


Name of Policy: <u>Personnel Selection/Training/Competency/Education</u> Policy Number: 3364-108-102 Department: Pathology/Laboratory – Blood Bank Approving Officer: Associate Professor Director, Clinical Pathology/Hematopathology Responsible Agent: Core Lab Coordinator (Michelle Bartkowiak, MT(ASCP)SBB) Manager, Lab (Cynthia O’Connell) Scope: Pathology/Laboratory – Blood Bank	 THE UNIVERSITY OF TOLEDO <small>1872</small>
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy	<input type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy
Effective Date: 6/9/2008 Initial Effective Date: 7/1992	

(A) Policy Statement

The Blood Transfusion Service maintains an adequate and competent staff, and assesses and documents the competency of staff at the completion of training and annually thereafter.

(B) Purpose of Policy

To assure that all staff are knowledgeable with each procedure they are expected to perform and practice each procedure according to written instructions in the department policy and procedure manuals.

(C) Procedure

Personnel Selection

All personnel working in the Blood Transfusion Service are required to have technologist level ASCP certification or be eligible for certification. Personnel without certification will be limited to specified duties determined by the BTS supervisor. Candidates for positions in the Blood Transfusion Service will be interviewed by the BTS supervisor and/or the Clinical Laboratory Manager and a Human Resources representative. Selection will be based on ability of candidate to meet requirements stated in the core qualifications and the position description (attachment D). All personnel must have a completed Qualification Summary (attachment C), Competency Checklist and Annual Competency Checklists on file with the BTS supervisor.

Training and Competency Documentation

All staff members working in the Blood Transfusion Service at UMC must complete the competency checklist (attachment A) by demonstrating proficiency in all required tasks outlined in the department Orientation/ Training Manual. The checklist must be completed before the staff member is permitted to work without direct supervision.

Annual Competency Documentation and Continuing Education

Each calendar year, each staff member shall complete the following:

1. Review of department manuals:
 - Policies (Quality System)
 - Procedures
 - Safety and Disaster
 - Computer

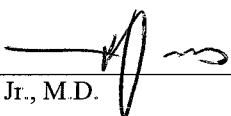
2. Satisfactory performance of at least one proficiency sample per year (test unknowns may be CAP, OABB or UMC-made).

3. Documented performance according to written procedures for specimen acceptance, ABO/Rh testing, compatibility testing, component preparation, blood release, QC testing and daily routine duties. Acceptable performance is documented through direct observation by the supervisor, satisfactory performance of at least 80% on written tests of BTS policy, procedure and computer knowledge and the absence of significant error in review of the technologist's work. Competency to perform duty is also documented in technologist's annual work performance review.
4. Acknowledge review of all new or revised policies and procedures in effect for current year on the Annual Competency Checklist.

As each of the above items is completed, it is documented on the Annual Competency Checklist (see Attachment B), which is then initialed by the staff and the supervisor. The Blood Transfusion Service supervisor notifies the Director of Clinical Laboratories when any technologist working in the Blood Transfusion Service fails to complete the initial Competency Checklist or the Annual Competency Checklist. Errors detected through failed proficiency testing, direct observation or failed written tests shall be corrected by retraining and documentation according to BTS Orientation/ Training manual. Retraining must be completed before the staff member is permitted to work without direct supervision.

Continuing Education

Blood Transfusion Service personnel are strongly encouraged to participate in a minimum of two continuing education activities per year. Documentation of attendance at seminars, workshops, inservices or other educational programs is placed in the employee's competency and training file. A copy of the program certificate or the Continuing Education form may be used, or are acceptable forms of documentation. Activities sponsored by CAP and other lab organization education programs are acceptable C.E. activities. Failure to participate in the minimum number of CE activities will be noted on annual work performance review.

<p>Approved by:</p> <div style="text-align: center; margin: 10px 0;">  6-6-08 </div> <hr style="border: 0.5px solid black;"/> <p>Robert L. Booth, Jr., M.D. Associate Professor Director, Clinical Pathology/Hematopathology</p> <p>Review/Revision Completed By: Michelle Bartkowiak, MT(ASCP)SBB</p>	<p>Review/Revision Date:</p> <p>6/96 6/9/2008 2/97 1/98 3/99 4/00 1/05 1/2008</p> <hr style="border: 0.5px solid black;"/> <p>Next Review Date: 6/1/2011</p>
<p>Policies Superseded by This Policy:</p>	

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.

References

AABB Standards for Blood Banks and Transfusion Services, current edition.

Food and Drug Administration, Department of Health and Human Services. Title 42, Code of Federal Regulation, Parts 493 to end. Washington, DC: U.S. Government Printing Office, (revised annually)

Food and Drug Administration, Center for Biologics Evaluation and Research. Guidelines on quality assurance in blood establishments. Rockville, MD: Food and Drug Administration, 1995 (Docket No. 91N-0450).