

# **DIVISION SCOPE OF SERVICE**

**Division: TRISTAR** 

Classification: CERTIFIED AUTOTRANSFUSIONIST

**Applicant Name:** 

#### **Certified Autotransfusionist:**

The Certified Autotransfusionist must have equivalent qualifications, competence and function in the same role as employed individuals performing the same or similar services at the facility.

# **Definition of Care or Service:**

The 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. Scope of Service may include:

- 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 Healthcare Code of Conduct;
   Relationship Centered Care principles.

# Setting(s):

 Hospitals: Surgical Services; Cardiac Catheterization Laboratory; Intensive Care or Cardiovascular Intensive Care Units; Operating Room; Emergency room

## 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
- Certified as a Perioperative Blood Management Technologist with the International Board of Blood Management
- Training course on equipment being used, i.e., Autotransfusion or blood gas/blood chemistry
  measurement equipment as evidenced by a certificate of completion on equipment. (Can be found on
  Skills Checklist)
- American Heart Association or Red Cross health care provider BLS Certification

### **Preferred Qualifications:**

Credentialed as an EMT/Paramedic or RN/CNA

NOTE: Where education may not be defined in qualifications area of the Scope, HCA Healthcare requires the



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highest level of education completed (not training or courses) confirmed on your background check. **State Requirements:**  N/A **Experience:** • 1 year of clinical medical or healthcare experience or an EMT/Paramedic or RN/CNA Competencies: The Certified Autotransfusionist will demonstrate: Safe and effective operation of equipment o Maintains equipment in good working order o 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 o Verifies that the medical record contains an appropriate (per hospital policy) history and physical and a complete physician order o 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 o 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 o 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 o Required immunizations per Division requirements o Complies with Isolation precautions Maintains sterile field References: International Board of Blood Management <a href="http://intbbm.org/">http://intbbm.org/</a> **Document Control:** Created 9/1/2019 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: \_\_\_\_\_\_