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Document Contact	Kelly Sartor
Area	Laboratory-Blood Bank
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Manual Temperature Monitoring - Dearborn Blood Bank

Document Type: Procedure

I. PURPOSE AND OBJECTIVE:

This document will provide policies and procedures relating to manual temperature monitoring.

II. INTRODUCTION:

Under normal operations, the temperatures of storage devices (e.g., refrigerators, freezers, and platelet incubators) are recorded continuously by temperature recording charts. However, in some cases the temperatures must be recorded manually.

III. POLICIES:

A. All blood and blood components must be stored at an appropriate temperature to maintain viability and function.

B. The appropriate temperature ranges for all Blood Bank storage devices are defined in the Quality Control section of Transfusion Medicine policy, Response to an Alarm Condition.

C. **Initiation of Manual Temperature Monitoring**

1. Temperatures must be monitored manually every 4 hours if the storage device unit is functional (internal temperatures are within acceptable range) but the temperature monitoring device/charts or alarm systems are faulty/not operational.
2. Temperatures must be monitored manually every 4 hours when ever blood products/ reagents are moved to an unmonitored storage device.

D. **Taking the Temperature of a Storage Device**
Once the determination is made to initiate manual temperature monitoring:

1. The initial temperature will be taken using the internal thermometer(s) that are stored inside the device.
2. All subsequent temperatures will be observed from the storage device's external temperature display.
    a. If the device does not have an external display, then the internal temperature will be taken using the internal thermometer(s) that are stored inside the device.

E. **Cessation of Manual Temperate Monitoring**
Temperature monitoring for a monitored blood bank device must continue for a minimum of 24 hours after the resolution of the problem before returning products to the storage device.

IV. EQUIPMENT:

A. Internal thermometers in water or 10% glycerol (refrigerators), 10% glycerol (freezers), or air (ambient temperature)

B. Digital timer

V. PROCEDURE:

A. Obtain copy(ies) of the *Manual Temperature Monitor* form.
    1. In most cases only 1 copy of the form will be required, to record the manual temperatures for the affected storage device.
    2. A separate copy will be required for each Blood Bank storage device.

B. Begin to document the top of the *Manual Temperature Monitor* form with the following information. This information may be obtained from the Quality Control section of Transfusion Medicine policy, Response to an Alarm Condition.
    1. Location of storage device.
    2. Items stored.
    3. Acceptable temperature range.
    4. Technologist's initials.
    5. The date at time that manual temperature monitoring is initiated.

C. Take the temperature of the storage device.
    1. The initial temperature should be taken using the internal thermometer(s) that are stored inside the device.
    2. All subsequent temperatures should be observed from the storage device's external temperature display.
    3. If the device does not have an external display, then the internal temperature may be taken using the internal thermometer(s) that are stored inside the device.

D. Record the date, time, and temperature of the storage device in the space provided on the *Manual Temperature Monitor* Form.

E. Set a digital timer for 4 hours. Document the *Manual Temperature Monitor* form with a check mark and your initials to indicate that the timer was set.

F. The digital timer will be placed on the *Manual Temperature Monitor* form and should remain at the Triage workstation, so that the alarm will be easily heard when it sounds.

G. When the alarm sounds, repeat steps C - F.

H. Continue to take manual temperatures until appropriate, as described in the policy *Cessation of Manual Temperate Monitoring*.

I. Submit all documents to the Supervisor/ Lead Medical Technologist for review.

VI. REFERENCES:

1. AABB Technical Manual, current edition.

Attachments

Manual Temperature Monitor Form

Approval Signatures

Step Description	Approver	Date
	Jeremy Powers: Chief, Pathology	6/14/2022
Policy and Forms Steering Committe (if needed)	Kelly Sartor: Supv, Laboratory	6/11/2022
Policy and Forms Steering Committe (if needed)	Gail Juleff: Project Mgr Policy	6/9/2022
	Kimberly Geck: Dir, Lab Operations B	6/9/2022
	Kelly Sartor: Supv, Laboratory	6/9/2022
	Kelly Sartor: Supv, Laboratory	6/9/2022