

**PERFORMANCE EVALUATION  
AGE-RELATED COMPETENCY**  
(To be completed for all Clinical Personnel)

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Position: **Cytotechnologist** \_\_\_\_\_

Evaluator: \_\_\_\_\_

Unit: \_\_\_\_\_

Age Range of Patients to Whom Service is Provided: Pediatric through Geriatric

M = Meets Compliance Criteria

NC = No Compliance N/A = Not Applicable for this Staff Member

COMPLIANCE CRITERIA	M	NC	N/A	COMMENTS
<b>NEONATE/INFANT (Newborn to 2 yrs)</b>				
Treats patients and caregivers/families with respect and dignity. Maintains confidentiality.				
Is knowledgeable about what are normal slide results for the neonate/infant.				
Consults other departments to collaborate in patient care, when appropriate.				
<b>PEDIATRICS (2-11 yrs)</b>				
Treats patient and caregivers/families with respect and dignity. Maintains confidentiality.				
Is knowledgeable about what are normal slide results for the pediatric age group.				
Consults other departments to collaborate in patient care, when appropriate.				
<b>ADOLESCENT (12-19 yrs)</b>				
Treats patients and families/caregivers with respect and dignity.				
Maintains patient confidentiality with parental/ caregiver involvement and education, as appropriate to age and consent of patient.				
Consults other departments to collaborate in patient care, when appropriate.				
Is knowledgeable about what are normal slide results for the adolescent age group.				

SUBJECT: FORMALDEHYDE SPILL - EMERGENCY ACTION PLAN	REFERENCE #3012
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DEPARTMENT: PATHOLOGY	EFFECTIVE:
APPROVED BY:	REVISED:

**POLICY:**

- Formaldehyde spills of less than one (1) gallon shall be responded to by the Histology Technician or designated replacement who has been trained in the formaldehyde spill emergency action plan.
- Formaldehyde spills of more than one (1) gallon notify the Safety Officer, department supervisor and the Emergency Response Team.

**PROCEDURE:**

- Ventilate area of spill, opening all windows, doors and turning on all fans in the area.
- The staff member responding to the spill will wear protective clothing and respiratory protection from vapors.
- Distribute neutralizing agent around the parameter of the spill to prevent spreading. Cover entire area from edge to edge.
- Do not walk in the spill if possible.
- The neutralizing agent is added to the spill in a ratio of 1:1.
- Leave the area.
- Neutralizing agent applied to the spill causes a chemical reaction destroying the formaldehyde and stopping vapor generation in 1.5 - 2 minutes.
- Reaction is complete in approximately 15-18 minutes.
- Formaldehyde 15% or stronger:
  - Solidification and polymerization occurs in approximately 10-15 minutes.
- Formaldehyde < 15%:
  - Polymerization occurs in approximately 15 minutes. The material does not solidify.
- Final pH of the materials is an acid state.

SUBJECT: DISPOSAL OF EXTREMITY AMPUTATIONS	REFERENCE #3016
DEPARTMENT: PATHOLOGY	PAGE: 1 OF: 1
APPROVED BY:	EFFECTIVE: REVISED:

**PURPOSE:**

To outline the proper procedure for disposal of anatomical parts following surgery.

**PROCEDURE:**

- The Surgical Services Department obtains a signed consent permit for disposal of severed member for
  - Burial, or
  - Disposal by the hospital
- The original Permission for Disposal Form is placed on the patient's chart. A copy is filed in the Surgical Services Department and the third copy accompanies the specimen to Pathology.
- The specimen is placed in two (2) red bags. Each bag has an identification label (use patient address-o-graph).
  - Patient's name, medical record number
  - Physician's name
  - Contents of bag
- The specimen is kept in Pathology refrigerator until it is examined.
- If the patient requests disposal by the hospital, follow Disposal of Anatomical Waste policy and procedure.
- If the patient requests a burial, he/she must make arrangements with a funeral home. The extremity will remain in the morgue until it is picked up by the funeral home. Pathology will enter the extremity into the Morgue Log and the funeral home will sign the log on receipt of the extremity.

SUBJECT: OUTSIDE REFERENCE LABORATORY NON-GYN CYTOLOGIES	REFERENCE #6007
	PAGE: 1 OF: 1
DEPARTMENT: PATHOLOGY	EFFECTIVE:
APPROVED BY:	REVISED:

**POLICY:**

Cytology specimens sent to an outside reference laboratory will be logged in the Tissue Accession Logbook.

**PROCEDURE:**

- Specimens received unfixed in the laboratory will be fixed immediately or within one (1) hour of receipt.
- Specimens will be logged in the Tissue Accession Logbook per policy and procedure. The accession number is placed on the specimen container and on the cytology requisition.
- A carbon copy of the cytology requisition will be removed and placed with the specimen in the outside pocket of the biohazard bag. The specimens will then be taken by courier to the reference laboratory.
- The remaining cytology requisition will be placed on the Pathologist's desk.
- Cytology results will be called and/or faxed to the Pathology Department by the reference laboratory. The results are transcribed onto the cytology report.
- The Pathology Secretary will call the reference laboratory after 1:00 PM if the lab has not called with results.
- Results are usually available within 48 hours. In the event additional studies are required or consultation needed, a preliminary diagnosis will be called to the attending physician if requested.
- When the screening results and slides from the reference lab are received in the Pathology Department, they will be compared to the cytology report to ensure they are correct.
- The original cytology report will be placed in the patient's medical record, inpatients send form to \_\_\_\_\_ unit, outpatients send form to Medical Records.
- A copy of the cytology form will be sent to the requesting physician. Another copy will be filed in the Pathology Department.
- Cytotechnologist screening copies are filed and kept indefinitely.

SUBJECT: CYTOLOGY SCREENING - CORRELATION LOG	REFERENCE #6016
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DEPARTMENT: PATHOLOGY	EFFECTIVE:
APPROVED BY:	REVISED:

**POLICY:**

- All gynecologic cytology specimens screened by the Cytotechnologist will be reviewed by a pathologist prior to sign-out.
- A log will be maintained to document discrepancies between the Cytotechnologist's screening results and the Pathologist's final diagnosis.
- This log will be reviewed each month for any patterns or trends.
- Corrective action will be taken and documented.
- The Cytotechnologist's screening results are filed with the final cytology report. These reports will be kept indefinitely.
- Cytology slides are filed in the Pathology Department indefinitely.

**PROCEDURE:**

- After screening the specimen the Cytotechnologist will write the results on the cytotechnologist's copy of the cytology form.
- The Pathologist will review and make any changes on the cytology report before reporting.
- The Cytotechnologist and Pathologist's diagnosis will be recorded on the Correlation Log.
- If there is a more than a two (2) class difference between the Cytotechnologist's diagnosis and the Pathologist's diagnosis, this constitutes a discrepancy.
- The discrepancy will be recorded in the Cytopathology Quality Control Statistics Log.
- The Pathologist will discuss the discrepancy with the Cytotechnologist.