



DIVISION SCOPE OF SERVICE

Division: FAR WEST
DHP Classification: AUTOTRANSFUSIONIST - CERTIFIED
Name of Dependent Healthcare Professional (DHP):

<p>Autotransfusionist-Certified: The Autotransfusionist-Certified must have equivalent qualifications, competence and function in the same role as employed individuals performing the same or similar services at the facility, as defined by facility job description.</p> <p>Definition of Care or Service: The Autotransfusionist-Certified is responsible for collecting shed blood from the patient during procedures, scrubs or cleans the blood of impurities, then makes it available to be reinfused into the patient. May also provide point of care blood gas and chemistry testing. Scope of Service may include:</p> <ul style="list-style-type: none"> • Set up and operation of Autotransfusion device and/or bone marrow centrifuge device • Blood gas and blood chemistry monitoring/analysis/intervention • Plasma sequestration • Extracting out plasma & re-suspending stem cells with red blood cells • Maintenance of equipment logs • Maintains and secures patient data and records • Clean and sterilize devices and equipment after use • Ensuring that items that will not be reused are disposed of correctly • Documents the procedure in the medical record • Demonstrates Clinical and Service excellence behaviors to include HCA Code of Conduct; Relationship Centered Care principles.
<p>Setting(s):</p> <ul style="list-style-type: none"> • Hospitals: Surgical Services; Cardiac Catheterization Laboratory; Intensive Care or Cardiovascular Intensive Care Units; Operating Room; Emergency room
<p>Supervision:</p> <ul style="list-style-type: none"> • Direct supervision by the physician for the duration of the therapy. • Indirect supervision by department director, site manager or designee during therapy.
<p>Evaluator: Department Director or designee in conjunction with supervising physician.</p>
<p>Qualifications:</p> <ul style="list-style-type: none"> • Certified as a perioperative blood management technologist with the International Board of Blood Management • Credentialed as an EMT/Paramedic or RN/CAN preferred • Completion of training course on equipment being used, i.e., Autotransfusion or blood gas/blood chemistry measurement equipment as evidenced by a certificate of completion of an applicable course. • American Heart Association health care provider BLS Certification
<p>State Requirements:</p> <ul style="list-style-type: none"> •
<p>Experience: One year of clinical medical or healthcare experience or credentialed in healthcare as an EMT/Paramedic or RN/CNA, etc.</p>
<p>Competencies: The Autotransfusionist-Certified will demonstrate:</p>



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- Safe and effective operation of equipment
 - Maintains equipment in good working order
 - Demonstrates effective infection control practices related to equipment operation
- Accurate patient information review and evaluation
 - Uses at least two patient identifiers (name and date of birth) before treating or performing a procedure
 - Verifies that the medical record contains an appropriate (per hospital policy) history and physical and a complete physician order
 - Participates in the Safe Procedural and Surgical Verification process to verify the correct procedure, for the correct patient, at the correct site and involves the patient in the verification process when possible
 - HIPAA/HITECH compliant.
 - Documents in the medical record according to the facility standard/policy
- Maintains a safe environment
 - Labels containers used for blood and specimens in the presence of the patient
 - Labels all medications and solutions on and off the sterile field in perioperative and procedural settings
- Infection Prevention
 - Practices consistent hand hygiene at all times.
 - Uses personal protective equipment (PPE) and complies with infection control policies.
 - Maintains sterile field
 - Required immunizations per DHP Division requirements

References:

International Board of Blood Management <http://intbbm.org/>

DHP Printed Name: _____ **DHP Signature:** _____

Company/Vendor: _____ **Date:** _____