82. Compare and contrast arteries, veins, and capillaries.

83. Describe the major arm veins and identify that the median cubital vein that is the best for venipuncture. Identify where it would be found on the arm. Note that the bend of the arm is the area most often used for blood drawing.

84. Describe the hand veins to include the basilic, dorsal metacarpal, and cephalic vein.

85. Recognize sites you should not draw from and common policies in place for drawing from the lower leg/foot region. Describe the risks associated with drawing from the lower leg/foot region.

86. Describe and identify from patient characteristics the following vascular system disorders:

    - Aneurysm
    - Arteriosclerosis/atherosclerosis
    - Disseminated intravascular coagulation (DIC)
    - Embolism or thrombus
    - Hemorrhoids
    - Phlebitis
    - Varicose veins

Composition and Function of Blood

87. Describe the basic functions of blood to include:

    - Transportation
    - Distribution of nutrients
    - Regulation hemostasis
    - Coagulation factors, coagulation pathways, tests used to monitor anticoagulant therapy, types of anticoagulant drugs and common patient populations who take these medications.

88. List, identify, and give the function for each of the following elements found in the blood:

    - Erythrocytes
    - Monocytes
    - Platelets (thrombocytes)
    - Lymphocytes
    - Neutrophils
    - Basophils

89. Describe a blood smear and how it is made.

90. Define white blood cells specifically that they are called leukocytes and can be granular and agranular.

91. Write the white blood cell normal range (reference range), which is 4700 to 11,000 mm3.

92. Discuss the leukocyte function of fighting infection and elaborate on the body's defense using the different leukocytes.

93. Define hemoglobin, found inside the RBC, as the substance that transports oxygen in the blood.

94. Write the reference range, (12 to 16 grams (g) / 100 mL) for hemoglobin in the female.

95. Write the reference range, (14 to 18 grams (g) /100 ml) for hemoglobin in the male.

96. List the reference range for hematocrit in the adult female (36 to47%) and in adult male (41 to 52%).

97. Describe T and B lymphocytes with regard to origin and role in immunity.

98. Identify the leukocyte (eosinophil) that defends not only against parasites but also against allergic reactions and cancer.

99. Discuss the basophilic segmented leukocytes and their granules that contain heparin and histamine, which are helpful in inflammatory responses.

100. Identify the purpose of platelets (thrombocytes) and their function in coagulation.

101. Discuss blood types and the following:

- Four blood types: A, B, AB, O
- O is the most common with 45% of U.S. population
- Individuals with blood type A have A antigens on their red blood cells
- Know what indicates when a patient may need a transfusion of packed RBCs, fresh frozen plasma, platelets, or cryoprecipitate
- Know the different methods of blood donation, anticoagulants used, and donation requirements

102. Identify the antigen found on the red blood cells for blood types A, B, AB, and O.

103. Identify the antibody found in the plasma for blood types A, B, AB, and O.

Hemostasis and Coagulation and Rh

104. Discuss the Rh factor blood group with regard to the following:

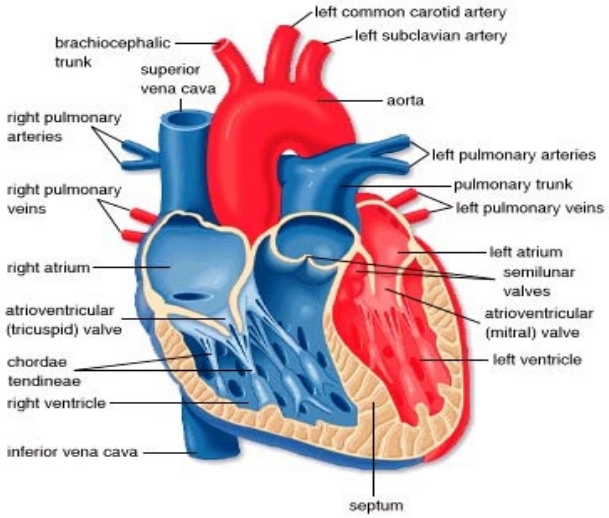
- Rh positive individuals have the antigen for the Rh factor on their RBCs
- Rh negative individuals do not
- 85% of population are Rh positive, and 15% are Rh negative

105. Explain the presence of antibodies present only if the body has been exposed or sensitized to Rh-positive red blood cells by one of the following:

- Pregnancy
- By transfusion

PBT 105 Circulatory System

(Includes medical terminology, human anatomy and physiology)



Instructor: Emileigh Conley, B.S., MLS(ASCP)^{CM}

Method of Instruction: Lecture, discussion, question and answer

Course Goal: To educate the student in medical terminology, human anatomy and physiology, human heart and circulatory system, body systems, flow of blood, composition and function of blood and lymphatic system so that they may function as a phlebotomy technician in a clinical lab.

Textbooks:

Garza, Diana, et al, *Phlebotomy Handbook: Blood Specimen Collection from Basic to Advanced*, 9th edition, 2015

Pre-requisite Courses: High School Diploma

Instructions: Bring texts to class every day.

PBT 105 LECTURE SCHEDULE

DATE:	TOPIC:	READING ASSIGNMENT:

5/28/24

I. Medical Terminology — Chapter 6

- a. Definition of medical terminology
  - i. Word roots
  - ii. Prefixes
    1. common medical prefixes
  - iii. Suffixes
    1. common medical suffixes
  - iv. Discrepancies in the classification of word elements
  - v. Unique pleural endings
  - vi. Abbreviations
  - vii. Common symbols
  - viii. Joint Commission's "Do Not Use List"

5/29/24

II. Human Anatomy and Physiology — Chapter 6

- a. Overview
  - i. Body positions
  - ii. Body planes
  - iii. Body directional terms
  - iv. Body cavities
  - v. Common paired directional terms
  - vi. Body regions
- b. Body functions
  - i. Homeostasis
  - ii. Metabolism
- c. Body organization
  - i. Cells
  - ii. Tissues

5/30/24

- d. Body systems — Chapter 6
  - i. Integumentary System
    1. Function
    2. Structures—skin and associated structures
       - a. Skin layers
         - i. epidermis
         - ii. dermis
         - iii. subcutaneous
    3. Examples of integumentary system disorders
    4. Examples of tests and specimens typically collected
  - ii. Muscular
    1. Function
    2. Structures
       - a. Gross Anatomy
       - b. Muscle Types
         - i. Smooth

DATE:	TOPIC:	READING ASSIGNMENT:

ii. Cardiac
iii. Skeletal
3. Examples of disorders of the muscular system
4. Examples of tests and specimens typically collected

iii. Skeletal
1. Function
2. Structures
a. Gross Anatomy
b. Types of bones and examples of each type
i. Long
ii. Short
iii. Flat
iv. Irregular
3. Sight of bone marrow and hematopoiesis in infants and adults
4. Examples of disorders of the skeletal system
5. Examples of tests and specimens typically collected

iv. Nervous System
1. Function
2. Structures
3. Examples of nervous system disorders
4. Examples of tests and specimens typically collected
a. CSF analysis

5/31/24

v. Endocrine system
1. Function
2. Structures
3. Examples of endocrine system disorders
4. Examples of tests and specimens typically collected

vi. Digestive System
1. Function
2. Structures
3. Examples of endocrine system disorders
4. Examples of tests and specimens typically collected

vii. Urinary system
1. Function
a. Gross function

DATE:	TOPIC:	READING ASSIGNMENT:

b. Nephron – acid/base buffer system
2. Structures
   a. Gross Anatomy
   b. Nephron
3. Examples of urinary system disorders
4. Examples of tests and specimens typically collected

viii. Reproductive System
1. Function
   a. Gross Function
   b. Sexual genetics/meiosis
2. Structures
3. Examples of reproductive disorders
4. Examples of tests and specimens typically collected

ix. Respiratory System
1. Function
   a. Passage of respiration through respiratory system
   b. Acid/base buffer system
2. Structures
   a. Sites of external and internal respiration
3. Examples of respiratory system disorders.
4. Examples of tests and specimens typically collected

6/3/24 x. Review 1

6/4/24 **Exam 1**

6/4/24 III. The Circulatory System/Cardiovascular System — Chapter 7

a. Overview—Heart Structure and Function of the Circulatory System
   i. Layers—epicardium, myocardium, endocardium
   ii. Chambers
   iii. Valves
   iv. Heart Picture and Identification of Parts
b. Coronary circulation

6/5/24

c. Heart function
   i. electrocardiogram
   ii. the electrical conduction system pathway
   iii. normal ECG tracing

DATE:	TOPIC:	READING ASSIGNMENT:

iv. Blood Pressure
v. Heart Disorders and Diagnostic Tests
    1. Arterial blood gasses
    2. AST—aspartate aminotransferase, cholesterol, CK, CK-MB, Dignoxin, ECG or EKG, microbial cultures, myoglobin, K, triglycerides, TnT-Troponin.
vi. Arteries
vii. Veins
viii. Capillaries

6/7/24

d. Blood Vessel Structure
    i. Valves
e. The flow of blood
    i. Phlebotomy-Related Vascular Anatomy
        1. antecubital fossa
        2. H-shaped antecubital veins
        3. M-shaped antecubital veins
        4. Other arm and hand veins
        5. Leg, ankle, foot veins
        6. arteries
f. Vascular System Disorders
    i. Aneurysm, arteriosclerosis, disseminated intravascular coagulation (DIC), embolism, embolus, hemorrhoids, phlebitis, thrombophlebitis, thrombus, varicose veins.

6/10/24

g. Review 2

6/12/24

Exam 2

6/12/24

h. Composition/Function of Blood — Page 220-232
    i. Blood Composition
        1. plasma
        2. formed elements
            a. erythrocytes
            b. leukocytes
                i. granulocytes: neutrophils, basophils, eosinophils
                ii. monocytes
                iii. lymphocytes
            c. platelets (thrombocytes)

6/13/24

    ii. Blood Type
        1. ABO blood group system
        2. Rh blood group system

DATE:	TOPIC:	READING ASSIGNMENT:
	3. Compatibility test/cross-match iii. Blood specimens 1. serum 2. plasma 3. whole blood	
6/14/24	iv. Hemostasis and Coagulation 1. hemostasis 2. coagulation factors and pathways 3. Fibrinolysis 4. hemostatic disorders and diagnostic tests a. Hemophilia, thrombocytopenia i. bleeding time, d-dimer, factor assays, fibrin degradation products, platelet function assay, PT, APTT	Page 233-239
	i. Lymphatic System i. Functions ii. Structures iii. Lymph flow iv. Lymphatic system disorders—Hodgkin's disease, lymphosarcoma, Lymphoma etc. 1. tests: bone marrow biopsy, complete blood count (CBC), culture and sensitivity (C & S), lymph node biopsy, mononucleosis (mono) test	Page 239-244
6/17/24	j. Review	
6/19/24	**Final Exam**	

School of Phlebotomy

PBT 107 Specimen Collection, Handling, Transport and Processing Lecture Objectives

The student will, at the completion of the lectures, reading assignments, case studies and verbal instructions on Specimen Collection, Handling, Transport and Processing by attaining a minimum of 70% on a written or oral exam:

1. Given a specific collection tube, be able to identify the anticoagulant, if any, explain its use, its chemical makeup, the action of the anticoagulant on the blood sample, the resulting product (whole blood, plasma or serum), the tests that this tube may be used to perform, and in which tests the anticoagulant may cause interference.

2. List, describe, and explain the purpose of the equipment and supplies needed to collect blood specimens by venipuncture, and define associated terms and abbreviations.

3. List and describe evacuated tube system (ETS) and syringe system components, explain how each system works, and tell how to determine which system and components to use.

4. Describe ETS tube stopper color coding used to identify the presence or absence of an additive, connect additives and stopper colors with laboratory departments and tests, and list the order of draw and explain its importance

5. Demonstrate knowledge of each venipuncture step from the time the test request is received until the specimen is delivered to the lab, and define associated terminology.

6. Describe how to perform a venipuncture using ETS, syringe, or butterfly, list required patient and specimen identification information, describe how to handle patient ID discrepancies, and state the acceptable reasons for inability to collect a specimen.

7. Identify challenges and unique aspects associated with collecting specimens from pediatric and geriatric patients.

8. Describe why a patient would require dialysis and how it is performed, and exhibit an awareness of the type of care provided for long-term care, home care, and hospice patients.

9. Demonstrate basic knowledge of the Preanalytical variables that influence laboratory test results, define associated terminology, and identify the tests most affected by each one.

10. Identify problem areas associated with site selection including various vascular access sites and devices, and explain what to do when they are encountered.
11. Describe how to handle patient complications and conditions pertaining to blood collection, address procedural error risks, and specimen quality concerns, and analyze reasons for failure to draw blood.
12. Demonstrate basic knowledge of terminology for healthcare workers in phlebotomy and national agencies.
13. Describe the basic concepts of verbal and nonverbal communication as they relate to the professional image in healthcare.
14. Define quality and performance improvement measurements relating to quality control and quality assurance as it relates to phlebotomy.
15. Describe capillary puncture terminology, equipment, and list the order of draw for capillary specimens.
16. Describe the composition of a capillary specimen and compare to that of an arterial and venous specimen.
17. Demonstrate when a capillary specimen should be drawn and proper site selection.
18. Demonstrate knowledge in collection of capillary specimens from adults, infants, children and name tests that cannot be performed and why.
19. Define how to make blood smears (thick and thin) and identify tests that may be performed on them.
20. Describe special procedures for collecting blood banking specimens and labeling procedures.
21. Demonstrate knowledge of special collection procedures for collecting specimens (ie. Trace elements, blood cultures, LTT, therapeutic drugs, toxicology ect.)
22. Describe the flow of specimens through the clinical laboratory.
23. Explain routine and special specimen handling procedures.
24. Identify OSHA required PPE during the collection and processing of specimens.

PBT 107 Specimen Collection, Handling, Transport and Processing

Instructor: Emileigh Conley, B.S., MLS (ASCP)^{CM}

Method of Instruction: Lecture, discussion, question and answer

Course Goal: To educate the student in specimen collection, handling, transport and processing so they may function as a beginning level phlebotomy technician in the clinical laboratory.

Textbooks: Garza, Diana, et al, *Phlebotomy Handbook: Blood Specimen Collection from Basic to Advanced*, 9th edition, 2015

Pre-requisite Courses: High School Diploma

Instructions: Bring texts to class every day.

PBT 107 LECTURE SCHEDULE

DATE:	TOPIC:	READING ASSIGNMENT:
5/29/24 5/30/24 5/31/24	I. Introduction to Phlebotomy a. Importance b. Blood Collection Equipment and Supplies c. Additives d. Order of Draw	Chapters 1 and 8
6/3/24	II. Venipuncture Steps a. Review and Accession Test Request b. Test Requisition i. Manual ii. Computer generated iii. Verbal c. Review Requisition d. Accessioning Test Request e. Approaching the Patient i. Signs ii. Entering the Patient Room iii. Identifying 1. AIDET f. Patient's Rights g. Bedside Manner	Chapters 2 and 10
6/4/24	h. Review 1	
6/6/24	**Exam 1**	
6/6/24	III. Patient Identification and Preparation a. Preparing the Healthcare worker i. Hand Hygiene ii. Preparing the work area b. Identification i. Arm Band ii. Three-way ID iii. ID Discrepancies iv. Missing ID v. Sleeping Patients vi. Unconscious Patients vii. Emergency Room ID Procedures 1. AABB Guidelines viii. Young, Mentally Incompetent, or Non-English Speaking Patient ix. Neonates and Infants x. Outpatient Identification c. Preparing The Patient i. Explanation ii. Addressing Inquiries iii. Patient Objections	Chapters 2 and 10

PBT 107 LECTURE SCHEDULE

DATE:	TOPIC:	READING ASSIGNMENT:
	iv. Difficult Patients v. Cognitively Impaired or Combative Patients vi. Addressing Needle Phobia vii. Altered Mental States viii. Addressing Objects in the Patients Mouth	
6/7/24	IV. Venipuncture Preparation a. Position Patient b. Tourniquet Application c. Select Vein i. H Pattern 1. Median cubital 2. Cephalic 3. Basilic ii. M Pattern 1. Median 2. Median cephalic 3. Median basilic d. Site Preparation e. Prepare equipment f. Draw Specimen i. Anchoring ii. Fill Remove and Mix Specimens g. Disposal h. Examine site i. Transport	Chapter 8 and 10
6/10/24	Review 2	
6/11/24	**Exam 2**	
6/11/24	V. Venipuncture (Lecture and Lab) a. Collection Priority i. Terminology b. Routine ETS Venipuncture c. Butterfly Procedure d. Syringe Venipuncture e. Pediatric Venipuncture i. Parents/Guardians ii. Pain Interventions iii. Restraints f. Geriatric Venipuncture i. Skin Changes ii. Hearing Impairment	Chapters 10 and 13

PBT 107 LECTURE SCHEDULE

DATE:	TOPIC:	READING ASSIGNMENT:
	iii. Visual Impairment iv. Mental Impairment v. Disease 1. Arthritis 2. Coagulation Problems 3. Diabetes 4. Parkinson's or Stroke 5. Pulmonary vi. Safety Issues vii. Wheelchairs viii. Blood Collection Procedures g. Dialysis Patients h. Long Term and Home Care Patients i. Hospice Patients	
6/12/24	VI. Capillary Puncture Equipment and Procedures a. Capillary Puncture Equipment b. Capillary Puncture Principles c. Capillary Puncture Steps d. Capillary Puncture Procedure e. Special Capillary Puncture Procedures i. Blood Gases ii. Neonatal Bilirubin Collection iii. Newborn/Neonatal Screening iv. Routine Blood Film Smear Prep v. Thick Blood Smear Prep	Chapter 11
6/14/24	f. Review 3	
6/17/24	**Exam 3**	
6/18/24 6/19/24 6/20/24	VII. Preanalytical Variables a. Basal State i. Reference Ranges b. Physiological Variables i. Age ii. Altitude iii. Dehydration iv. Diet v. Diurnal Variations vi. Drug therapy vii. Exercise viii. Fever ix. Sex x. Intramuscular Injection xi. Jaundice xii. Position	Chapter 9

DATE: TOPIC: READING ASSIGNMENT:

xiii. Stress
xiv. Pregnancy
xv. Smoking
xvi. Temperature
xvii. Burns, scars, tattoos
xviii. Damaged Veins
xix. Edema
xx. Hematoma
xxi. Mastectomy
xxii. Obesity
xxiii. Paralysis

c. Vascular Access Devices and Sites
   i. Intravenous Line
   ii. IV Catheter Lock
   iii. Previously Active Sites
   iv. Arteriovenous Shunt, Fistula, or Graft
   v. Blood Sampling Device
   vi. Central Vascular Access Device
d. Patient Complications and Conditions
   i. Allergies
   ii. Excessive Bleeding
   iii. Fainting
   iv. Nausea and Vomiting
   v. Pain
   vi. Petechiae
   vii. Seizures/Convulsions
e. Procedural Error Risks
   i. Hematoma Formation and Bruising
   ii. Iatrogenic Anemia
   iii. Inadvertent Arterial Puncture
   iv. Infection
   v. Nerve Injury
   vi. Reflux of Additive
   vii. Vein Damage
   viii. Hemocencentration
   ix. Hemolysis
   x. Partially filled tubes
   xi. Specimen Contamination
   xii. Wrong or Expired Tubes
f. Troubleshooting Failed Venipuncture
   i. Tube position
   ii. Needle Position
   iii. Collapsed Vein
   iv. Tube Vacuum

PBT 107 LECTURE SCHEDULE

DATE:	TOPIC:	READING ASSIGNMENT:
6/24/24	**Exam 4**	
6/25/24 6/26/24 6/27/24	VIII. Special Procedures, Transport and Time Limits a. Blood Bank Procedures b. Blood Donor Collection c. Blood Cultures d. Coagulation Specimens e. 2 Hour Post Prandial Glucose f. GTT g. Lactose Tolerance Test h. Therapeutic Drug Monitoring i. Therapeutic Phlebotomy j. Toxicology Specimens k. Molecular Genetic Testing l. Trace Elements	Chapters 15 and 17
6/28/24 7/1/24	IX. Specimen Handling and Processing a. Specimen Handling b. Specimen Processing i. Suitability ii. Precentrifugation, Centrifugation and Post Centrifugation iii. Aliquot Preparation c. Review 5	Chapter 12
7/3/24	**Exam 5**	
7/8/24	X. Arterial Puncture Procedures a. Personnel Who Perform Arterial Puncture b. Site Selection c. Arterial Puncture Sites i. Radial Artery ii. Brachial Artery iii. Femoral Artery iv. Other sites d. ABG Specimen Collection e. Hazards and Complications f. Sampling Errors g. Criteria for ABG Specimen Rejection	Chapter 15
7/9/24	Final Review	
7/10/24	**Final Exam**	

School of Phlebotomy

PBT Laboratory Objectives:

The student will after the labs, reading assignments, and verbal instructions with accuracy of 70% on a written or practical exam:

1. Define the essential components of laboratory safety.
2. Demonstrate proper safety technique within the laboratory setting including sharps disposal and biohazard disposal.
3. Demonstrate proper handwashing protocol.
4. Define the essential components of infection control in a healthcare setting.
5. Identify appropriate personal protective equipment for different healthcare scenarios.
6. Identify the most commonly used vacutainer tubes at a phlebotomy station.
7. Identify the additives with the associated cap color for vacutainer tubes.
8. Demonstrate the appropriate selection of vacutainer tubes for the test requested.
9. Demonstrate the appropriate selection of vacutainer tubes for the amount of specimen needed and number of tests requested.
10. Identify the how to determine if a vacutainer tube is a short draw or full draw tube.
11. Identify the types of tube additives and their actions.
12. Identify which tubes would be used for a plasma, serum or whole blood specimen.
13. Demonstrate the appropriate procedure for routine venipuncture in the antecubital fossa using a 21/22 gauge needle and vacutainer tube apparatus.
14. Demonstrate the appropriate procedure for routine venipuncture in the antecubital fossa using a 23 gauge winged infusion needle and vacutainer tube apparatus.
15. Demonstrate the appropriate procedure for venipuncture in the hand using a 23 gauge winged infusion needle and syringe.
16. Demonstrate the appropriate procedure for syringe transfer of specimen into vacutainer tubes.

17. Demonstrate the ability to draw multiple tubes during a venipuncture.
18. Demonstrate the appropriate type of vein anchoring.
19. Identify the proper order of draw for vacutainer tubes.
20. Demonstrate the proper order of draw for vacutainer tubes.
21. Identify reason for priming gauge winged infusion needle prior to sodium citrate draw.
22. Identify appropriate use of a discard tube.
23. Understand and demonstrate the knowledge of the vacutainer tube vacuum fill system.
24. Demonstrate appropriate handling of glass tubes.
25. Demonstrate ability to process a requisition for specimen collection.
26. Identify the appropriate patient identification necessary to process a requisition.
27. Identify and correct duplicate ordering on requisitions.
28. Correctly identify a patient's blood type through forward typing of unknown samples.
29. Demonstrate appropriate finger stick puncture.
30. Demonstrate appropriate heel stick puncture.
31. Identify appropriate areas for a finger stick.
32. Identify appropriate areas for a heel stick.
33. Determine when a finger stick vs a heel stick is appropriate.
34. Demonstrate the ability to fill a capillary stick specimen via capillary action.
35. Demonstrate the ability to make a blood smear slide with a feathered edge.
36. Demonstrate the appropriate way to give instructions to a patient for a mid-stream clean catch urinalysis for both males and females.
37. Demonstrate the appropriate way to give instructions to a patient for a semen sample collection.
38. Demonstrate the ability to determine the appropriate specimen type and collection procedure for non-blood specimens including; urine, saliva, stool, swabs, QuantiFeron-TB, cytology, and reference lab testing.
39. Demonstrate the correct way to perform a POC occult blood test.

40. Demonstrate the correct way to perform a waived ESR test.
41. Demonstrate the correct way to perform a waived pregnancy test.
42. Demonstrate the correct way to perform a waived dipstick urinalysis.
43. Demonstrate the appropriate use of a waived POC glucometer.
44. Identify the difference between, internal, electronic and external QC.
45. Demonstrate proper use of an internal control.
46. Demonstrate proper use of an external control.
47. Demonstrate the proper way to perform a manual specific gravity with a refractometer.
48. Demonstrate the appropriate decontamination of a blood culture site.
49. Demonstrate the appropriate technique for a blood culture draw using a winged infusion set.
50. Identify the parts of a urinalysis that are waived.
51. Demonstrate appropriate positioning of a patient for venipuncture.
52. Demonstrate correct tourniquet technique.
53. Demonstrate the ability to correctly perform a routine venipuncture starting with requisition and ending with post venipuncture patient care and specimen transport.
54. Demonstrate proper patient identification.

PBT Labs

(includes hands on learning for all PBT courses)

Instructor: Emileigh Conley, B.S., MLS(ASCP)^{cm}

Method of Instruction: Demonstration, discussion, question and answer, case studies

Course Goal: To provide hands on training in a laboratory setting for phlebotomy techniques and processes that are discussed in lecture.

Course Materials: Will vary based on lab and will be provided.

Pre-requisite Courses: High School Diploma

Instructions: Laboratory safety and protocol must be followed at all times.

Grades will be incorporated in the PBT 107 Specimen Collection, Handling, Transport and Processing Course.

PBT LAB SCHEDULE

DATE:	TOPIC:
5/30/24	I. Instructor Led - Handwashing and Lab Safety a. Discuss proper laboratory protocol – b. SAF.104 Laboratory Safety i. Fire Safety 1. R.A.C.E. 2. P.A.S.S. ii. Equipment use 1. Venipuncture equipment disposal a. Sharps Containers b. Biohazard disposal iii. Dress code iv. Standard Precautions v. Personal Protective Equipment vi. Disinfectants and antiseptics vii. Handwashing 1. Use Glo-Germ to demonstrate proper handwashing technique viii. Infection Control
6/5/24	II. Student Lab – Tube Lab a. Set up individual phlebotomy stations i. Appropriate tube selection based on additive b. Complete Tube additive assignment i. Define 1. Tube cap colors 2. Corresponding additives 3. Method of action of additives 4. Number of inversions required of tube 5. Specimen type: serum or plasma 6. Most common use
6/11/24	III. Instructor Led - Venipuncture a. Complete three successful venipunctures i. Demonstration and practice of straight stick vacutainer tube system ii. Demonstration and practice of winged-infusion vacutainer tube system 1. Practice need for priming of winged-infusion line with

PBT LAB SCHEDULE

DATE: TOPIC:

drawing coagulation specimen
iii. Use proper order of draw
iv. Identify correct tubes for tests requested
1. Include additive of tube
2. Include top color
3. Recognition of short draw vs regular draw tubes
b. Identify glass tubes and proper safe handling
i. Discuss glass clean up and spill kits

6/13/24 IV. Student Lab – Requisitions
a. Requisition review
i. Pre-analytical information that must be included on requisition
1. Identify proper patient identification
2. Attention to detail – special requests much be completed if necessary
3. Recognize and correct any duplicate test orders
b. Identify correct tubes for tests requested on requisitions
i. Name tube
ii. Name additive
iii. Name order of draw
iv. Name area of lab to processes specimen based on test ordered

6/20/24 V. Instructor Led - Syringe Hand Draw and Feathered Edge Lab
a. Blood Typing
i. Perform forward typing of unknown patient using known antibodies
1. Identify patient's blood type
a. ABO
b. RH
2. Identify antibodies present in patient's plasma
b. Capillary Stick
i. Demonstrate appropriate finger stick technique
ii. Demonstrate appropriate heel stick technique
iii. Identify acceptable areas and

PBT LAB SCHEDULE

DATE: TOPIC:

patient types for finger stick
iv. Identify acceptable areas and patient types for heel stick

c. Capillary Fill and Feathered Edge
    i. Demonstrate the appropriate way to fill a micro hematocrit tube via capillary action
    ii. Demonstrate a properly made blood smear slide with a feathered edge
d. Hand draw with winged-infusion needle and syringe
    i. Demonstrate proper hand draw technique with a winged-infusion set and a syringe.
        1. Demonstrate proper tourniquet application during a hand draw
        2. Demonstrate proper use of syringe
        3. Demonstrate proper use of winged-infusion needle
        4. Demonstrate proper transfer of specimen to vacutainer tubes from a syringe
        5. Demonstrate correct order of draw during a syringe transfer
e. Case Study 10:1: Capillary Puncture Procedure – Phlebotomy Essentials

6/25/24

VI. Student Lab – Non-Blood Specimens Lab
a. Practice verbal instruction of a mid-stream clean catch urine specimen
    i. Male
        1. Circumcised
        2. Uncircumcised
    ii. Female
b. Demonstrate the ability to determine the correct specimen type and collection procedures for the following
    i. OC-Auto
    ii. Salivary Testing Kit
    iii. Orange and white lid urine specimens
    iv. Quantiferon-TB
    v. Nasopharyngeal swabs

PBT LAB SCHEDULE

DATE: TOPIC:

vi. Total-Fix
vii. Cytology Whole Blood

c. Use the appropriate reference lab websites to determine the correct specimen type and collection procedures for the following
   i. Natural Killer Cell Surface Antigen
   ii. Occult Blood – Stool
   iii. Venison Allergy
   iv. Stone Analysis
   v. Lupus Anticoagulant w/Reflex
d. Case Study 11-2 POCT in the ER – Phlebotomy Essentials
e. Case Study Chapter 16 page 506 – Phlebotomy Essentials

VII. BLS Training

6/27/24 VII. Instructor Led – POC and Blood Culture Lab

a. Demonstrate correct blood culture draw procedure
   i. Demonstrate correct decontamination process for blood culture draw
   ii. Demonstrate appropriate way to fill blood culture bottles
   iii. Discuss using a syringe for blood culture transfer
b. Demonstrate the appropriate way to use a glucometer for POC glucose testing
   i. Perform QC
   ii. Evaluate and interpret QC
   iii. Perform patient testing
   iv. Evaluate and interpret patient test result
c. Demonstrate the appropriate way to use a POC pregnancy test
   i. Perform patient testing
   ii. Evaluate and interpret QC
   iii. Evaluate and interpret patient test result
d. Demonstrate the appropriate way to use a POC Occult blood test
   i. Perform patient testing
   ii. Evaluate and interpret patient test result
   iii. Perform QC
   iv. Evaluate and interpret QC
e. Demonstrate the appropriate way to perform a waived manual ESR

PBT LAB SCHEDULE

DATE:	TOPIC:
	i. Perform patient testing ii. Evaluate and interpret patient test result f. Demonstrate the appropriate way to perform waived urinalysis testing i. Perform patient testing ii. Evaluate and interpret patient test result g. Discuss QC i. Identify difference between internal, electronic and external controls ii. Identify common tests that have internal and external controls h. Demonstrate the appropriate way to perform a waived manual specific gravity i. Perform patient testing ii. Evaluate and interpret patient test result
7/2/24	IX. Student Led – Phlebotomy Games and Patient Scenarios
7/8/24 & 7/9/24	IX. Instructor Led – Venipuncture Practical Practice a. Additional practice using straight stick needle vacutainer system i. Focus: ii. Proper Anchoring of vein iii. Proper needle holding technique iv. Proper stabilization of needle during draw v. Proper needle removal b. Any additional areas students feel they are struggling with
7/11/24 & 7/12/24	X. Instructor Led – Lab Practical a. Student Lab Practical i. Demonstrate correct venipuncture procedure from initial patient encounter to post venipuncture patient care and specimen transport. ii. See practical matrix for full components

School of Phlebotomy

PBT 109 Waived and Point-of-Care Testing

The student will after the lectures, reading assignments, and verbal instructions with accuracy of 70% on a written or oral exam:

1. Discuss the Clinical Laboratory Improvement Amendments act (CLIA 1988) and the levels of test complexity it outlines.
    a. Waived, moderate complexity, high complexity
    b. Provider performed microscopy
    c. CLIA waiver
2. Define what is meant by Waived testing.
3. Explain what is meant by the term point-of-care testing.
    a. Different names for point-of-care testing
    b. Common disinfectants used to clean point-of-care instruments
    c. Safety (OSHA requirements, standard precautions, etc.)
    d. Quality control
        - Internal, External, Electronic
        - Levey-Jennings Chart (mean, standard deviations, trend, shift)
4. Recall common waived and point-of-care tests discussed in class.
5. Identify the three categories of tests in a urinalysis test and which are considered waived under CLIA guidelines.
    a. Physical: colors of urine, different levels of turbidity and what can cause turbidity, SG
    b. Chemical: dipstick and the analytes tested on a dipstick
    c. Microscopic: bacteria, RBCs, WBCs, yeast, crystals, etc.

6. Explain the type of specimen required for urinalysis dipstick testing and describe the collection process.

7. Discuss the reagent strips used for urinalysis dipstick testing. Recall the analytes and cells which are detected by the test strips.

8. Describe the procedure for performing the urinalysis dipstick test to include quality control and how to read the results on the reagent dipstick.

9. Interpret the results of the urinalysis dipstick test as normal or abnormal.

10. Correlate abnormal dipstick results to clinical conditions.

11. Discuss the specimen type and collection used for fecal occult blood testing.

    a. The meaning of occult

12. Explain the procedure for performing the fecal occult blood test to include quality control.

13. Interpret the results of the fecal occult blood test and correlate abnormal test results to clinical conditions.

14. Describe the specimens which are used for waived and point-of-care hematology testing.

15. Discuss hemoglobin and hematocrit (H&H) testing. Recall the methods and procedures which are used to include quality control.

16. Evaluate H&H test results and correlate those results clinically.

17. Explain the microhematocrit procedure.

18. Interpret microhematocrit results.

19. Discuss the principle of the erythrocyte sedimentation rate (ESR) test.

20. Describe the Wintrobe and Westergren methods of ESR testing

21. Evaluate ESR test results and correlate those results clinically.

22. Explain the basic function of the coagulation system.

23. Recall the difference between primary hemostasis and secondary hemostasis. List the tests which are used for each.

24. Explain the principle and test methods for the point-of-care PT test.

25. Identify the appropriate specimen for the point-of-care PT test.

26. Evaluate point-of-care PT test results and correlate those results clinically.

27. Explain the principle and test methods for the point-of-care aPTT test.
28. Identify the appropriate specimen for the point-of-care aPTT test.
29. Evaluate point-of-care aPTT test results and correlate those results clinically.
30. Explain the principle and test methods for the activated clotting time (ACT).
31. Identify the appropriate specimen for the ACT.
32. Evaluate ACT results and correlate those results clinically.
33. Explain the principle and test methods for the platelet function test.
34. Identify the appropriate specimen for the platelet function test.
35. Evaluate platelet function test results and correlate those results clinically.
36. Discuss how point-of-care glucose testing is used in the clinical settings discussed in class.
37. Describe the proper collection procedure for point-of-care glucose specimens
38. Explain the principle and interpret results of point-of-care glucose testing
39. Demonstrate the proper procedure for performing point-of-care glucose testing
40. Explain the principle and test methods for the urine pregnancy test.
41. Recall the appropriate specimen for the urine pregnancy test.
42. Evaluate urine pregnancy test results.
43. Describe the principle and test methods for the strep screen test.
44. Identify the appropriate specimen for the strep screen test.
45. Demonstrate the correct procedure for collecting a strep screen specimen.
46. Evaluate strep screen test results and correlate those results clinically.
47. Discuss the principle and test methods for the point-of-care arterial blood gas testing (ABG).
48. Identify the appropriate specimen for point-of-care ABG testing.
49. Evaluate point-of-care ABG test results and correlate those results clinically.
50. Discuss the tests which are included in multiple test panel chemistries.
51. Explain the test methods and procedure used in multiple test panel chemistry testing.

52. Recall the specimen which is required for multiple test panel chemistry testing.
53. Evaluate point-of-care multiple test panel chemistry testing and correlate those results clinically.
54. Explain the principle and test methods for the point-of-care troponin tests.
55. Identify the appropriate specimen for the point-of-care troponin tests.
56. Evaluate point-of-care troponin test results and correlate those results clinically.
57. Discuss the principle and test methods for the point-of-care test for glycosylated hemoglobin.
58. Recall the appropriate specimen for the point-of-care test for glycosylated hemoglobin.
59. Evaluate point-of-care glycosylated hemoglobin test results and correlate those results clinically.
60. Explain the principle and test methods for point-of-care lipid testing.
61. Identify the appropriate specimen for point-of-care lipid testing.
62. Evaluate results from point-of-care lipid testing and correlate those results clinically.
63. Describe the principle and test methods for the point-of-care B-natriuretic peptide (BNP) test.
64. Discuss the appropriate specimen for the point-of-care BNP test.
65. Evaluate point-of-care BNP test results and correlate those results clinically.
66. Explain the principle and test methods for point-of-care bilirubin testing.
67. Identify the appropriate specimen for point-of-care bilirubin testing.
68. Evaluate point-of-care bilirubin test results and correlate those results clinically.
69. Explain the principle and test methods for the point-of-care C-Reactive protein (CRP) test.
70. Identify the appropriate specimen for the point-of-care CRP test.
71. Evaluate point-of-care CRP test results and correlate those results clinically.
72. Explain the principle and test methods for the point-of-care High Sensitivity C-Reactive protein (hs-CRP) test.
73. Identify the appropriate specimen for the point-of-care hs-CRP test.
74. Evaluate point-of-care hs-CRP test results and correlate those results clinically.
75. Know and understand the purpose of HIPAA, CAP, OSHA, NAACLS, ASCP, and any other organizations/acts discussed in class.

76. Know the difference between a certification, licensure, and continuing education.

PBT 109 Waived and Point-of-Care Testing

Instructor: Emileigh Conley, B.S., MLS (ASCP)^{CM}

Method of Instruction: Lecture, discussion, question and answer, student lab

Course Goal: To educate the student on waived and point-of-care testing so they may function as a beginning level technician in the clinical laboratory.

Textbooks: Garza, Diana, et al, *Phlebotomy Handbook: Blood Specimen Collection from Basic to Advanced*, 9th edition, 2015

Pre-requisite Courses: High School Diploma

Instructions: Bring texts to class every day.

PBT 109 LECTURE SCHEDULE

DATE:	TOPIC:	READING ASSIGNMENT:

5/28/24
5/29/24

I. Introduction to Waived and Point-of-Care Testing
   a. Overview
   b. Terminology
   c. Quality control

5/31/24

II. Urinalysis Dipstick and Fecal Occult Blood Testing
   a. Introduction
   b. Urinalysis
      i. Specimens
      ii. Urinalysis test strips
      iii. Procedure
      iv. Interpretation of results
   c. Fecal Occult Blood
      i. Specimens
      ii. Procedure
      iii. Interpretation of results

6/3/24

III. Hematology Testing
   a. Introduction
   b. Specimens
   c. Hemoglobin and Hematocrit testing (H&H)
      i. Test methods
      ii. Interpretation of results
   d. Microhematocrit testing
      i. Procedure
      ii. Interpretation of results
   e. Erythrocyte Sedimentation Rate (ESR, Sed. Rate)
      i. Methods
      ii. Procedures
      iii. Interpretation of results

6/4/24

   f. Review 1

6/5/24

Exam 1

6/5/24

IV. Coagulation Testing
   a. Introduction
   b. Prothrombin Time (PT)
      i. Specimens
      ii. Methods
      iii. Procedures
      iv. Interpretation of results
   c. Activated Partial Thromboplastin Time (aPTT)
      i. Specimens

DATE:	TOPIC:	READING ASSIGNMENT:

ii. Methods
iii. Procedures
iv. Interpretation of results

d. Activated Clotting Time (ACT)
i. Specimens
ii. Methods
iii. Procedures
iv. Interpretation of results

e. Platelet Function Test
i. Specimens
ii. Methods
iii. Procedures
iv. Interpretation of results

f. Bleeding Time
i. Procedure
ii. Interpretation of results

6/7/24
6/10/24

V. Glucose Testing
a. Introduction
b. Specimens
c. Methods
d. Procedure
e. Interpretation of results

VI. Other Waived and POC Testing
a. Glycosylated Hemoglobin
i. Introduction
ii. Methods
iii. Specimens
iv. Procedure
v. Interpretation of results

b. Urine Pregnancy Test
i. Principle
ii. Specimens
iii. Procedure
iv. Interpretation of results

c. Strep Screen Test
i. Principle
ii. Specimens
iii. Procedure
iv. Interpretation of results

d. Arterial Blood Gases
i. Introduction
ii. Methods
iii. Specimens
iv. Procedure
v. Interpretation of results

PBT 109 LECTURE SCHEDULE

DATE:	TOPIC:	READING ASSIGNMENT:
	e. Chemistry Testing- Panels i. Introduction ii. Specimens iii. Interpretation of results f. Cardiac Troponin T and I i. Introduction ii. Methods iii. Specimens iv. Procedure v. Interpretation of results g. Lipid Testing i. Introduction ii. Methods iii. Specimens iv. Procedure v. Interpretation of results h. B-Type Natriuretic Peptide i. Introduction ii. Methods iii. Specimens iv. Procedure v. Interpretation of results i. Bilirubin i. Introduction ii. Methods iii. Specimens iv. Procedure v. Interpretation of results j. C-Reactive Protein i. Introduction ii. Methods iii. Specimens	
6/12/24	k. Review 2	
6/13/24	**Exam 2**	
6/14/24	Final Review	
6/18/24	**Final Exam**	

School of Phlebotomy

PBT 111 Non-Blood Specimens

The student will after the lectures, reading assignments, and verbal instructions with accuracy of 70% on a written or oral exam:

1. Explain the steps necessary for the proper identification of patients prior to collecting or receiving non-blood specimens.

2. Describe the proper procedure for labeling non-blood specimens and identify incorrectly labeled specimens.

3. Identify the normal composition of urine.

4. Recall the common urine tests described in class and assess the type of urine specimen needed for each test.

5. Discuss the different methods used to collect urine. Explain the procedure for each method to include the following:

    - Random specimen
    - First morning specimen
    - Fasting specimen
    - 2-Hour postprandial specimen
    - Glucose tolerance urine specimens
    - Catheterized specimens
    - Midstream Clean-Catch specimen
    - Suprapubic aspiration
    - Pediatric specimen
    - Drug specimen collection (DOT regulations, chain of command, etc.)
    - 24 Hour Urine Specimen

6. Describe the production, circulation and chemical and cellular composition of cerebrospinal fluid.

7. Discuss the laboratory tests performed on cerebrospinal fluid.

8. Explain the collection procedure and proper handling of cerebrospinal fluid for microbiology, chemistry, hematology and serology testing.

9. Discuss gastric analysis, including the collection of gastric contents, proper handling of specimens, tests which are performed, and the contents of gastric fluid.

10. Explain the tests which require nasopharyngeal specimens.

11. Describe the procedure for proper collection and handling of nasopharyngeal specimens.

12. Explain the tests which require saliva specimens.

13. Describe the procedure for proper collection and handling of saliva specimens.

14. Describe the normal and abnormal composition of seminal fluid and discuss the tests which are included in semen analysis.

15. Explain the collection and handling of seminal fluid specimens.

16. Define the term serous fluid. Identify the three types of serous fluid discussed in lecture.

17. Discuss the collection and handling of serous fluid specimens.

18. Explain the testing of serous fluids.

19. Explain the sweat chloride test. Describe the disease cystic fibrosis. Correlate sweat chloride test results with a diagnosis of cystic fibrosis.

20. Discuss the collection and handling of specimens for the sweat chloride test.

21. Describe the source and composition of synovial fluid.

22. Explain the tests which require synovial fluid as a specimen.

23. Discuss the collection and handling of synovial fluid specimens.

24. Identify the source and composition of amniotic fluid.

25. Explain the tests which require amniotic fluid or a vaginal swab as a specimen.

26. Discuss the collection and handling of amniotic fluid specimens.

27. Describe the procedure for collection of sputum specimens.

28. Identify the time of day which is best for the collection of sputum specimens and explain why first-morning specimens are optimal for sputum testing.

29. Evaluate whether a sputum specimen is appropriate for testing.

30. Explain the tests which use sputum as a specimen.

31. Discuss the procedure for proper handling of sputum specimens.

32. Explain the tests which require buccal swabs.

33. Describe the procedure for proper collection and handling of buccal swabs.

34. Discuss the testing which is performed on bone marrow specimens.

35. Describe the procedure for collection and handling of bone marrow specimens.

36. Identify how the C-Urea breath test is used clinically. Correlate results of the test to infection by *Helicobacter pylori*.

37. Describe the proper procedure for administrating the C-Urea breath test.

38. Discuss the clinical use of the hydrogen breath test.

39. Explain the procedure for administration of the hydrogen breath test. Correlate the results of the hydrogen breath test to lactose intolerance.

40. Recall the common feces tests which were discussed in class and assess the type of stool specimen required for each.

41. Discuss the proper collection and handling for each type of stool specimens discussed in class.

42. Explain the tests which require hair samples.

43. Describe the procedure for proper collection and handling of hair samples.

44. Explain the principle of the strep screen test. Discuss the procedure for performing a strep screen. Evaluate the results of a strep screen test and correlate the result clinically.

45. Demonstrate the procedure for proper collection and handling of throat swabs and common tests performed on throat swabs.

46. Describe the testing which is performed on tissue samples.

47. Discuss the collection and handling of tissue samples.

48. Explain the tests which are performed on skin.

49. Determine the correct site for performing each of the skin tests described in class.

50. Discuss the proper procedure for performing each of the skin tests described in class.

51. Discuss the difference between qualitative and quantitative tests.

52. Discuss testing performed in microbiology on non-blood specimens to include culture and sensitivity testing/disk diffusion.

PBT 111 Non-Blood Specimens

Instructor: Emileigh Conley, B.S., MLS (ASCP)^{CM}

Method of Instruction: Lecture, discussion, question and answer

Course Goal: To educate the student in the collection, handling, transport and processing of non-blood specimens so they may function as a beginning level phlebotomy technician in the clinical laboratory.

Textbooks: Garza, Diana, et al, *Phlebotomy Handbook: Blood Specimen Collection from Basic to Advanced*, 9th edition, 2015

Pre-requisite Courses: High School Diploma

Instructions: Bring texts to class every day.

6/17/24

I. Introduction to Non-blood specimens
   a. Overview
   b. Non-blood Specimen Labeling and Handling

6/18/24
6/19/24
6/21/24

II. Non-blood Body-Fluid Specimens
   a. Urine
      i. Common Urine Tests
      ii. Types of Urine Specimens
      iii. Urine Collection Methods
   b. Cerebrospinal Fluid
      i. CSF Testing
      ii. CSF collection and Handling
   c. Gastric Fluid/Gastric Analysis
      i. Gastric Fluid Testing
      ii. Gastric Fluid Collection and Handling
   d. Nasopharyngeal Secretions
      i. Nasopharyngeal Testing
      ii. Nasopharyngeal Specimen Collection and Handling

6/24/24 Review 1

6/25/24 **Exam 1**

6/26/24

   e. Saliva
      i. Saliva Testing
      ii. Saliva Specimen Collection and Handling
   f. Semen
      i. Semen Testing
      ii. Semen Specimen Collection and Handling
   g. Serous Fluid
      i. Serous Fluid Tests
      ii. Types of Serous Fluid Specimens
         1. Pleural Fluid
         2. Peritoneal Fluid
         3. Pericardial Fluid
      iii. Serous Fluid Collection and Handling
   h. Sweat
      i. Sweat Testing
      ii. Sweat Specimen Collection and Handling

i. Synovial fluid
    i. Synovial Fluid Testing
    ii. Synovial Fluid Specimen Collection and Handling

6/28/24 III. Other Non-Blood Specimens
7/1/24
a. Buccal Swabs
    i. Testing
    ii. Collection procedure
b. Bone Marrow
    i. Testing
    ii. Collection procedure
    iii. Handling
c. Breath Samples
    i. C-Urea Breath Test
    ii. Hydrogen Breath Test
d. Stool Samples
    i. Common Stool Tests
    ii. Types of Stool Specimens
    iii. Collection and Handling
e. Hair
    i. Hair Tests
    ii. Collection and Handling
f. Throat Swabs
    i. Collection Procedure
    ii. Strep Screen Testing
g. Tissue Specimens
    i. Tissue Testing
    ii. Handling

7/2/24 h. Review 2

7/3/24 **Exam 2**

7/9/24 IV. Case Studies and Role Play Exercises

7/10/24 Final Review

7/11/24 **Final Exam**

School of Phlebotomy

PBT 408 Clinical Laboratory Supervision and Management

OBJECTIVES:

The Phlebotomy student will at the completion of the lectures and classes, reading assignments, class participation and other assignments on management.
Measurement will be the attainment of a minimum of 70% on a written or practical exam, unless otherwise stated:

1. Describe the six management functions and relate each to management in the laboratory. List the management functions and define each one in detail.

2. Assess one's own leadership abilities with regard to the qualities presented in class.

3. Evaluate management scenarios given in class and select the appropriate course of action in managing an employee or other problem.

4. Describe the characteristics of a good manager. Define a good manager and list specific characteristics to include personality types, communication skills, ability to organize, and knowledge of the area.

5. Distinguish effective management attributes from ineffective ones.

6. Describe a minimum of three types of plans and relate these to managing the clinical laboratory.

7. Describe total quality management (TQM), know the roles of the "founding fathers", and relate TQM to the management of health care.

8. Prepare a flow chart to analyze the processing of specimens for the RMH Clinical Laboratory. Devise a plan to improve this flow of specimens.

9. Draw an organizational chart and define the direct lines of authority and indirect lines of authority.

10. Define organizing as it relates to management.

11. Explain the need for good customer service as well as patient advocates in health care today.

12. Demonstrate effective communication skills and describe the need for such a skill in management. (Include the proper use of body language, facial expressions, silence, sounds, etc.)

13. Describe the barriers to effective communication.

14. Define controlling as it relates to timely and cost-effective attainment of an organization's goals.

15. Describe a quality assurance program and its use in the clinical laboratory.

16. Role-play an interview scenario utilizing the acceptable and lawful questions in an interview.

17. Discuss the Americans with Disabilities Act (ADA).

18. Describe the federal government legislation related to hiring practices, regulation of laboratories, and personnel.

19. Draw an organizational chart showing the federal agencies that relate to health and human services.

20. Discuss registration, licensure, certification, and accreditation as it relates to the clinical laboratory.

21. Describe the test systems according to CLIA '88.

22. Discuss the agencies and associations associated with the clinical laboratory (AHA, CDC, CAP, COLA, DPH, FDA, HCFA, ISO, JCAHO, NCCLS, NIDA, OSHA, National Technical Information Services.)

23. Describe the government legislation related to medical practice to include Medicare, CLIA, OSHA, HIPAA, and PPACA.

24. Utilize financial and accounting terms commonly used in the laboratory fiscal management to include:
    - Profit and loss
    - Cost/benefit
    - Reimbursement requirements
    - Materials/inventory management

25. Describe sources of laboratory revenues and explain the challenges managers face in obtaining these revenues.

26. Evaluate cost containment strategies.

27. Define the basic principles of evaluation and describe ways to assess the performance of laboratory personnel and laboratory-related activities.

28. Describe employee competency checks and devise a competency assessment for a phlebotomist.

29. Role-play a successful performance interview from a scenario given in class.

30. Describe laboratory marketing services, customer relations, and guest relations.

31. Describe the process of acquiring a laboratory information system.

32. Evaluate the usefulness of a laboratory information system.

33. Describe the dynamics of healthcare delivery systems as they affect laboratory service.

34. Describe the dynamics of healthcare delivery systems as they affect laboratory services, healthcare in the US and other countries, and current proposed changes by the Federal Government.

35. Discuss quality control as a method for establishing specifications for an analytical process, assessing the procedures, monitoring conformance by statistical analysis, and taking corrective actions to bring the procedures into conformance.

36. Define the essential components of a laboratory safety program.

37. Evaluate the program for regulatory compliance.

38. Identify hazards and safety precautions used in the laboratory, as well as infection prevention and control.

39. Define the purpose of a healthcare organization having goals.

40. Understand the concept of management by objectives.

41. Define different management styles.

42. Understand time management and give examples of time robbers.

43. Understand diversity in a healthcare setting.

44. Discuss different ethical scenarios in a healthcare setting.

45. Understand what is needed to define a healthcare facility as a hospital.

PBT 408 Clinical Laboratory Supervision and Management

Instructor: Emileigh Conley, B.S., MLS (ASCP)^{CM}

Method of Instruction: Lecture, discussion, question and answer, role playing, and practice of the various management skills

Course Goal: To educate the student in all areas of laboratory management so that they may function as a beginning level phlebotomist with the projected ease of movement into future management positions in the clinical laboratory.

Pre-Requisite Courses: High School Diploma

Instructions: Bring texts to class every day.

Principle Reference Text: McCall, Ruth E., and Tankersley, Cathee M., *Phlebotomy Essentials*, 6th edition, 2016

Other References:
Textbook: Clinical Laboratory Management, by Lynne S. Garcia, 2014.

Textbook: Principles of Clinical Laboratory Management, by Jane Hudson, Printice Hall, 2004.

Article: “Sifting Through the Data to Find the Best LIS,” by Judith A. O’Brien, MLO, Jan. 2001.

Article: “Charting A Course for Successful LIS Implementation,” by Pamela Tarapchak, Advance/Laboratory, May 2000.

Article: “Ten Steps To Better Time Management,” by Rebecca Thimm, Advance/Laboratory, May 2000.

Article: “Case Study: Information Systems,” by Janet T. Headley, MT(NCA), Advance/Laboratory, May 2000.

“Myths of Information Systems Selection,” Braley Consulting Services, Inc.

“Information System Selection: There is a Better Way,” Braley Consutling Services, Inc.

“Selection Process of a LIS,” CLMA, 1999, CAP Today, Gary Braley.

“Management in Laboratory Medicine,” by Snyder and Wilkinson, Lippencott-Raven Publishers, 1998.

“Medical Laboratory Management and Supervision,” by Varnadoe, F. A. Davis, 1996.

“Total Quality Management in Healthcare,” by D. H. Stamatis, McGraw Hill, 1996.

“Reinventing the Workplace,” by David I. Levine, The Brookings Institution, 1995.

PBT 408 LECTURE SCHEDULE

DATE:	TOPIC:	READING ASSIGNMENT:
6/20/24	I. Management Process and Managers a. Organizational Chart b. Management Concepts i. Management by Objectives ii. Quality Management c. The Six Management Functions d. Managerial Roles e. Styles of Management f. Traits of Managers	None
6/21/24	II. Patient Interaction a. Patient Interaction b. Recognizing Diversity c. Professionalism d. Patients' Rights e. Confidentiality III. Communication Skills a. Communication Defined b. Verbal (Body Language) c. Communication Components d. Effective Communication in Health Care e. Bubble Game	Chapter 1
6/24/24	IV. The Healthcare Setting a. Healthcare Delivery b. Healthcare Financing i. Third-party payers ii. Billing Codes iii. Reimbursement c. Changing Systems d. Organization of Hospital Services e. Clinical Laboratory Personnel f. CLIA	Chapter 1
6/27/24	Review 1	
6/28/24	**Exam 1**	
7/1/24	V. Quality Assurance in Healthcare a. National Standard and Regulatory Agencies i. Joint Commission ii. CAP iii. CLIA 1988 iv. NAACLS b. Quality Assurance in Phlebotomy	Chapter 3

PBT 408 LECTURE SCHEDULE

DATE:	TOPIC:	READING ASSIGNMENT:
	c. Documentation d. Government Legislation Affecting Labs i. Diversity and the Americans with Disabilities Act ii. Government Regulation and Standards as Applied to Lab Practice	
7/2/24	VI. Legal Issues a. Tort b. Malpractice Insurance c. Avoiding Lawsuits d. Patient Consent e. Litigation Process f. Case Studies	Chapter 3
7/3/24	VII. Infection Control a. Infection b. Chain of Infection c. Control Programs d. Practices e. Isolation Procedures	Chapter 4
7/8/24 7/9/24	VIII. Safety a. Biosafety b. Electrical Safety c. Fire Safety d. Radiation Safety e. Chemical Safety	Chapter 5
7/10/24	IX. First Aid a. External Hemorrhage b. Shock c. Cardiopulmonary Resuscitation and Emergency Cardiovascular Care d. Personal Wellness	Chapter 5
7/11/24	Final Review	
7/12/24	**Final Exam**	