

**New York State Council on Human Blood and Transfusion Services**

***GUIDELINES FOR TRAINING PERSONNEL  
TO PERFORM INTRAOPERATIVE  
BLOOD RECOVERY PROCEDURES***

---

Second Edition  
2010

**New York State Council on Human Blood and Transfusion Services  
Wadsworth Center  
New York State Department of Health  
Empire State Plaza - P.O. Box 509  
Albany, New York 12201-0509**

Second Edition 2010; First Edition 1997

*Requests for copies of this publication may be directed to:*

Blood and Tissue Resources Program  
Wadsworth Center  
New York State Department of Health  
Empire State Plaza  
P.O. Box 509  
Albany, New York 12201-0509

Telephone: (518) 485-5341  
Fax: (518) 485-5342  
E-mail: [btraxess@health.state.ny.us](mailto:btraxess@health.state.ny.us)  
Website: [www.wadsworth.org/labcert/blood\\_tissue](http://www.wadsworth.org/labcert/blood_tissue)

**NEW YORK STATE  
COUNCIL ON HUMAN BLOOD AND TRANSFUSION SERVICES**

**Membership Roster – 2010**

Donna Skerrett, M.D., M.S., Chairperson  
Director, Transfusion Medicine and  
Cellular Therapy  
New York Presbyterian Hospital –  
Weill Cornell Medical Center  
New York, New York

Joseph Chiofalo, D.O.  
Medical Director, Transfusion Service  
Winthrop University Hospital  
Mineola, New York

William Fricke, M.D.  
Director, Transfusion Service  
Director, Hematology Laboratory  
Rochester General Hospital  
Rochester, New York

Alicia E. Gomensoro, M.D.  
Director, Blood Bank  
Maimonides Medical Center  
Brooklyn, New York

Kathleen Grima, M.D.  
Medical Director  
New York Blood Center  
White Plains, New York

David Huskie, R.N.  
Petersburg, New York

Philip L. McCarthy, M.D.  
Clinical Blood and Marrow  
Transplant Director  
Roswell Park Cancer Institute  
Buffalo, New York

Lazaro Rosales, M.D.  
Director, Blood Bank  
SUNY Health Science Center at Syracuse  
Syracuse, New York

Richard F. Daines, M.D.  
*(Ex-officio)*  
Commissioner  
New York State Department of Health  
Albany, New York

Jeanne V. Linden, M.D., M.P.H.  
Executive Secretary  
Director, Blood and Tissue Resources  
Wadsworth Center  
New York State Department of Health  
Albany, New York

**NEW YORK STATE  
COUNCIL ON HUMAN BLOOD AND TRANSFUSION SERVICES**

**Guidelines for Training Personnel to Perform  
Intraoperative Blood Recovery Procedures**

Each facility should establish a fully detailed standard operating procedure (SOP) for training personnel to operate cell recovery devices. The following should be included:

- Qualifications for eligibility for training.
- Statement regarding scope of practice.
- Didactic instruction in intraoperative blood recovery (IBR) fundamentals, indications, contraindications (*e.g.*, a contaminated field, potential for dissemination of malignant cells), safe practices, and risks (including fatal air embolism; sepsis; contamination from additives such as topical agents used to reduce bleeding; excessive hemolysis; and infusion to wrong patient).
- The minimum number of IBR procedures to be observed by the trainee for each model of device.
- The minimum number of IBR procedures to be performed by the trainee under direct supervision, for each model of device, and whether training is required for different types of procedures (*e.g.*, vascular, orthopedic).
- Statement of the minimum number of events performed annually required to retain competency without retraining.
- Requirements for annual competency assessment.

The SOP for IBR procedures and the SOP for training must be approved by the blood bank director.

The following documentation of training and competency assessment should be maintained:

- For each employee:
  - Documentation of each training event, specifying model(s) of device used, describing training content, and specifying trainer.
  - Dated record signed/initialed by appropriate supervisor affirming that the trainee was deemed competent upon completion of training. The Director of the IBR Program should have discretion in determining whether a trainee who has met all minimum requirements is deemed competent.
  - Documentation of annual competency assessment which should include a list of skills assessed; and for each, date assessment completed; signature/initials of appropriate supervisor; and notation whether performance was satisfactory. It may be helpful to also note the assessment method(s) used.
- A list of employees currently considered competent in performing procedures, specifying model(s) of device for which competency has been demonstrated.