

Phlebotomy
STUDENT HANDBOOK PROGRAM ADDENDUM



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1 Program Overview

This handbook serves as a supplement to the Wayne County Schools Career Center Adult Education Handbook. Initially, it is used to document student progress as they prepare for the program. The section *Entrance Requirements* focuses on these items. A second objective is to delineate the general guidelines for students while they complete the program. More precisely, these components, namely the *Code of Conduct* and the *Dress Code* sections, instruct students what's expected in terms of their behavior and appearance while attending class and participating in their externship experience.

The third aim of the Phlebotomy Student Handbook is to provide a vehicle for documenting academic progress. This is a critical component, as specific criteria must be met prior to setting up the externship experience. Once the program coordinator and instructor sign-off on a student's ability, that student may commence the externship experience, assuming they continue to meet the general requirements listed in the *Code of Conduct* and *Dress Code* sections.

The *Signature Pages* section provides an area for your instructor and the Adult Education Career Services Coordinator to document milestones and their endorsement of a student's work as they prepare to graduate. Finally, the last section of this document, the *Phlebotomy Verification Forms* allows for the documentation of a student's successful sticks as they work towards certification.

The entire Adult Education team congratulates you on your commitment to furthering your education and stand ready to provide whatever supports you require as you pursue your goals. This document provides the guidelines for making this a successful partnership!

2 Staff

Students should become familiar with the following individuals, as they are primarily responsible for the administration of the Phlebotomy Program. Contact information is provided for the student's convenience.

| Staff Member | Title/Department | Email Address | Extension |
|---------------------|-------------------------|----------------------|------------------|
| Sandy Elliott | Program Supervisor | sellott@wcsc.org | 1322 |
| Keri Merickel | Instructor | kkmerickel@wcsc.org | 2030 |

3 Entrance Requirements

In order to be accepted into the Adult Phlebotomy Program, specific requirements must be met. These prerequisites are separated into two broad categories, *immunizations* and *documentation*.

3.1 Immunizations

The following immunizations are required prior to beginning the program.

- Hepatitis B Date_____
- Mantoux #1 Date_____
- Mantoux #2 Date_____
- Tetanus Date_____

3.2 Documentation

The following documents must be completed and submitted prior to beginning the program.

- Drug Statement Date_____
- Information Release Form Date_____
- Emergency Medical Form Date_____
- Liability Waiver Date_____
- Photo Release Date_____
- Network User Agreement Date_____

4 Code of Conduct

Student behavior is expected to reflect the high standards and expectations of the Career Center. Inappropriate behavior outside of school that involves law enforcement may impact your enrollment status. Other reasons for disciplinary actions are listed below.

- I. Any action that may jeopardize the safety or well-being of a patient, a peer or ones-self
- II. Any violation of the Patients' Rights or breach of patient confidentiality
- III. Plagiarism, cheating, or any other academic behavior deemed unacceptable by the Career Center staff
- IV. Any unprofessional behavior, including cursing, vulgar language, fighting, inappropriate gesturing, insubordination, sleeping in class, or other behaviors deemed disruptive to the learning environment
- V. General violations of school or Board of Education policies
- VI. Absenteeism or habitual tardiness
- VII. Lack of aptitude or unsafe performance in the clinical area, resulting in possible harm to patient, co-worker or self
- VIII. Unprofessional behavior in the classroom, lab, or externship setting with regard to patients, faculty, staff, visitors, high school students, or a classmate
- IX. Disrespectful treatment of others, including threatening comments

5 Dress Code

The Wayne County Schools Career Center's Phlebotomy Program strives to promote professionalism in our students. Personal appearance is a reflection on you, your profession, and your school. Each student is expected to maintain appropriate appearance at all times. This includes personal grooming and attire.

General Appearance

- I. An identification badge (ID) must be worn at all times
- II. All garments must be clean and in good repair
- III. Hats, hoods, caps, etc. may not be worn inside the building
- IV. Hair must be kept off the collar and be neat in appearance
- V. Strong perfumes, colognes, and heavy cosmetics are prohibited
- VI. Earrings are limited to one pair per ear; dangling earrings are prohibited
- VII. Neck chains, if worn, must be out of sight
- VIII. Facial hair must be well-trimmed and groomed
- IX. No visible tattoos
- X. Gum chewing is not permitted

Tops

- I. Scrub tops must be clean and fit appropriately
- II. Warmer tops (sweatshirts, warm-up tops, sweaters) may be worn in class if such garments are free of inflammatory or inappropriate language or symbols.

Pants and Shoes

- I. Scrub pants must be clean and reach the top of the shoes
- II. Only white undergarments and neutral stockings are permitted. White crew socks may be worn with pants
- III. Shoes are to be closed-toe and white. Sandals are not permitted.

Failure to comply with the preceding dress code will result in dismissal from the class and be considered a class absence.

6 Competencies

- I. Phlebotomy practice
- II. Basic anatomy and physiology / organ systems
- III. The circulatory system
- IV. Infection control
- V. Safety and first aid
- VI. Specimen documentation and transportation
- VII. Blood collection equipment
- VIII. Venipuncture procedure
- IX. Skin puncture procedures
- X. Complications in blood collection
- XI. Pediatric procedures
- XII. Arterial, intravenous, and special collection
- XIII. Elderly, home and long-term care collections
- XIV. Urinalysis and body fluid collection
- XV. Ethical, legal and regulatory issues

7 Liability Insurance

Each student enrolled in the phlebotomy course has professional liability insurance with Healthcare Providers Service Organization of \$1,000,000 per occurrence / \$10,000,000 annual aggregate limits of liability.

8 Student Contract

I, _____ agree to this contract and its application to the following individuals:

- clients, patients and residents
- staff members and faculty
- substitute teachers
- clinical facility employees
- other students
- guest lecturers
- all other people with whom I come in contact at the Wayne County Schools Career Center and in the clinical setting

I will

- I. establish and maintain professional boundaries with all the above listed individuals. I will treat them with courtesy and respect and with full recognition of their dignity.
- II. not engage in behavior that causes or may cause physical, mental, or emotional harm.
- III. behave in a manner that brings credit to the Wayne County Schools Career Center and the profession of phlebotomy.

I understand that any violations of the above-listed conditions are cause for disciplinary action and possible dismissal from the program.

Student Signature

Date

9 Signature Pages

Each of the following signature pages corresponds to a specific period of the program. The *Entrance Page* is completed prior to beginning the program, once all of the entrance requirements are documented as complete. The *Externship Release* is filled out by the signatories once a student has met the prescribed objectives. Finally, the *Graduation Page* will be signed once a student has fulfilled all program requirements and is ready to graduate.

Entrance Requirements

By signing below, staff indicates that they entrance requirements, as delineated in the Entrance Requirements section, have been completed by the student.

- IMMUNIZATIONS COMPLETE
- DOCUMENTATION COMPLETE

_____ (student name) HAS COMPLETED ALL
ENTRANCE REQUIREMENTS DELINEATED ABOVE.

Program Coordinator

Program Supervisor

Graduation Requirements

By signing below, staff indicates that the graduation requirements, as delineated below, have been completed by the student.

CURRICULUM COMPLETE

PAYMENT IN FULL

_____ (student name) HAS COMPLETED ALL
GRADUATION REQUIREMENTS DELINEATED ABOVE.

Program Coordinator

Program Supervisor

AE Career Services Officer

WAYNE COUNTY SCHOOLS CAREER CENTER
PHLEBOTOMY EVALUATION OF EMPLOYABILITY

Student Name:

Date:

*Please complete this brief survey evaluating the student's performance to date where NE:
Not Evaluated; I: Work to Improve; II: Satisfactory; III: Above Average*

| Dependability | NE | I | II | III |
|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Attends regularly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Arrives on time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Calls to report absences | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Follows through on commitments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Plan of Action / Comments

| Professionalism | NE | I | II | III |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Projects a positive, confident attitude | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Shows enthusiasm & interest in work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Follows rules and instructions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Works cooperatively with others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Demonstrates ethics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Shows initiative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Plan of Action / Comments

WAYNE COUNTY SCHOOLS CAREER CENTER
PHLEBOTOMY EVALUATION OF EMPLOYABILITY

| Skills | NE | I | II | III |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Grasps instructions quickly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Produces neat, accurate and thorough work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Practices good safety habits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Work seldom needs checking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Plan of Action / Comments

Additional Comments or Suggestions

Supervisor Signature: _____ Date: _____

Student Signature: _____ Date: _____

11 Phlebotomy Verification Forms

The following pages will be used as you work towards a minimum of 30 successful venipuncture sticks, and 10 successful capillary sticks.

PHLEBOTOMY - VENIPUNCTURE VERIFICATION FORM

| Stick | Date | Method Used | Verified By |
|-------|------|------------------------|-------------|
| 1 | | Butterfly / Vacutainer | |
| 2 | | Butterfly / Vacutainer | |
| 3 | | Butterfly / Vacutainer | |
| 4 | | Butterfly / Vacutainer | |
| 5 | | Butterfly / Vacutainer | |
| 6 | | Butterfly / Vacutainer | |
| 7 | | Butterfly / Vacutainer | |
| 8 | | Butterfly / Vacutainer | |
| 9 | | Butterfly / Vacutainer | |
| 10 | | Butterfly / Vacutainer | |
| 11 | | Butterfly / Vacutainer | |
| 12 | | Butterfly / Vacutainer | |
| 13 | | Butterfly / Vacutainer | |
| 14 | | Butterfly / Vacutainer | |
| 15 | | Butterfly / Vacutainer | |
| 16 | | Butterfly / Vacutainer | |
| 17 | | Butterfly / Vacutainer | |
| 18 | | Butterfly / Vacutainer | |
| 19 | | Butterfly / Vacutainer | |
| 20 | | Butterfly / Vacutainer | |
| 21 | | Butterfly / Vacutainer | |
| 22 | | Butterfly / Vacutainer | |
| 23 | | Butterfly / Vacutainer | |
| 24 | | Butterfly / Vacutainer | |
| 25 | | Butterfly / Vacutainer | |

PHLEBOTOMY - VENIPUNCTURE VERIFICATION FORM

| Stick | Date | Method Used | Verified By |
|--------------|-------------|------------------------|--------------------|
| 26 | | Butterfly / Vacutainer | |
| 27 | | Butterfly / Vacutainer | |
| 28 | | Butterfly / Vacutainer | |
| 29 | | Butterfly / Vacutainer | |
| 30 | | Butterfly / Vacutainer | |
| 31 | | Butterfly / Vacutainer | |
| 32 | | Butterfly / Vacutainer | |
| 33 | | Butterfly / Vacutainer | |
| 34 | | Butterfly / Vacutainer | |
| 35 | | Butterfly / Vacutainer | |
| 36 | | Butterfly / Vacutainer | |
| 37 | | Butterfly / Vacutainer | |
| 38 | | Butterfly / Vacutainer | |
| 39 | | Butterfly / Vacutainer | |
| 40 | | Butterfly / Vacutainer | |
| 41 | | Butterfly / Vacutainer | |
| 42 | | Butterfly / Vacutainer | |
| 43 | | Butterfly / Vacutainer | |
| 44 | | Butterfly / Vacutainer | |
| 45 | | Butterfly / Vacutainer | |
| 46 | | Butterfly / Vacutainer | |
| 47 | | Butterfly / Vacutainer | |
| 48 | | Butterfly / Vacutainer | |
| 49 | | Butterfly / Vacutainer | |
| 50 | | Butterfly / Vacutainer | |

PHLEBOTOMY - CAPILLARY STICK FORM

| Stick | Date | Method Used | Verified By |
|--------------|-------------|------------------------|--------------------|
| 1 | | Butterfly / Vacutainer | |
| 2 | | Butterfly / Vacutainer | |
| 3 | | Butterfly / Vacutainer | |
| 4 | | Butterfly / Vacutainer | |
| 5 | | Butterfly / Vacutainer | |
| 6 | | Butterfly / Vacutainer | |
| 7 | | Butterfly / Vacutainer | |
| 8 | | Butterfly / Vacutainer | |
| 9 | | Butterfly / Vacutainer | |
| 10 | | Butterfly / Vacutainer | |