# Severe Respiratory Isolation – Drawing Labs Without a Hot Zone Boss – May 20, 2020, 1655

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| 1       | Phlebotomist/Clinician approaches Severe Respiratory Precautions patient room for draw. | • Determine whether patient is undergoing an aerosolizing procedure. *(Look for N-95/PAPR required sign on door)*  
• Prepare equipment needed for draw, including biohazard bag for specimens.  
• Both Rover and mobile printer will be necessary in room in addition to draw supplies. Leave tray/cart at nurse’s station. | Phlebotomist / Clinician performing lab draw |
| 2       | Staff will don necessary PPE for room, as previously determined, including face shield, gown, either standard isolation mask or N95/PAPR, and gloves. | • Supplies entering room should be placed into clean, pink basin that is located on isolation cart or adjacent to room.  
• If a PAPR is used as PPE for the room, the staff member should notify another staff member to assist in doffing PAPR after draw. | Phlebotomist / Clinician performing lab draw |
| 3       | Staff member enters patient room for blood draw. If necessary, secure a witness for blood bank specimen who will remain at door for entire blood draw. | • Staff member performing the draw will enter room with equipment and proceed with regular patient identification.  
• Pink basin to be placed on counter or available surface as far from patient as possible.  
• Witness can confirm identification using blood bank specimen label located in pink basin, which can be handed off at door. Both witness and collector will sign BB label as normal, *See Blood Bank Collection SRP Isolation Standard Work* | Phlebotomist / Clinician performing lab draw |
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| 4       | Staff member proceeds with blood draw. | • If additional supplies are needed to perform blood draw, the staff member should put the patient’s call light on to notify staff outside of room.  
• Additional staff member will arrive at room and hand necessary supplies in a clean pink basin. Be mindful to limit touching of door handle and minimize time that the door is open. | Phlebotomist / Clinician performing lab draw |
| 5       | Transfer and label specimens normally. | • Specimens should be placed into biohazard bag and all other waste and sharps should be discarded safely.  
• All equipment and items leaving room should be placed in pink basin to exit room. Pink basin is now considered dirty. | Phlebotomist / Clinician performing lab draw |
| 6       | Staff member begins doffing procedure and then removes pink basin from room. If a PAPR is used, staff should hit patient’s call light to notify staff member outside that assistance is needed doffing. | • Staff member doffs gloves, face shield, and gown and performs hand hygiene between each step. Dispose of the gown in the linen hamper and place face shield in basin. Perform hand hygiene and put on a pair of clean gloves after doffing to remove pink basin. Second staff member should assist phlebotomist in doffing PAPR.  
• Mask is to stay on per extended use guidelines  
• Pink basin should be placed on isolation cart or other designated surface for disinfection upon exiting.  
• Exit room. | Phlebotomist / Clinician performing lab draw |
| 7       | Staff member should disinfect all items in the pink basin, including the inside and outside of the basin itself and the surface it sits on outside of room. | • Wipe down Rover, face shield, printer, biohazard bag, pink basin, and other supplies that have exited room with a hospital approved disinfectant.  
• Doff gloves and perform hand hygiene. | Phlebotomist / Clinician performing lab draw |