

DIVISION SCOPE OF SERVICE

Division: NORTH CAROLINA

Classification: NON-CERTIFIED AUTOTRANSFUSIONIST

Applicant Name:

Non-Certified Autotransfusionist:

The Non-Certified Autotransfusionist must have equivalent qualifications and competence as employed individuals performing the same or similar services at the facility.

Definition of Care or Service:

The Non-Certified Autotransfusionist 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. The Scope of Service may include:

- Performs and or manages the following safely and efficiently:
 - Autologous Blood Processing
 - o Perfusion Laboratory Services / Lab Analysis Equipment
 - Therapeutic Apheresis
 - o Protein Rich Plasma Preparation
 - o Blood conservation techniques/auto-transfusion
 - o Documentation in patient medical record associated with described duties
 - Maintenance of equipment logs as needed as well as cleaning/sterilization of equipment after case and appropriate disposal of waste products.
 - o Actively participates in the surgical "Timeout" process
- Demonstrates Clinical and Service excellence behaviors to include code of HCA Healthcare conduct core fundamentals in daily interactions with patients, families, co-workers and physicians

Setting(s):

Hospitals: Surgical Services; Cardiac Catheterization Laboratory; Intensive Care or Cardiovascular Intensive Care Units

Supervision:

- Direct supervision by the physician for the duration of the therapy.
- Indirect supervision by department director, site manager or designee during therapy.

Evaluator: Department Director or designee in conjunction with supervising physician.

Tier Level: 3

eSAF Access Required: YES

Qualifications:

- High School diploma/GED or higher
- One of the below required:
 - Prior experience in Autotransfusion or a relevant health sector (Found on Skills Checklist)
 - Prior cross-training into this job by working as surgical, perfusion or blood bank technicians (Found on Letter of Compliance)
- American Heart Association or Red Cross health care provider BLS Certification.

NOTE: Where education may not be defined in qualifications area of the Scope, HCA Healthcare requires the highest level of education completed (not training or courses) confirmed on your background check.

State Requirements:



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• N/A
Experience:
• N/A
Preferred Experience:
1-2 years' experience preferred
Competencies:
The Non-Certified Autotransfusionist will demonstrate:
 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 ways to identify patients before treating or performing a procedure
\circ Verifies that the requested procedure correlates with the patient's clinical history, presentation
and physician order
 Participates in the pre-procedure process to verify the correct procedure, for the correct patient,
at the correct site and involves the patient in the verification process when possible
 Participates in a time-out immediately before the start of an invasive procedure or making of the
incision.
 Accesses the patient medical record appropriately
 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
 Uses personal protective equipment (PPE) when required
 Required immunizations per Division requirements
 Complies with Isolation precautions
 Maintains sterile field
References:

Your signature confirms you will be able to comply with the Qualifications and Competencies listed within this Scope of Service and that you will confirm education via your background check.

Applicant Printed Name:	
Signature:	
Date:	