

**Component I:            CORE**

**Module 1:                Introduction to Phlebotomy**

**Purpose:**            **To prepare the learner with the basic background information on phlebotomy including: the history of phlebotomy, the role of the phlebotomist, state requirements, and legal/ethical issues.**

**Suggested Time Frame:**            **3 hours**

**Objectives:**        **Upon completion of this module, the learner will be able to:**

1. Describe the history of phlebotomy.
2. Discuss the role of the phlebotomist.
3. Describe the state requirements for phlebotomy practice.
4. Discuss legal and ethical issues facing phlebotomists.

**Resources:**

Ernst, Dennis (2001). Phlebotomy Meets the Law. Advance/Laboratory. August

**References:**

California Department of Health services, Press Release Number 25-99, May 24, 1999.

California Department of Health Services, Title 17, Phlebotomy Certification Standards (R-16-99).

California State Assembly Bill 1557 (1999).

Davis, Bonnie K. (2002). Phlebotomy: A Customer Service Approach. Albany, NY: Delmar, a division of Thompson Learning, Inc.

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**Component I:**            **CORE**

**Module 1:**                **Introduction to Phlebotomy**

**Topic 1:**                **History of Phlebotomy**

**Purpose:**                **To prepare the learner with the basic background information on phlebotomy.**

**Suggested Time Frame:**        **30 minutes**

**Objectives:**        **Upon completion of this topic, the learner will be able to:**

1. Define the key terms.
2. Define the term phlebotomy.
3. List 3 historical reasons phlebotomy was performed.
4. Discuss the important figures/groups in phlebotomy history.
5. Describe historical phlebotomy practices/equipment.

**Vocabulary:**

Bloodletting	Guild of Barbers/Surgeons	Phlebotomy
Cupping	Hippocrates	Venesection
Egyptians	Jean Baptiste Denis	William Harvey

**References:**

- Davis, Bonnie K. (2002). Phlebotomy: A Customer Service Approach. Albany, NY: Delmar, a division of Thompson Learning, Inc.
- Flynn, Jr. John C. (1999). Procedures in Phlebotomy. Philadelphia, Pennsylvania: W.B. Saunders Company.
- Fremgen, Bonnie & Blume, Wendy (2001). Phlebotomy Basics with other Laboratory Techniques. Upper Saddle, New Jersey: Prentice Hall.
- Garza, Diana & Becan-McBride, Kathleen (2002). Phlebotomy Handbook: Blood Collection Essentials. Upper Saddle, New Jersey: Prentice Hall.
- Hoeltke, Lynn (2000). The Complete Textbook of Phlebotomy, 2<sup>nd</sup> edition. Albany, NY: Delmar, a division of Thompson Learning, Inc.
- McCall, Ruth E. & Tankersley, Cathee M. (1998). Phlebotomy Essentials. Philadelphia, Pennsylvania: Lippincott, Williams, & Wilkins.
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**Module 1: Introduction to Phlebotomy****Topic 1: History of Phlebotomy**

<b>Objectives &amp; Content</b>	<b>Recommended Teaching Strategies &amp; Evaluation</b>
1. Define the key terms related to the history of phlebotomy A. Review the terms listed in the vocabulary section B. Spell the listed terms accurately C. Pronounce the terms correctly D. Use the terms in their proper context	Lecture - read and pronounce
2. Define the term Phlebotomy. A. Webster's Dictionary definition "the act or practice of bloodletting as a therapeutic measure". 1. Bloodletting involves cutting into the vein with a sharp instrument. 2. Bloodletting releases the body of evil spirits and cleanses the body of impurities B. Translation of the word phlebotomy – phlebos (veins) and tome (incision). C. Practiced today for the purpose of obtaining blood samples that are analyzed and often form a basis for diagnosis.	Lecture
3. List 3 historical reasons phlebotomy was performed. A. Caused disease to leave the body if blood drained. B. Caused inflammation to go away if blood was drained. C. Blood improved with occasional phlebotomy.	Lecture
4. Discuss the important figures/groups in phlebotomy history. A. Early Egyptians (1400 BC) 1. Used blood baths as a means of resuscitation & recuperation from illness. 2. Evidence of bloodletting by pictures of leeches on tombs B. Guild of Barbers/Surgeons (1200 BC) 1. Divided surgeons into two groups 2. Surgeons of the Long Robe 3. Surgeons of the Short Robe a. Were forbidden by law to perform any surgery except bloodletting, wound surgery, cupping, leeching, shaving, extraction of teeth, & administering of enemas. b. Placed a striped pole from which a bleeding bowl was suspended outside the door. c. The pole represented the rod the patient squeezed to promote bleeding and the white stripe represented the bandages, which were used as tourniquets.	Lecture Hippocratic Oath • Classical - Appendix 1.1 • Modern - Appendix 1.2

Objectives & Content	Recommended Teaching Strategies & Evaluation
<p>d. Ceramic bleeding bowls came into fashion and doubled as shaving bowls.</p> <p>C. Hippocrates (460-377 BC)</p> <ol style="list-style-type: none"> <li>1. Father of Medicine</li> <li>2. Disease was the result of excess substance like blood, phlegm, black bile &amp; yellow bile.</li> <li>3. Removal of excess would restore balance.</li> <li>4. Removal performed using drugs or by the surgical technique of phlebotomy.</li> </ol> <p>D. William Harvey (1578-1657 AD)</p> <ol style="list-style-type: none"> <li>1. Recognized the circulation of blood</li> <li>2. Published the theory of the movements of the heart and blood.</li> <li>3. Discovered the purpose of valves in the veins is to prevent the flow of blood back into the extremities, thus keeping the blood in motion.</li> </ol> <p>E. Jean Baptiste Denis performed the first successful blood transfusion of lamb blood into a human.</p>	
<p>5. Describe historical phlebotomy practices/equipment.</p> <p>A. Use of leeches (17<sup>th</sup> &amp; 18<sup>th</sup> century)</p> <ol style="list-style-type: none"> <li>1. Using the European medicinal leech</li> <li>2. Enticed to bloodletting spot with a drop of milk or blood.</li> <li>3. Leech would drop off by itself after it was engorged (about an hour).</li> </ol> <p>B. Cupping (17<sup>th</sup> &amp; 18<sup>th</sup> century)</p> <ol style="list-style-type: none"> <li>1. Required practice so patients were not frightened away.</li> <li>2. Involved the application of a heated suction apparatus called the “cup” to the skin to draw the blood to the surface before severing the capillaries in that area by making a series of parallel incisions with a lancet.</li> <li>3. Around 1800, brass syringes were added to the cups to remove the air, thus eliminating the need to heat the cup.</li> </ol> <p>C. Venesection (17<sup>th</sup> &amp; 18<sup>th</sup> century)</p> <ol style="list-style-type: none"> <li>1. Using a sharp lancet-type tool to pierce the vein and make it bleed.</li> <li>2. Used to reduce fever or produce a faint so an expectant mother would deliver her baby by the time she recovered.</li> </ol>	<p>Lecture</p> <p>Historical Phlebotomy</p> <p>Instruments - Appendix 1.3</p> <p>Historical Venesection - Appendix 1.4</p> <p>Historical Spring Lancet - Appendix 1.5</p>

**Component I:**            **CORE**

**Module 1:**                **Introduction to Phlebotomy**

**Topic 2:**                **The Role of the Phlebotomist**

**Purpose:**                **To prepare the learner to identify the role of the phlebotomist in the health care team.**

**Suggested Time Frame:**        **1 hour**

**Objectives:**        **Upon completion of this topic, the learner will be able to:**

1. Define the key terms.
2. Define the term phlebotomist
3. Describe personal characteristics of the phlebotomist
4. Define the role of the phlebotomist
5. Describe the members of the laboratory team
6. List the major laboratory/pathology departments and their functions
7. List the patient service areas encountered on a daily basis
8. Describe the ABC's of Professionalism in phlebotomy
9. List the professional organizations that recognize phlebotomists and their qualifications for certification.

**Vocabulary:**

AAHP	Coagulation	Microbiology
AMT	Cytogenetics	NCA
ASCLS	Cytology	NHA
ASCP	Hematology	NPA
ASPT	Histology	Serology
CLIA	Immunohematology	Urinalysis
Clinical Chemistry	Immunology	

**References:**

- Davis, Bonnie K. (2002). Phlebotomy: A Customer Service Approach. Albany, NY: Delmar, a division of Thompson Learning, Inc.
- Flynn, Jr. John C. (1999). Procedures in Phlebotomy. Philadelphia, Pennsylvania: W.B. Saunders Company.
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- Garza, Diana & Becan-McBride, Kathleen (2002). Phlebotomy Handbook: Blood Collection Essentials. Upper Saddle, New Jersey: Prentice Hall.

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**Module 1: Introduction to Phlebotomy****Topic 2: The Role of the Phlebotomist**

<b>Objectives &amp; Content</b>	<b>Recommended Teaching Strategies &amp; Evaluation</b>
1. Define the key terms related to the role of the phlebotomist A. Review the terms listed in the vocabulary section B. Spell the listed terms accurately C. Pronounce the terms correctly D. Use the terms in their proper context	Lecture
2. Define the term Phlebotomist. A. An individual who practices phlebotomy B. Blood collector	Lecture
3. Describe personal characteristics of the phlebotomist. A. Ask these questions to determine if you would make a good phlebotomist. 1. Do I like people? 2. Do I enjoy helping people? 3. Can I take constructive criticism in a positive manner? 4. Can I be polite when a customer is cross or rude? 5. Can I be objective and calm in stressful moments? 6. Am I willing to delay personal interests, such as rest breaks or going home on time, to meet customer needs? 7. Am I willing to ensure quality customer care at all times? 8. Am I willing to report errors in the best interest of the patient? Could I report errors even though a friend or myself may have made them? B. Communication skills 1. Verbal and nonverbal skills 2. Listening skills 3. Tone of voice 4. Dealing with angry patients 5. Interactions with peers & coworkers 6. Telephone etiquette C. Confidentiality 1. Ability to safeguard patient privacy. 2. Includes information in patient chart, test results, current or past illnesses. 3. Must have patient's written permission to disclose any information. 4. Both a legal and ethical issue 5. Cannot leave any paper work, etc. with patient identifiable information in view of anyone. 6. Health Insurance Portability & Accountability	Lecture Discussion



Objectives & Content	Recommended Teaching Strategies & Evaluation
<p>Act (HIPAA) - 1996</p> <ol style="list-style-type: none"> <li>a. Improved efficiency in healthcare delivery by standardizing electronic data interchange</li> <li>b. Protection of confidentiality and security of health data through setting and enforcing standards.</li> </ol> <p>D. Diplomacy</p> <ol style="list-style-type: none"> <li>1. Use tact and understanding when handling patients and problems.</li> <li>2. Do not have discussions in the presence of a patient unless it includes the patient.</li> <li>3. Never argue with a patient.</li> </ol> <p>E. Discretion</p> <ol style="list-style-type: none"> <li>1. Use of good judgment &amp; prudence</li> <li>2. Offer timely and effective instructions</li> <li>3. Remain calm in emergencies (do not show alarm if blood is spilled)</li> <li>4. Asking family members to wait outside when a laboratory procedure is being performed (except when the patient is a child).</li> </ol> <p>F. Empathy</p> <ol style="list-style-type: none"> <li>1. Understanding the fears and actions of the client.</li> <li>2. Acting in a kindly way</li> <li>3. Should avoid a dependant relationship and expressing sympathy (feeling sorry).</li> <li>4. Show patience when working with sick &amp; ill clients.</li> </ol> <p>G. Ethics</p> <ol style="list-style-type: none"> <li>1. Moral duty to determine the difference between a right and wrong action.</li> <li>2. Ability to always practice the right action.</li> <li>3. E.g. admitting and correcting a labeling error</li> </ol> <p>H. Honesty means always admitting an error has occurred.</p> <p>I. Integrity</p> <ol style="list-style-type: none"> <li>1. Dedication to maintaining high standards (for example, always wash hands between patients).</li> <li>2. Being dependable (being on time and coming to work when scheduled)</li> </ol> <p>J. Professionalism</p> <ol style="list-style-type: none"> <li>1. All of the above</li> <li>2. Efficiency without compromising the collection process.</li> <li>3. Personal appearance</li> </ol>	

Objectives & Content	Recommended Teaching Strategies & Evaluation
<p>4. Define the role of the Phlebotomist.</p> <ul style="list-style-type: none"> <li>A. Primary responsibility is to collect blood.</li> <li>B. Manual skills are those required to correctly perform venipuncture &amp; skin puncture.</li> <li>C. Mental skills <ul style="list-style-type: none"> <li>1. Organize efficiently</li> <li>2. Perform under pressure</li> <li>3. Follow written standardized procedures</li> </ul> </li> <li>D. Identifying and preparing patients for blood collection procedures.</li> <li>E. Selecting and labeling correct specimen containers</li> <li>F. Maintaining aseptic technique</li> <li>G. Processing specimens, not limited to blood specimens, to maintain stability.</li> <li>H. Transporting specimens correctly</li> <li>I. Collecting data and maintaining records</li> <li>J. Practicing quality assurance procedures</li> <li>K. Maintaining records using the computer</li> <li>L. Maintaining a safe work environment</li> <li>M. Complying with all department policies and procedures</li> <li>N. Maintaining skills with self-study, in-service, and continuing education programs</li> <li>O. Maintaining State Certification through approved continuing education programs</li> <li>P. Work in concert with other members of the health care team</li> <li>Q. Instruct patients on phlebotomy protocols and specimen collection</li> </ul>	<p>Lecture Phlebotomy DACUM - Appendix 1.6</p>
<p>5. Describe the members of the Laboratory team</p> <ul style="list-style-type: none"> <li>A. Medical Director <ul style="list-style-type: none"> <li>1. Physician or OD</li> <li>2. Usually a pathologist specializing in clinical or anatomic pathology.</li> </ul> </li> <li>B. Administrative Laboratory Director or Chief Technologist <ul style="list-style-type: none"> <li>1. Requires a certain number of years of experience</li> <li>2. May require an advanced degree (Masters or PhD level)</li> </ul> </li> <li>C. General Supervisor or Section Supervisor <ul style="list-style-type: none"> <li>1. Requires a certain number of years of experience</li> <li>2. May require an advanced degree (Masters level)</li> </ul> </li> <li>D. Medical Technologist (MT) or Clinical Laboratory Scientist (CLS) – State of California <ul style="list-style-type: none"> <li>1. Requires BA or BS degree</li> <li>2. Requires 1 year clinical training</li> </ul> </li> </ul>	<p>Lecture Typical Hospital Laboratory Structure - Appendix 1.7</p>

Objectives & Content	Recommended Teaching Strategies & Evaluation
<ul style="list-style-type: none"> <li>3. Requires state exam</li> <li>4. Requires state license</li> <li>5. Requires continuing education to renew license annually.</li> <li>E. Medical Laboratory Technician (MLT) or Clinical Laboratory Technician (CLT) (pending in the State of California)</li> <li>F. Phlebotomist (State of California) <ul style="list-style-type: none"> <li>1. Requires HS diploma or equivalent</li> <li>2. Requires an exam in phlebotomy</li> <li>3. Requires a state certification</li> <li>4. Requires continuing education and certification renewal every 2 years</li> </ul> </li> <li>G. Laboratory Assistant</li> <li>H. Other laboratory professionals <ul style="list-style-type: none"> <li>1. Information systems</li> <li>2. Clerical staff</li> <li>3. Quality management staff</li> <li>4. Infection control officers</li> <li>5. Biomedical equipment staff</li> <li>6. Safety officers</li> <li>7. Compliance officers</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>6. List the major Laboratory/Pathology Departments and their functions. <ul style="list-style-type: none"> <li>A. Clinical Chemistry <ul style="list-style-type: none"> <li>1. Majority of testing takes place here</li> <li>2. Electrolytes (sodium, potassium, chloride, CO<sub>2</sub>), creatinine, blood urea nitrogen (BUN), glucose, cholesterol.</li> </ul> </li> <li>B. Special Chemistry <ul style="list-style-type: none"> <li>1. Can be a subsection of chemistry</li> <li>2. Hemoglobin electrophoresis</li> </ul> </li> <li>C. Toxicology <ul style="list-style-type: none"> <li>1. Can be a subsection of chemistry</li> <li>2. Drug analysis and drugs of abuse</li> </ul> </li> <li>D. Hematology <ul style="list-style-type: none"> <li>1. Identify diseases of blood and blood-forming tissues such as leukemia, anemia, and infection.</li> <li>2. CBC (complete blood count)</li> </ul> </li> <li>E. Coagulation <ul style="list-style-type: none"> <li>1. Determines how well the blood clots</li> <li>2. Prothrombin Time (PT), Partial thromboplastin time (PTT)</li> </ul> </li> <li>F. Microbiology analyses specimens for the presence (or absence) of microorganisms. <ul style="list-style-type: none"> <li>1. Bacteriology including <i>E. coli</i></li> </ul> </li> </ul> </li> </ul>	Lecture

Objectives & Content	Recommended Teaching Strategies & Evaluation
<ul style="list-style-type: none"> <li>2. Parasitology including <i>Giardia lamblia</i></li> <li>3. Mycology including yeasts</li> <li>4. Anaerobes including those organisms that need a lack of oxygen to grow.</li> <li>5. Mycobacteriology including tuberculosis</li> <li>6. Virology including Herpes and Chlamydia</li> <li>G. Immunohematology <ul style="list-style-type: none"> <li>1. Blood Bank tests for blood typing and compatibility testing for transfusion.</li> <li>2. Donor Centers obtain specimens for transfusion</li> </ul> </li> <li>H. Immunology and Serology <ul style="list-style-type: none"> <li>1. Determines the antibody-antigen reaction of the body in response to infection.</li> <li>2. Mononucleosis, rheumatoid arthritis, HIV, syphilis.</li> </ul> </li> <li>I. Cytology <ul style="list-style-type: none"> <li>1. Examines body fluids and tissues for evidence of abnormality</li> <li>2. PAP test for cervical cancer</li> </ul> </li> <li>J. Histology prepares tissue specimens for pathologist to determine abnormalities</li> <li>K. Cytogenetics looks for chromosomal deficiencies that relate to genetic diseases</li> <li>L. Urinalysis <ul style="list-style-type: none"> <li>1. Physical appearance</li> <li>2. Chemical composition including presence of sugar or protein.</li> <li>3. Microscopic exam for presence of bacteria</li> <li>4. Pregnancy testing</li> </ul> </li> <li>M. POC (Point of Care) <ul style="list-style-type: none"> <li>1. Bedside testing for immediate treatment decisions.</li> <li>2. Glucose</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>7. List the patient service areas encountered on a daily basis. <ul style="list-style-type: none"> <li>A. Ambulatory/Outpatient services</li> <li>B. Critical Care</li> <li>C. Emergency Room</li> <li>D. Geriatrics</li> <li>E. Medical/Surgical (MedSurg)</li> <li>F. Neuro-psychiatric</li> <li>G. Nursery</li> <li>H. Perinatal <ul style="list-style-type: none"> <li>1. OB/GYN</li> <li>2. Labor &amp; Delivery</li> <li>3. Neo-natal ICU</li> <li>4. Nursery</li> </ul> </li> <li>I. Oncology</li> </ul> </li> </ul>	<p>Lecture</p> <p>Discussion - Hypothetical Situations e.g. CHI - what department?</p> <p>Typical Hospital Organization Chart - Appendix 1.8</p>

Objectives & Content	Recommended Teaching Strategies & Evaluation
J. Pediatrics K. Surgery	
8. Describe the ABC's of Professionalism in phlebotomy. A. Appearance, grooming, and physical fitness 1. Posture 2. Grooming 3. Personal hygiene 4. Nutrition, rest and exercise 5. Protective equipment and clothing B. Behavior (review from above) 1. Sincere interest in health care 2. Accountability for doing thing right 3. Dedication to high standards of performance 4. Tendency for cleanliness 5. Pride, satisfaction, and self-fulfillment in the job 6. Ability to communicate with members of the health care team, patients, families, visitors, & significant others. C. Customer Service (mention here, details in Module 2)	Live demonstration of what not to do. List on board
9. List the Professional organizations that recognize phlebotomists and their qualifications for certification. A. American Society of Clinical Pathology (ASCP) B. National Phlebotomy Association (NPA) C. American Society for Clinical Laboratory Science (ASCLS) and National Credentialing Agency for Laboratory, Inc. (NCA) D. American Medical Technologists (AMT) E. American Society of Phlebotomy Technicians (ASPT) F. National Healthcareer Association (NHA) G. American Association of Allied Health Professionals, Inc. (AAHP) H. International Academy of Phlebotomy Sciences, Inc. (IAPSI) I. National Center for Competency Testing (NCCT)	Assignment: 1-2 organizations researched - find out exam reqs; cost of exam, etc. May do this in pairs or teams. Turn in next meeting.

**Component I:**            **CORE**

**Module 1:**            **Introduction to Phlebotomy**

**Topic 3:**            **State Requirements**

**Purpose:**            **To prepare the learner with the information necessary to obtain a State Certificate in Phlebotomy.**

**Suggested Time Frame:**        **30 minutes**

**Objectives:**        **Upon completion of this topic, the learner will be able to:**

1. Define the key terms related to the ability to obtain State Certification
2. Describe the requirements for a Limited Phlebotomy Technician
3. Describe the requirements for a Certified Phlebotomy Technician I.
4. Describe the requirements for a Certified Phlebotomy Technician II.

**Vocabulary:**

Certifying agency	Didactic
Certified Phlebotomy Technician I	GED
Certified Phlebotomy Technician II	OJT
Limited Phlebotomy Technician	

**References:**

California State Assembly Bill 1557 (1999).

California State Department of Health Services, Title 17, Phlebotomy Certification Standards (R-16-99).

**Module 1: Introduction to Phlebotomy****Topic 3: State Requirements**

<b>Objectives &amp; Content</b>	<b>Recommended Teaching Strategies &amp; Evaluation</b>
1. Define the key terms related to the ability to obtain State Certification A. Review the terms listed in the vocabulary section B. Spell the listed terms accurately C. Pronounce the terms correctly D. Use the terms in their proper context	Lecture
2. Describe the requirements for a Limited Phlebotomy Technician. A. High school graduate or Graduate Equivalency Diploma (GED) B. Completed minimum 20 hours basic didactic instruction C. Completed minimum 25 skin punctures D. Apply for certification	Lecture
3. Describe the requirements for Certified Phlebotomy Technician I A. With no On the Job Training (OJT) 1. High school graduate or GED 2. Completed minimum 40 hours didactic (lecture) instruction (basic & advanced) 3. Completed minimum 40 hours practical instruction which includes 10 skin punctures & 50 venipunctures 4. Passed written exam administered by a certifying agency (national agency approved by the Department of Health Services to give an exam in phlebotomy) 5. Apply for certification B. With less than 1040 hours OJT 1. High school graduate or GED 2. Completed minimum 40 hours didactic instruction (basic & advanced) 3. Obtain letter attesting to completion of specified number of hours within past 5 years to include 10 skin punctures & 50 venipunctures 4. Passed written exam administered by a certifying agency 5. Apply for certification C. With 1040 or greater hours OJT 1. High school graduate or GED 2. Completed minimum 20 hours didactic instruction (advanced) 3. Obtain letter attesting to completion of a specified number of hours within past 5 years to include 10 skin punctures & 50 venipunctures 4. Passed written exam administered by a certifying agency	Lecture

Objectives & Content	Recommended Teaching Strategies & Evaluation
5. Apply for certification	
4. Describe the requirements for Certified Phlebotomy Technician II <ul style="list-style-type: none"> <li>A. Be a Certified Phlebotomy Technician I</li> <li>B. 2 years On-Job-Time</li> <li>C. Minimum 20 arterial punctures (certified)</li> <li>D. Apply for certification</li> </ul>	Lecture



**Component I:**            **CORE**

**Module 1:**                **Introduction to Phlebotomy**

**Topic 4:**                **Legal/Ethical Issues**

**Purpose:**                **To prepare the learner with the information regarding legal and ethical issues related to Phlebotomy.**

**Suggested Time Frame:**        **1 hour**

**Objectives:**        **Upon completion of this topic, the learner will be able to:**

1. Define the key terms.
2. Discuss criminal law.
3. Discuss civil law.
4. Describe how to avoid lawsuits.
5. Discuss the case that lead to the State Certification Requirements for phlebotomy.
6. Describe the Patient's Bill of Rights.

**Vocabulary:**

Assault	Fraud	Malpractice
Battery	Implied consent	Misdemeanor
Defamation of character	Informed consent	Negligence
False imprisonment	Invasion of privacy	<i>Respondeat superior</i>
Felony	Law	Tort law

**References:**

California Department of Health services, Press Release Number 25-99, May 24, 1999.

Davis, Bonnie K. (2002). Phlebotomy: A Customer Service Approach. Albany, NY: Delmar, a division of Thompson Learning, Inc.

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**Module 1: Introduction to Phlebotomy****Topic 4: Legal/Ethical Issues**

<b>Objectives &amp; Content</b>	<b>Recommended Teaching Strategies &amp; Evaluation</b>
1. Define the key terms. <ul style="list-style-type: none"><li>A. Review the terms listed in the vocabulary section</li><li>B. Spell the listed terms accurately</li><li>C. Pronounce the terms correctly</li><li>D. Use the terms in their proper context</li></ul>	Lecture
2. Discuss criminal law. <ul style="list-style-type: none"><li>A. State and federal statutes that define criminal offenses and specify corresponding penalties, fines and punishments for offenses against the safety and welfare of the public.</li><li>B. Misconduct that is willful, intentional, wanton, or reckless.</li><li>C. Felony – carries a punishment of death or imprisonment in a state or federal prison (practicing medicine without a license).</li><li>D. Misdemeanor – carries a punishment of fines or imprisonment in jail for up to a year.</li></ul>	Lecture
3. Discuss civil law. <ul style="list-style-type: none"><li>A. Actions between two private parties.</li><li>B. Tort is a civil wrong or injury, other than a breach of contract, which may be remedied by a court in the form of an action for damages.<ul style="list-style-type: none"><li>1. Violation of some duty that is owed by one individual to another</li><li>2. Unintentional (accidental)<ul style="list-style-type: none"><li>a. Standard of care is "...the degree of skill, proficiency, knowledge and care ordinarily possessed and employed by members in the profession..."</li><li>b. Negligence is the failure of a "duty of due care"</li><li>c. 4 D's of negligence<ul style="list-style-type: none"><li>i. Duty is the ability to behave as a reasonably careful person would, given the same or similar circumstances.</li><li>ii. Dereliction or neglect (breach of duty) is conduct that exposes others to an unreasonable risk of harm.</li><li>iii. Direct cause means there is a direct line from the conduct to the injury.</li><li>iv. Damages may be physical,</li></ul></li></ul></li></ul></li></ul>	Lecture Ethical/Legal Case Examples - Appendix 1.9

Objectives & Content	Recommended Teaching Strategies & Evaluation
<p>emotional or financial.</p> <p>d. Malpractice – professional misconduct, and unreasonable lack of skill in or faithfulness to professional duties, illegal or immoral conduct, ignorance or neglectful or careless mistreatment that leads to injury, unnecessary suffering or death.</p> <p>3. Intentional (willing)</p> <p>a. Assault – any active, willful attempt or threat to inflict injury on another person that is coupled with an apparent ability to inflict such harm.</p> <p>i. If the patient is unwilling for any phlebotomy actions to be performed, continued action will be considered assault.</p> <p>ii. Do not have to touch or strike a person.</p> <p>b. Battery – active intent to cause harm</p> <p>c. False imprisonment – holding someone against his or her will.</p> <p>d. Defamation of character – damage caused to a person’s reputation through spoken (slander) or written (libel) word.</p> <p>e. Fraud – intent to deprive another person of his right or in some manner cause injury.</p> <p>f. Invasion of privacy – violation of ones’ right to be left alone.</p> <p>4. Consent</p> <p>a. Informed – patients have been given details of the procedure, associated risks, possible side effects, and adequate information in a manner they can understand, prior to giving consent verbally or in writing.</p> <p>b. Implied – patient need not make a verbal expression of consent (phlebotomist tells patient about blood draw and patient extends his arm)</p>	
<p>4. Describe how to avoid lawsuits.</p> <p>A. <i>Respondeat superior</i> (let the master respond) places the employer in a position of responsibility for the acts of its employees, therefore has an affirmative duty to control the acts of its employees.</p> <p>B. Be empathetic towards patient (show proper concern if a</p>	Lecture

Objectives & Content	Recommended Teaching Strategies & Evaluation
<p>hematoma forms).</p> <ul style="list-style-type: none"> <li>C. Respect and protect patients' confidentiality.</li> <li>D. Perform only procedures you are trained and approved to so.</li> <li>E. Meticulously follow the most recent procedure and policy manuals.</li> <li>F. Maintain accurate, complete, up to date records, logs and quality assurance documents.</li> <li>G. Act like a professional, be considerate, unhurried, gently but authoritative.</li> </ul>	
<p>5. Discuss the case that lead to the State Certification Requirements for phlebotomy.</p> <ul style="list-style-type: none"> <li>A. In 1999, a phlebotomist in Palo Alto was observed by a co-worker reusing needles. During interviews by her employer and the State Department of Health, she admitted the practice but only occasionally and she washed and disinfected the needles.</li> <li>B. Rates of transmission of blood borne pathogens during phlebotomy are low, so the DHS did recommend patients being tested. SmithKline (her employer) did offer free testing and counseling.</li> </ul>	<p>Lecture Handout - Appendix 1.10</p>
<p>6. Describe the Patient's Bill of Rights.</p> <ul style="list-style-type: none"> <li>A. Patient's Bill of Rights <ul style="list-style-type: none"> <li>1. Principles developed by the American Hospital Association that describes the rights and privileges of all clients in a health care setting.</li> <li>2. The patient has a right to: <ul style="list-style-type: none"> <li>a. Considerate and respectful care</li> <li>b. Obtain from his physician complete current information concerning his diagnosis, treatment, and prognosis in term the patient can be reasonably expected to understand</li> <li>c. Receive information from his physician necessary to give informed consent prior to the start of any procedure or treatment (except in an emergency).</li> <li>d. Refuse treatment to the extent of the law and to be informed of the medical consequences of his actions.</li> <li>e. Every consideration of his privacy concerning his medical care.</li> <li>f. Expect all communications and records pertaining to his care should be treated as confidential.</li> <li>g. Expect that within its capacity a hospital</li> </ul> </li> </ul> </li> </ul>	<p>Lecture Patient Bill of Rights - Appendix 1.11</p>

Objectives & Content	Recommended Teaching Strategies & Evaluation
<p>must make a reasonable response to the request of a patient for services.</p> <ul style="list-style-type: none"> <li>h. Obtain information as to any relationship of his hospital to other health care and educational institutions to the extent his care is concerned.</li> <li>i. Be advised of the hospital proposes to engage in or perform human experimentation affecting his care or treatment. The patient has a right to refuse to participate.</li> <li>j. Expect reasonable continuity of care.</li> <li>k. Examine and receive as explanation of his bill regardless of source of payment.</li> <li>l. Know what hospital rules and regulation apply to his conduct as a patient.</li> </ul>	

## Hippocratic Oath -- Classical Version

I swear by Apollo Physician and Asclepius and Hygieia and Panaceaia and all the gods and goddesses, making them my witnesses, that I will fulfill according to my ability and judgment this oath and this covenant:

To hold him who has taught me this art as equal to my parents and to live my life in partnership with him, and if he is in need of money to give him a share of mine, and to regard his offspring as equal to my brothers in male lineage and to teach them this art - if they desire to learn it - without fee and covenant; to give a share of precepts and oral instruction and all the other learning to my sons and to the sons of him who has instructed me and to pupils who have signed the covenant and have taken an oath according to the medical law, but no one else.

I will apply dietetic measures for the benefit of the sick according to my ability and judgment; I will keep them from harm and injustice.

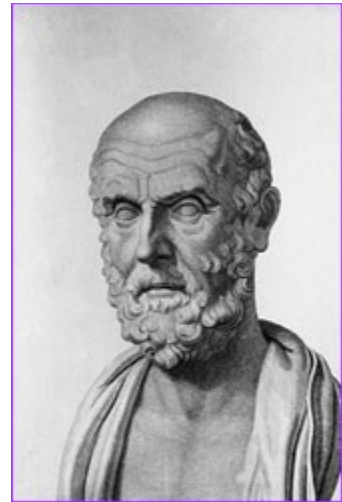
I will neither give a deadly drug to anybody who asked for it, nor will I make a suggestion to this effect. Similarly I will not give to a woman an abortive remedy. In purity and holiness I will guard my life and my art.

I will not use the knife, not even on sufferers from stone, but will withdraw in favor of such men as are engaged in this work.

Whatever houses I may visit, I will come for the benefit of the sick, remaining free of all intentional injustice, of all mischief and in particular of sexual relations with both female and male persons, be they free or slaves.

What I may see or hear in the course of the treatment or even outside of the treatment in regard to the life of men, which on no account one must spread abroad, I will keep to myself, holding such things shameful to be spoken about.

If I fulfill this oath and do not violate it, may it be granted to me to enjoy life and art, being honored with fame among all men for all time to come; if I transgress it and swear falsely, may the opposite of all this be my lot.



Hippocrates, the father of medicine

*Translation from the Greek by Ludwig Edelstein. From The Hippocratic Oath: Text, Translation, and Interpretation, by Ludwig Edelstein. Baltimore: Johns Hopkins Press, 1943.*

## Hippocratic Oath -- Modern Version

I swear to fulfill, to the best of my ability and judgment, this covenant:

I will respect the hard-won scientific gains of those physicians in whose steps I walk, and gladly share such knowledge as is mine with those who are to follow.

I will apply, for the benefit of the sick, all measures which are required, avoiding those twin traps of over treatment and therapeutic nihilism.

I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug.

I will not be ashamed to say "I know not," nor will I fail to call in my colleagues when the skills of another are needed for a patient's recovery.

I will respect the privacy of my patients, for their problems are not disclosed to me that the world may know. Most especially must I tread with care in matters of life and death. If it is given me to save a life, all thanks. But it may also be within my power to take a life; this awesome responsibility must be faced with great humbleness and awareness of my own frailty. Above all, I must not play at God.

I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the person's family and economic stability. My responsibility includes these related problems, if I am to care adequately for the sick.

I will prevent disease whenever I can, for prevention is preferable to cure.

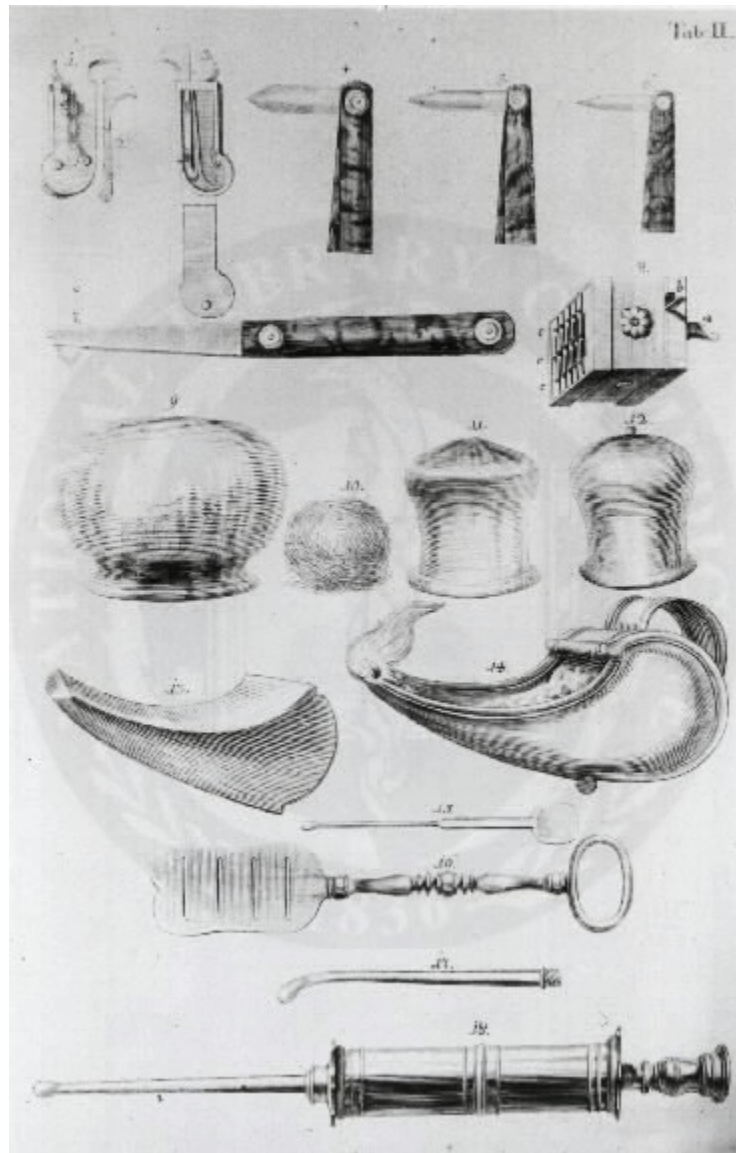
I will remember that I remain a member of society, with special obligations to all my fellow human beings, those sound of mind and body as well as the infirm.

If I do not violate this oath, may I enjoy life and art, respected while I live and remembered with affection thereafter. May I always act so as to preserve the finest traditions of my calling and may I long experience the joy of healing those who seek my help.

*Written in 1964 by Louis Lasagna, Academic Dean of the School of Medicine at Tufts University, and used in many medical schools today.*



## Historical Phlebotomy Instruments



# Historical Venesection



**The** practice of bloodletting has been used by almost all cultures and societies at some point in their medical history. The controversy over the usefulness of it has been raging since the fifth century B.C.E. It was considered to be part of the treatment for practically every ailment that you can think of: asthma, spitting blood, bruises, cough, consumption, contusion, convulsions, cramps, deafness, delirium, epilepsy, giddiness, gout, whooping cough, hydrocephalus, head ache, intoxication, lethargy, lunacy, measles, palsy, rheumatism, sciatica, shortness of breath, and sore throat. It was also, though not as commonly, used as a punishment and as a form of worship to a superior power. In seventeenth century England, for example, the use of bloodletting was very popular for the treatment of

hysteria. It was believed that hysteria gave rise to an accumulation of "putrid humors" which impaired the organs whose function it was to purify the blood and caused this physical affliction. Bleeding and purging were the universal remedies for these humours and so they were employed for the treatment of hysteria as well. The patient would be bled and then administered medicines that "fortified" the blood, such as iron fillings. This practice continued into the eighteenth century. The idea for bloodletting was taken from the animal world. People observed that animals self-inflicted wounds and they assumed this was for medicinal practices. They also observed similar occurrences through human forms of spontaneous bleeding such as nosebleeds, menstruation, and injury. Bloodletting was very popular from ancient times until the Middle Ages. It experienced a great vogue in the eighteenth and nineteenth centuries. Beliefs about health and disease in the eighteenth century were based on those held by the ancient Greeks. For more on the humoral theory see the section on medical blood in **Bloodlines**. Blood was a humor and was believed to be made up of food. The idea was that if the humors were in balance then the body

was healthy and if they were out of balance the result would be disease. One of these diseases was plethora. Plethora was an overabundance of body humors and was characterized by fevers and inflammations. It was treated by the removal of the offending humours. This removal could be brought about by inducing vomiting, starvation, and bloodletting. The patient was often starved so that the veins would become empty of food and then the blood, which had escaped into the arteries, could be absorbed. This procedure was drawn out and very uncomfortable for the patient, so bloodletting was increasingly used instead as a quick way to relieve the patient of extra blood.

**Venesection** is often mentioned in connection with Anglo-Saxon leechcraft. But the importance seems to be placed on the timing of the operation rather than the procedure itself. This is an example of a diagnosis given for paralysis: "Scarify the neck after the setting of the sun, pour in silence the blood into running water, after that spit three time, then say, 'Have thou this unheal, and depart away with it': go again on a clean way to the house, and go either way in silence." (The Book of Anglo-Saxon Leechcraft) This pre-occupation with timing is seen over and over again. In the Leech Book of Bald there are precise directions given for the correct times for a patient to be bled. Here is another example: "...and there is no time for bloodletting so good as in early Lent, when the evil humours are gathered which be drunken in during the winter, and on the kalends of April best of all, when trees and worts first up sprout..." (The Book of Anglo-Saxon Leechcraft) As time went by the most scrutiny fell more and more on the actual removal of the blood and less and less on the particular timing of the event.



**There** were three main ways of letting blood. One was phlebotomy, which is the direct cutting of a vein to release blood. It was often done with a knife and then later the spring loaded lancet, which is basically a spring loaded knife. If the patient was too young, old, or weak to stand phlebotomy, Cupping was often used. This was the act of applying a cup, in which a vacuum had been created through the use of fire, to either intact skin to cause it to tumefy or to a place where small incisions had been made, to draw out blood. Another practice was Leeching. Leeching was popular because it

required little skill; one could do it oneself in the home and the leeches were ready to suck blood at any time. An adult would use between twenty and fifty leeches. They were also popular because [\(click me for bigger image\)](#) they could be used in places that phlebotomy and cupping could not, such as internal membranes. They were often also applied inside the nose, ear, eyes, mouth, anus, and vagina.

**ONE** of the controversies surrounding bloodletting was how to judge how much blood to let. One of the general thoughts on the amount of blood to let was to bleed the patient until syncope.

Syncope is defined here in this 1848 medical dictionary:

"Complete and, commonly, sudden loss of sensation and motion, with considered diminution, or entire suspension of the pulsations of the heart and respiratory movements." In the current



day, this condition is not very differently thought of than shock. This is why, as time moved on, bloodletting was practiced more and more by skilled surgeons who were thought to be better educated in how to bleed without death or permanent damage. In the Early Middle Ages bloodletting was almost entirely done by barber -surgeons. They identified themselves by putting a [pole](#) outside their business and hanging a blood collecting dish from it. The pole represented the stick that the patient gripped to encourage the flow of blood, the white stripes represented the tourniquet and the blue or red stripes represented veins or blood. But once again as time moved on this practice became more and more the domain of skilled surgeons, especially during the aforementioned vogue of the eighteenth and nineteenth centuries. The use of bloodletting declined as better cures were found for the problems it treated. Some aspects of bloodletting still exist today. Leeches are used in limb re-attachment and re-constructive surgery to keep a steady flow of blood through the tissue, and it has been said that a man should give blood once a year to lower the risk of a heart attack.

**The** word "phlebotomy" is now, in the modern day, defined as the practice of removing or "letting" blood for diagnostic, rather than



therapeutic reasons. This is now the only form of medicinal bloodletting that is generally practiced. Phlebotomy is done with a syringe. The piston-and-cylinder [syringe](#) was first used on wounds to extract pus. The invention of this device is attributed to the son of a barber in Alexandria, Egypt around 280 B.C. The use of an evacuated blood collection system became popular in 1943 with the marketing of the VACUTAINER Brand system. The National Phlebotomy Association was established in 1948. The founding of this organization spurred on the search for better and better ways to collect blood. Today phlebotomy is a distinct professional field.

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Burroughs and Wellcome, The Book of Anglo-Saxon Leechcraft: An Historical Sketch of Early English Medicine. Burroughs and Wellcome Co. London, 1912.

Pendergraph, Garland E. Handbook of Phlebotomy. Lea and Febiger. Philadelphia, 1984.

Veith, Ilza. Hysteria: The History of a Disease. University of Chicago. Chicago, 1965.

## **LINKS**

[Encyclopedia Britannica: Bloodletting](#)-The encyclopedia definition of bloodletting and related topics.

[Images from the History of Medicine](#)- This gives you access to a collection of images of tools and medicinal practices from the history of medicine. Using the search word "bloodletting" will bring up 67 images.

Figure 1 consists of two detailed line drawings of a fossilized plant specimen. The left drawing is a longitudinal section of a stem, showing a central vascular cylinder and a spiral pattern of vascular bundles. The right drawing is a transverse section of the stem, revealing a central vascular cylinder and a spiral pattern of vascular bundles. Labels include 'LONGITUDINAL SECTION', 'TRANSVERSE SECTION', and 'STEM OF PLANT'.

2002 Phlebotomy Model Curriculum - Appendix 1.5

# DACUM Research Chart for Phlebotomy Technician

## DACUM Panel

Carol Curl  
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Center  
San Diego, CA

Michele DigiamBattista  
Sharp Rees-Stealy Laboratory  
San Diego, CA

Joan Drexler  
Scripps Clinic  
San Diego, CA

Gloria James  
Sharp Rees-Stealy Medical Group  
Spring Valley, CA

Betty Juarez  
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Kathy Parker  
Scripps Clinic  
La Jolla, CA

Robert L. Pedroso  
Scripps Memorial Hospital  
Imperial Beach, CA

Rachelle L. Sandoval  
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La Jolla, CA

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C O L L E G E



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AND TRAINING FOR EMPLOYMENT**  
COLLEGE OF EDUCATION  
THE OHIO STATE UNIVERSITY  
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**December 6-7, 2001**

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# .A DACUM Research Chart for Phlebotomy Technician

Duties		← Tasks				
A	Perform Clerical Functions	A-1 Obtain patient demographics	A-2 Obtain physician demographics /	A-3 Obtain billing/insurance information	A-4 Enter physician orders	A-5 Provide specimen collection instructions/materials
	Perform Phlebotomy	B-1 Assess medical requirements	B-2 Verify physician orders	B-3 Identify patient	B-4 Assess patient needs	B-5 Select anatomical site
C	Process Specimens	B-13 Package/transport specimens				
	Collect Specimens	C-1 Receive specimen	C-2 Prepare specimen	C-3 Transport/store to appropriate area (e.g., Lab Sections, Ref. Lab)		C-4 Arrange for pickup of specimen
D	Perform/Assist with CLIA-Approved Testing	D-1 Collect forensic specimens	D-2 Collect arterial blood gas specimens	D-3 Collect chain-of-custody specimens		
	Maintain Safe Environment	E-1 Perform waived testing	E-2 Set-up micro-cultures	E-3 Assist with performance of lab tests		
E	Continue Professional Dev. Education	F-1 Follow ergonomic procedures	F-2 Maintain physical security	F-3 Comply with infection-control	F-4 Handle/dispose chemical hazards	F-5 Perform routine equipment maintenance
		G-1 Maintain certification/licensure	G-2 Attend continuing education courses	G-3 Maintain CPR certification	G-4 Attend professional organization meetings	G-5 Attend process improvement seminars



A-6 Schedule patient appointments	A-7 Maintain data files	A-8 Maintain quality assurance data logs	A-9 Relay released lab results	A-10 Maintain supplies		
B-6 Assemble phlebotomy supplies	B-7 Prep anatomical site	B-8 Obtain blood sample	B-9 Assess patient condition	B-10 Label tubes	B-11 Restore work area	B-12 Provide age-related, post-care instructions
C-5 Clean/ disinfect area						
F-6 Participate in disaster preparedness						
G-6 Maintain annual competencies	G- Review policies and procedures	G-8 Provide on-the-job training				

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## **.1 General Knowledge and Skills**

Operate modern technology	Ability to follow instructions
Print legibly	Listening skills
Computer skills	Team player
Communication skills	Speak and read English proficiently
Speak other languages	Phlebotomy skills
Interpersonal skills	Reading and comprehension Skills
Medical terminology	Basic safety skills
Confidentiality	Legal aspects
Drive car	Analytical skills
Customer skills	Negotiation skills
Basic math skills	Organizational skills
Problem solving skills	
Decision making skills	
Telephone skills	

## **.2 Worker Behaviors**

Professional appearance	Mentally alert
Positive attitude	Desire to learn and expand skills
Able to distinguish colors	Able to take constructive criticism
Control anger	Patience
Good/corrected vision	Assertive
Honest	Motor skills
Detail oriented	Respectful
Safety conscious	Ethical
Mechanically inclined	Independent
Self motivated	Open-minded
Able to multi-task	
Responsible	
Reliable	
Adaptive	
Confidence	

## **Tools, Equipment, Supplies and Materials**

Telephone	Sputum cup
Fax	Stool kit
Car	Occult blood kits or slides
Needles, assorted sizes	Pin worm paddle
Drawing chair	Incubator
Tourniquet	Centrifuge
Hand cleaner	Hood
Alcohol swabs	Racks
Beta dine	Timer
Needle holders	Bio bags
Sharp container	Gram stain rgt
Lancets	Refrigerator
Sterile specimen containers	Bleach bottle (10%)
Band aids	Culture plates
Spill kit	Slide protectors
Apron	
Lab coat	
Safety	
Face mask	
Shields	
Asbestos gloves	

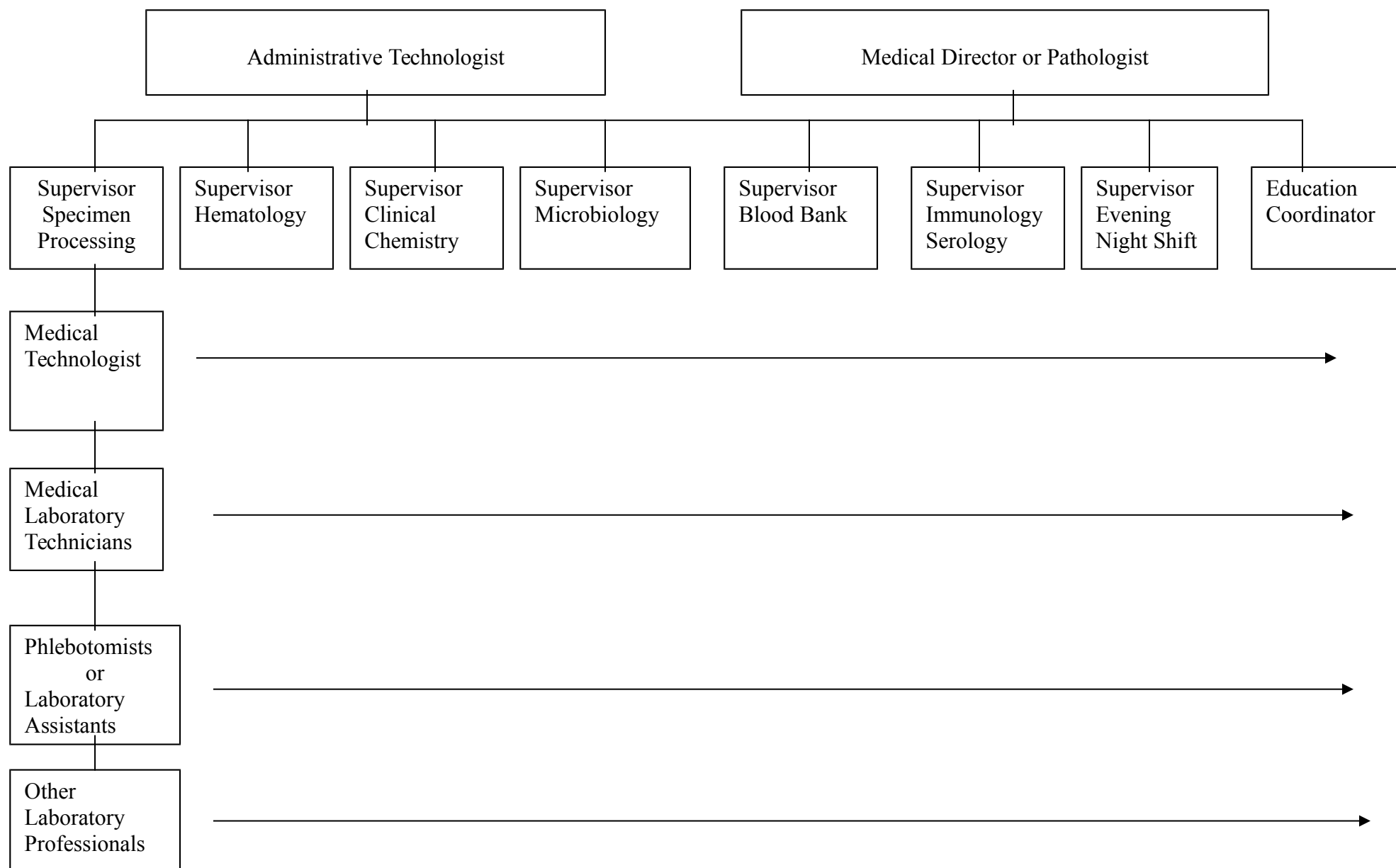
## **.3 Future Trends and Concerns**

Licensing
Required CEUs
Increased pay
Safety devices
Increased customer service
Increased responsibility
Stabilization of career
Increased regulations
Awareness of cost containment
Increased exposure to hazardous materials
Increased computer technology
Increased career opportunities

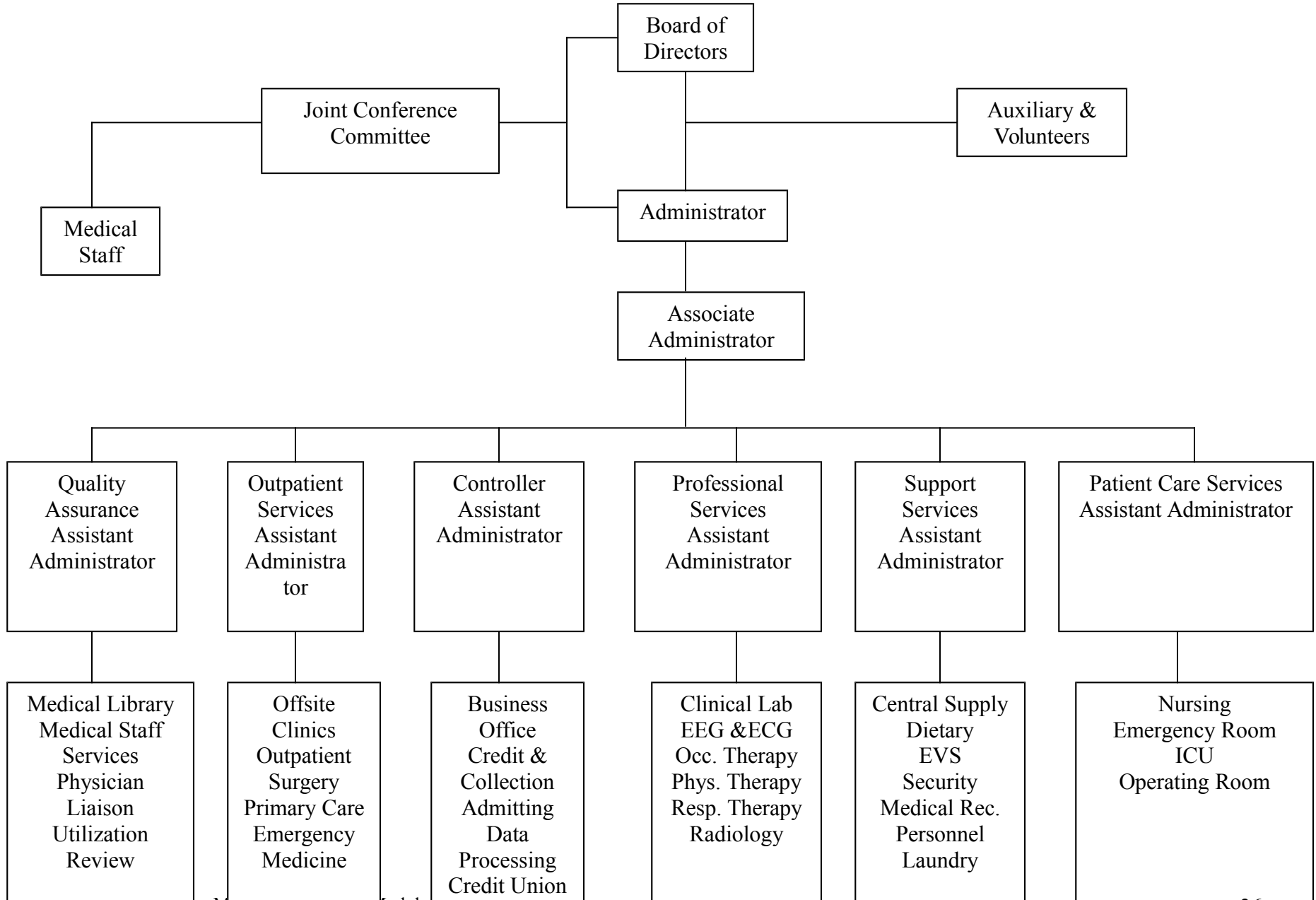
## **.4 Acronyms**

CEUs	Continuing Education Units
------	----------------------------

### Typical Hospital Laboratory Structure



## Typical Hospital Organizational Chart



## Ethical/Legal Case Examples

Flynn;

1. Butler v Louisiana State Board of Education, 331 So2d 192, 196 (LaApp,1976) - A donor fainted and sustained injuries, and a biology professor was held negligent for not giving students previous instructions on blood drawing and donor care.
2. Lauro v. Travelers Insurance Company, 262 So2d 787 (LaApp,1972) - A hospital was NOT negligent for not using the latest laboratory equipment available where current standards of care demonstrated that the equipment used was acceptable.

Garza;

1. Schmerber v. State of California - Nurses, technologists, and health care workers are concerned about drawing a blood sample from an unconscious patient or lacking patients consent when requested by the police. The US Supreme Court ruled that tests performed on a blood sample drawn by a hospital physician from a person arrested by the police were admissible on a court action.
2. Stepp v. Review Board of the Indiana Employment Security Division - A laboratory technician was properly dismissed from her position when she refused to perform laboratory testing on patient's specimens with AIDS warnings attached.
3. A phlebotomist was pressured to collect specimens quickly and ignored a patient's warning that she had fainted in the past. The blood was drawn; the patient was dismissed and fainted in the elevator, causing permanent loss of smell and permanent ringing in the ears.
4. A health care worker performed bedside glucose testing without following proper QC procedures and without proper training. She misread the glucometer and caused the death of 3 patients with diabetes.

California Department of Health Services

"To Protect and Improve the Health of All Californians"

**NUMBER:** 25-99 **DATE:** May 24, 1999  
**FOR RELEASE:** IMMEDIATE **CONTACT:** Carla B. Agar  
<http://www.dhs.ca.gov> or Ken August  
 (916) 657-3064

## STATE HEALTH DEPARTMENT ANNOUNCES NOTIFICATION OF BAY AREA PHLEBOTOMY PATIENTS

SACRAMENTO - Approximately 11,700 residents of San Francisco, San Mateo and Santa Clara counties had their blood drawn at sites that once employed a health care worker who later said she reused needles and other laboratory equipment at a different site, the California Department of Health Services announced today.

State Health Officer James W. Stratton, M.D., M.P.H., emphasized that it is very unlikely that any of these residents were exposed to disease.

The patients are being notified by mail that they had their blood drawn at any of 18 sites operated by SmithKline Beecham Clinical Laboratories (SBCL) between September 28, 1994, and February 22, 1996.

"There is no evidence that the phlebotomist who said she has, at times, conducted unsafe medical practices at one location, did so at any of these locations," Stratton said. "However, we are notifying patients who may have had their blood drawn by her because we believe that they have a right to know."

Stratton explained that the risk of disease transmission to this group is very low for the following reasons:

- The phlebotomist worked with between two and four other phlebotomists at many of these sites. Many of the individuals being notified had their blood drawn by someone other than the phlebotomist under investigation.
- The presence of other employees may have limited her ability to reuse needles.
- There is evidence that when the phlebotomist re-used needles, she attempted to clean and disinfect them.
- The potential for transmitting a virus when drawing blood is much lower than during an injection or accidental needle stick.

Because it is very unlikely that this health care worker infected any of those being notified, health officials are not recommending that they have their blood tested for bloodborne infections. However, recognizing that the decision to be tested is a personal one, SBCL is offering the opportunity for testing and counseling. SBCL patients will be receiving personal letters. A toll free number has been established for those who have questions: 800-871-6045.

Federal, state and local health authorities last month began investigating reports that phlebotomist Elaine Giorgi re-used needles and other lab equipment at an SBCL site in Palo Alto. In interviews with health investigators, Giorgi said she conducted these unsafe medical practices at that location a small number of times during March.

On April 17, SBCL began sending letters to some 3,600 patients who had visited the Palo Alto site, offering them counseling and a free blood test. Subsequently, Mills Peninsula Health Services in Burlingame notified

272 patients and Laurel Medical Group in San Carlos notified 80 patients that the same phlebotomist had worked for them during a time when these patients had their blood drawn.

Giorgi also worked as a phlebotomist for Unilab, which was doing business as PathLabs, from May 31, 1994, to June 13, 1995, at no more than six sites in San Mateo County. She was employed there for a total of 206 hours, of which 80 hours were devoted exclusively to training. The company cannot identify the patients from which she drew blood because it did not keep records beyond the period required by law. Although there is no evidence that Giorgi committed any unsafe medical practices at any of these sites, Unilab has made arrangements for former patients who had their blood drawn during this period to contact them at (408) 282-1085 for information on a free blood test.

The following is a list of SmithKline Beecham Clinical Laboratories (SBCL) where Giorgi was employed:

**SmithKline Beecham Clinical Laboratories (SBCL)**

<b>SBCL Location</b>	<b>1994 Dates at Site</b>	<b>1995 Dates at Site</b>	<b>1996 Dates at Site</b>
101 S. San Mateo Drive	October 3,4,5,6,7,17,18,19, 21,31	January 3,5,6,10,18,24,31 February 2,3,6,8,10,13,15	
San Mateo	November 2,3,4,7,8,10,11, 14,15,16,17,18,22,23 December 2,12	March 13,14,15,16,29 April 10,11,12,13,14 September 11,12,13,14	
1100 Laurel San Carlos		August 29	
1750 El Camino Real Burlingame	September 30	January 16	
2946 Broadway Redwood City	November 14	April 3,4,5,6,7,27 May 9,10,12,15,16,17,19,22, 23,24,25,26,30,31 June 1,2,3,5,6,7,8,9,12,13, 14,15,16,19,20,21,22,23,26, 27,28,29,30 July 3,5,6,7,8,17,18,19,20,21, 24,25,27,28 August 22,23,24,25,28,29, 30,31	

		September 1,5,6,7,8,18,19, 20,21,22,25	
105 South Drive		February 8	
Mountain View		July 31	
		August 1,2,3,4	
900 Welch Road	October 18,19		
Palo Alto			
1101 Welch Road	November 3,16		
Palo Alto			
2960 Stevens Creek Blvd.	September 27		
San Jose			
450 Sutter	October 10	March 3	
San Francisco	December 9	December 4,5,6,7	
490 Post	October 3,4	January 9	
San Francisco	November 10,28,30	February 15	
	December 1	December 8	
595 Buckingham Way	October 10,11,12,13,14,28	May 18	
		September 26,28,29	
San Francisco		October 2,3,4,5,9,10,16,17, 18,19,20,23,27	
1199 Bush Street		March 14,15	February 1,2,5,6,7,8,9,12,13, 14,15,16
San Francisco			
1545 Divisadero			February 21
San Francisco			



1700 California San Francisco	November 8,21 December 9,13,14,15,16,19, 20,21,22,23,27,28,29,30	January 3,16,18,20	
2000 Van Ness San Francisco	October 17,26 November 29 December 6	January 11,12,13 May 11	January 23
2233 Post Street San Francisco	September 28,29 (half days), 30 October 24,25,26,27,28,31 November 28,29,30 December 1,2	January 9,10,11,12,13,24 March 30	February 22
3700 Sacramento San Francisco	October 10,11,12,13,14,21,24	January 16,18,20 February 13 March 24,30	
4052 18th Street San Francisco	September 28,29 (half days) November 1,15,22		

The following is a list of locations where Giorgi was employed and the dates of her employment:

#### **PHLEBOTOMIST EMPLOYMENT HISTORY**

***Unilab (doing business as PathLabs)***

*May 31, 1994 to June 13, 1995*

***Burlingame***

1828 El Camino Real

***Redwood City***

133 Arch (No longer in operation)

77 Birch St., Suite C (No longer in operation)

***San Carlos***

1100 Laurel St.

***San Mateo***

136 N. San Mateo Dr. (No longer in operation)

119 S. San Mateo Dr. (No longer in operation)

**Previously announced sites and dates of employment—Patients and physicians already notified.**

***Mills Peninsula Health Services***

*September 6, 1996 to October 10, 1996.*

***San Mateo***

100 South San Mateo Drive

***Burlingame***

1783 El Camino Real

***Laurel Medical Group***

*November 11, 1996 to June 18, 1997.*

***San Carlos***

1100 Laurel Street

## **A Patient's Bill of Rights**

***A Patient's Bill of Rights was first adopted  
by the American Hospital Association in 1973.***

***This revision was approved by the AHA Board of Trustees on October 21, 1992.***

### **Introduction**

Effective health care requires collaboration between patients and physicians and other health care professionals. Open and honest communication, respect for personal and professional values, and sensitivity to differences are integral to optimal patient care. As the setting for the provision of health services, hospitals must provide a foundation for

understanding and respecting the rights and responsibilities of patients, their families, physicians, and other caregivers. Hospitals must ensure a health care ethic that respects the role of patients in decision making about treatment choices and other aspects of their care. Hospitals must be sensitive to cultural, racial, linguistic, religious, age, gender, and other differences as well as the needs of persons with disabilities.

The American Hospital Association presents A Patient's Bill of Rights with the expectation that it will contribute to more effective patient care and be supported by the hospital on behalf of the institution, its medical staff, employees, and patients. The American Hospital Association encourages health care institutions to tailor this bill of rights to their patient community by translating and/or simplifying the language of this bill of rights as may be necessary to ensure that patients and their families understand their rights and responsibilities.

## **Bill of Rights**

These rights can be exercised on the patient's behalf by a designated surrogate or proxy decision maker if the patient lacks decision-making capacity, is legally incompetent, or is a minor.

1. The patient has the right to considerate and respectful care.
2. The patient has the right to and is encouraged to obtain from physicians and other direct caregivers relevant, current, and understandable information concerning diagnosis, treatment, and prognosis.

Except in emergencies when the patient lacks decision-making capacity and the need for treatment is urgent, the patient is entitled to the opportunity to discuss and request information related to the specific procedures and/or treatments, the risks involved, the possible length of recuperation, and the medically reasonable alternatives and their accompanying risks and benefits.

Patients have the right to know the identity of physicians, nurses, and others involved in their care, as well as when those involved are students, residents, or other trainees. The patient also has the right to know the immediate and long-term financial implications of treatment choices, insofar as they are known.

3. The patient has the right to make decisions about the plan of care prior to and during the course of treatment and to refuse a recommended treatment or plan of care to the extent permitted by law and hospital policy and to be informed of the medical consequences of this action. In case of such refusal, the patient is entitled to other appropriate care and services that the hospital provides or transfer to another hospital. The hospital should notify patients of any policy that might affect patient choice within the institution.
4. The patient has the right to have an advance directive (such as a living will, health care proxy, or durable power of attorney for health care) concerning treatment or designating a surrogate decision maker with the expectation that the hospital will honor the intent of that directive to the extent permitted by law and hospital policy.

Health care institutions must advise patients of their rights under state law and hospital policy to make informed medical choices, ask if the patient has an advance directive, and include that information in patient records. The patient has the right to timely information about hospital policy that may limit its ability to implement fully a legally valid advance directive.

5. The patient has the right to every consideration of privacy. Case discussion, consultation, examination, and treatment should be conducted so as to protect each patient's privacy.

6. The patient has the right to expect that all communications and records pertaining to his/her care will be treated as confidential by the hospital, except in cases such as suspected abuse and public health hazards when reporting is permitted or required by law. The patient has the right to expect that the hospital will emphasize the confidentiality of this information when it releases it to any other parties entitled to review information in these records.
7. The patient has the right to review the records pertaining to his/her medical care and to have the information explained or interpreted as necessary, except when restricted by law.
8. The patient has the right to expect that, within its capacity and policies, a hospital will make reasonable response to the request of a patient for appropriate and medically indicated care and services. The hospital must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically appropriate and legally permissible, or when a patient has so requested, a patient may be transferred to another facility. The institution to which the patient is to be transferred must first have accepted the patient for transfer. The patient must also have the benefit of complete information and explanation concerning the need for, risks, benefits, and alternatives to such a transfer.
9. The patient has the right to ask and be informed of the existence of business relationships among the hospital, educational institutions, other health care providers, or payers that may influence the patient's treatment and care.
10. The patient has the right to consent to or decline to participate in proposed research studies or human experimentation affecting care and treatment or requiring direct patient involvement, and to have those studies fully explained prior to consent. A patient who declines to participate in research or experimentation is entitled to the most effective care that the hospital can otherwise provide.
11. The patient has the right to expect reasonable continuity of care when appropriate and to be informed by physicians and other caregivers of available and realistic patient care options when hospital care is no longer appropriate.
12. The patient has the right to be informed of hospital policies and practices that relate to patient care, treatment, and responsibilities. The patient has the right to be informed of available resources for resolving disputes, grievances, and conflicts, such as ethics committees, patient representatives, or other mechanisms available in the institution. The patient has the right to be informed of the hospital's charges for services and available payment methods.

The collaborative nature of health care requires that patients, or their families/surrogates, participate in their care. The effectiveness of care and patient satisfaction with the course of treatment depends, in part, on the patient fulfilling certain responsibilities. Patients are responsible for providing information about past illnesses, hospitalizations, medications, and other matters related to health status. To participate effectively in decision making, patients must be encouraged to take responsibility for requesting additional information or clarification about their health status or treatment when they do not fully understand information and instructions. Patients are also responsible for ensuring that the health care institution has a copy of their written advance directive if they have one. Patients are responsible for informing their physicians and other caregivers if they anticipate problems in following prescribed treatment.

Patients should also be aware of the hospital's obligation to be reasonably efficient and equitable in providing care to other patients and the community. The hospital's rules and regulations are designed to help the hospital meet this obligation. Patients and their families are responsible for making reasonable accommodations to the needs of the

hospital, other patients, medical staff, and hospital employees. Patients are responsible for providing necessary information for insurance claims and for working with the hospital to make payment arrangements, when necessary.

A person's health depends on much more than health care services. Patients are responsible for recognizing the impact of their life-style on their personal health.

## **Conclusion**

Hospitals have many functions to perform, including the enhancement of health status, health promotion, and the prevention and treatment of injury and disease; the immediate and ongoing care and rehabilitation of patients; the education of health professionals, patients, and the community; and research. All these activities must be conducted with an overriding concern for the values and dignity of patients.