


<u>Name of Policy: Personnel Selection/ Training/Competency/Education</u>		 <u>Effective date: 03/01/2025</u> <u>Original effective date: 07/1992</u>	
<u>Policy Number: 3364-108-102</u>			
<u>Approving Officer: Senior Hospital Administrator Director, Blood Transfusion Service</u>			
<u>Responsible Agent: Blood Transfusion Service Supervisor Administrative Director, Lab</u>			
<u>Scope: Pathology/Laboratory – Blood Bank</u>			
<u>Key words: Personnel Selection, Training Competency, Education, Survey, CAP</u>			
<input type="checkbox"/>	<u>New policy proposal</u>	<input checked="" type="checkbox"/>	<u>Minor/technical revision of existing policy</u>
<input type="checkbox"/>	<u>Major revision of existing policy</u>	<input type="checkbox"/>	<u>Reaffirmation of existing policy</u>

#### (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

~~(1)~~ — Personnel Selection

~~(1)~~ —

~~(a)~~ — 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 Laboratory Manager and screened by 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 or Laboratory Manager.

~~(a)~~ —

~~(2)~~ — Training and Competency Documentation

(a) All staff members working in the Blood Transfusion Service at UTMTC must complete the Training 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. After six months, the initial competency checklist is assigned and completed within 2 months. All employees working in the BTS must complete an annual competency checklist as described below.

(3) Annual Competency Documentation and Continuing Education

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

(a)

~~1. Review of Policies & Procedures Manuals (Laboratory and Blood Bank)~~

(i) ~~2.~~ Satisfactory performance of at least one proficiency sample per year (~~test test~~ unknowns may be CAP or UTMTC-made).

~~3.~~ Documented observed performance according to written procedures for specimen acceptance, ABO/Rh testing, compatibility testing, component preparation, routine and emergency blood release, QC testing, investigation of transfusion reaction and daily routine duties. Acceptable performance is documented through direct observation by the supervisor, satisfactory performance on written or oral 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.

(ii)

~~4.~~(iii) Acknowledge review of all new or revised policies and procedures in effect for current year on the Staff Notification records and the Annual Review records.

(b) As each of the above items is completed, it is documented on the Annual Competency Checklist, which is then verified by the observer. The Lab Manager 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 or oral 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 perform all tasks without direct supervision.

(4) Continuing Education

(a) Participation in Certificate Maintenance Program through ASCP-BOC is mandatory. Staff not subject to CMP requirements and certification renewal 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 used or~~ are acceptable forms of documentation. —Activities sponsored by CAP and other lab organization education programs are acceptable Continuing Education and Competency Documentation activities. - Failure to participate in the minimum number of CE activities will be noted on annual work performance review.

(D) References

- (1) AABB Standards for Blood Banks and Transfusion Services, current edition.
- (2) 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)
- (3) 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).

<u>Approved by:</u>  <hr/> <u>Lauren Stanoszek, M.D.</u> <u>Assistant Professor</u> <u>Director, Blood Transfusion Service</u>  <hr/> <u>Date</u>  <hr/> <u>Russell Smith Pharm D, MBA,</u> <u>BCPS, CPEL, FACHE</u> <u>Senior Hospital Administrator</u>  <hr/> <u>Date</u>  <hr/> <u>Review/Revision Completed by:</u> <u>Danielle Weilmann MLS(ASCP)<sup>CM</sup></u>	<u><b>Policies Superseded by This Policy:</b></u> <u>• None</u>  <u>Initial effective date: 07/1992</u>  <u>All Review/Revision Dates:</u> <u>6/96</u> <u>2/97</u> <u>1/98</u> <u>3/99</u> <u>4/00</u> <u>1/05</u> <u>1/2008</u> <u>6/9/2008</u> <u>3/22/2011</u> <u>3/01/2013</u> <u>3/2/2015</u> <u>3/2/2017</u> <u>3/1/2019</u> <u>3/1/2021</u> <u>03/20/2023</u> <u>03/01/2025</u>  <u>Next review date: 03/01/2027</u>
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<del>Policies Superseded by This Policy:</del>		

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