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Beaumont

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Area	Laboratory-Blood Bank
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Blood Bank Quality Activities - Dearborn

Document Type: Procedure

I. PURPOSE AND OBJECTIVE:

This document provides policies and instructions relating to the daily, weekly and monthly quality assurance (QA) and quality control (QC) activities that are documented in the Blood Bank.

II. DEFINITIONS:

A. Daily: on a given calendar date

B. Weekly: within 7 days + 2 days

C. Quality Assurance (QA): Set of activities aimed at preventing defects with a focus on the process. It is a proactive quality process. The goal of QA is to improve development and test processes so that defects do not arise when the product is being developed.

D. Quality Control (QC): QC aims to identify and correct defects in the finished product. Quality control, therefore, is a reactive process. The goal of QC is to identify defects after a product is developed and before it's released.

E. Designee: Any Blood Bank technical director, or transfusion medicine fellow.

F. SBOS: Surgical Blood Order Schedule

G. QSR: Quality Safety Report via RL Solutions

H. ARC: American Red Cross

I. RhIG: Rh immune globulin is a medication that contains antibodies to Rh antigen D (RhD), which may be present on the surface of red blood cells in some individuals. It prevents a person's immune system from recognizing RhD, thus suppressing a potentially fatal immune reaction.

J. RPM: Revolutions per Minute

K. OR: Operating Room

III. POLICIES:

A. The shift specific checklists (Attached) will be used each day to document the QA/QC activities performed on each shift in the department.

B. Failing QC
The expected results for each QC measure are defined for each task in the Expected Results section of this document, on the respective QA checklists or as indicated in the related Transfusion Medicine procedure referenced for each task.

1. The QC passes if the observed results are within the expected results range, and the QC fails if the observed results are not within the expected results range.
2. If the QC fails, repeat the QC testing (if applicable).
3. If the QC fails after the repeat:
    a. Do not use the item (equipment, reagent, instrument, etc.) on which the QC failed.
    b. Tag the item as Equipment Out of Service
    c. Notify the Medical Technologist Lead or Supervisor
    d. If applicable, the Medical Technologist (MT) performing the QC shall arrange for repair from Beaumont Health Biomedical or the applicable manufacturer.
    e. Document and submit a variance.
    f. Notify the Lead Medical Technologist or Supervisor
    g. Document the Notes / Comments / Additional Actions section of the Checklist accordingly.

C. Supervisory Review
The lead technologist or supervisor will review the QA/QC daily.

1. The lead technologist/supervisor will verify that all QA/QC measures for the given date have been documented on the *appropriate shift checklist* and that all QC measures were within the expected range.
2. If any QC measures were not documented or were not within the expected range, the reviewing technologist should take appropriate actions. For example, the QC measure should be documented, or the Notes / Comments / Additional Actions section should be documented accordingly, or a variance report should be submitted.
3. The lead technologist/supervisor will document the review column of the checklists with initials to indicate that this review has been performed.

IV. PROCEDURE:

This procedure provides directions for documenting QA /QC that is performed in the Blood Bank. Each shift is tasked with performing, documenting on the appropriate form and troubleshooting activities in the Blood Bank to comply with established standards and regulations.

A. Day Shift Blood Bank Checklist - Daily Tasks

Document the form with the initials of the day-shift technologist who performs each of the following tasks:

1. Shift-to-Shift Communication
    a. Review communication board and materials on communication bench immediately upon entering department.
    b. If necessary obtain details from staff on preceding shift prior to their departure from the area.
2. Pending Test Reports
    a. Print, review, and resolve the SoftBank Pending Test Report and the Beaker Outstanding List at the beginning and end of the shift.
    b. Refer to Transfusion Medicine policy, *Reviewing the SoftBank Pending Test Report - Blood Bank* and Reviewing Epic Beaker Outstanding and Expected Lists - Blood Bank.
    c. Save the report in the designated completed report box in the department.
3. Presumed Transfused
    a. Using the *Report of Presumed Transfused Unit* verify that the units transfused match the dispense sheets.
    b. Confirm that all the dispensed units have either been returned to the Blood Bank or transfused to the patient.
4. Irradiation & Special Product Billing
    a. Review presumed transfused unit report to find any issued Irradiated products (RU and PU products)
        i. Review the patient history to confirm requirements for irradiation for each irradiated product issued.
        ii. Use the Blood Bank CDM - Billing IRRB to modify/confirm each product is billed with the appropriate component code.
    b. Review presumed transfused unit report to find any issued product aliquots (A0,BO,Bf).
        a. Use the Blood Bank CDM - Billing SPLITS to confirm each product is billed with the appropriate instruction codes.
5. Inventory Expiration Summary

a. At the beginning of the shift, print a 7-Day *Expiring Summary Report* from SoftBank.

b. Physically locate each unit on this report and label with a *Short Dated - Use First Label*.

    a. If unit is selected to a patient, review the patient's surgical status and hemoglobin to determine likelihood for transfusion. If likelihood for transfusion is low release the unit to general inventory and replace with another unit with longer out date.

c. Post the *Expiration Summary Report* on Refrigerator # 5.

6. Inventory

    a. Monitor blood product inventory levels and order blood and blood products as needed.

        i. Obtain the most recent SoftBank Inventory Report

        ii. Count the actual RBC, Platelet and Thawed/Liquid Plasma units and compare against the SoftBank Inventory Report.

    b. Notify Supervisor of any blood product that does not meet target levels.

    c. Refer to Transfusion Medicine policy, Inventory and Ordering Blood Products from Established Suppliers - Dearborn.

7. Quarantine Products/Reagents

    a. Inspect the Quarantine shelf for any blood products/reagents that have been placed in Quarantine.

    b. Alert Lead Technologist/Supervisor/Medical Director or designee for any situation that can not be resolved.

    c. Update the product status in SoftBank to discarded.

    d. In addition, any AB positive or AB negative red blood cells must be documented on the Versiti Product Return Form for a credit to be issued.

    e. The Quarantine and/or Discard Log report is to be filed in the designated completed reports box.

    f. Refer to Transfusion Medicine policy, Blood Product - Quarantine or Discard and Inventory of Reagents and Critical Materials: Discarding Reagents and Critical Materials.

8. Thawed/Liquid Plasma

    a. Check the expiration date/time of the plasma in the Emergency Issue buckets.

        i. Confirm there are at least 3 thawed AB (or Group A during inventory shortages) plasma available and 3 Liquid A Plasma available.

        ii. If necessary, thaw additional plasma for the buckets or contact Royal Oak for additional Liquid plasma.

    b. If necessary transfer any thawed/liquid Plasma that is approaching expiration within 48 hrs and is at risk of wastage to Royal Oak or one of the other sites.

9. Emergency RBC Units
    a. Confirm that there are at least 2 units of Group O Neg RBC prepared in advance with an attached, partially completed crossmatch tag available in the downtime bucket.
    b. Monitor the expiration dates of the O negative units that are reserved for downtime emergency issue.
        i. If the units are within one week of expiring, they should be placed in general inventory and replaced with fresher units.
    c. Refer to Transfusion Medicine Policy, Downtime Emergency Issue.
10. Emergency Neonatal Unit
    a. Confirm that the units in the Neonatal bucket have collection dates <10 days, are CMV Negative, Sickle Negative and Irradiated.
    b. If necessary transfer any unit that is greater than 10 days old to general inventory.
    c. Refer to Transfusion Medicine Policy, Downtime Emergency Issue.
11. Coolant Blocks
    a. Confirm the rotation of coolant blocks.
    b. Previously used coolants may be moved from the "Not Ready" section in the refrigerators to the "Ready" section in the refrigerator after sufficient time to acclimatize.
    c. Previously used coolants may be moved from the "Not Ready" section in the freezer to the "Ready" section in the freezer once the blocks are frozen to the solid state. Any blocks displaying liquid shall remain in the freezer until they have reached the solid state.
12. SoftBank Backup Files
    a. All computers in the Blood Bank have been designated to receive the SoftBank backup files.
    b. Each day the computer on the issue bench will be checked to ensure the large back up file was received from previous day.
    c. Refer to Transfusion Medicine policy, *Use of the SoftBank Backup File during SoftBank Downtime.*
13. RhIG Report/ Verification that all RhIG Vials have been Issued

    Each morning, the technologist who is assigned to prepare RhIG will perform the following:
    a. Review the previous day automated RhIG report and verify that the RhIG candidacy, comments and Rhogam actions were completed accurately.
    b. Verify that all vials that were set up on previous dates have been dispensed from the Blood Bank.
    c. If any vials have not been dispensed, the patient's caregivers should be notified.
    d. If there is a physician decision not to administer Rh Immune Globin or the patient

has refused then cancel RhIG order in computer and comment the reason it was not dispensed.

e. Complete an internal variance for any RhIG not dispensed.

f. Refer to Transfusion Medicine Policy, Rh Immune Globulin Evaluation.

14. Temperature of Equipment / Environment

    a. Log on to Temp Trak system and verify proper operation of the equipment and recording system. Confirm that there are no devices out of the acceptable range (as defined in the system) and complete the daily system audit.

    b. Appropriate action must be taken should the temperature in the storage device reach a temperature that might result in harm to the blood and components, reagents and/or patient/client specimens.

    c. Refer to laboratory policy, *Temp Trak Temperature Monitoring - Dearborn*.

15. Ortho Vision QC & Maintenance

    a. Verify daily quality control and maintenance on Vision 1 is performed in accordance with Transfusion Medicine policies, Ortho Vision Analyzer QC and Ortho Vision Analyzer Maintenance.

    b. Verify appropriate QC rack is documented in SoftBank.

16. Reagent Quality Control

    a. Verify that the manual tube reagent quality control has been performed in accordance with Transfusion Medicine policy, Quality Control of Blood Bank Reagents - Dearborn.

    b. Verify appropriate QC rack is documented in SoftBank.

17. Refrigerator Alarm Checks

    a. The alarms for refrigerators #2, 3 and 5 must be sounded daily and the results recorded on the *Day Shift Blood Bank Checklist*.

        i. Sound audible alarm on each unit.

        ii. Record √ = Satisfactory, X = Unsatisfactory, NT = Not tested

        iii. If unacceptable,open service request to arrange for repair from Beaumont Health Facilities or the applicable manufacturer.

        iv. Document and submit a variance.

        v. Notify the Lead Medical Technologist or Supervisor.

18. Scale Checks

    1. Weigh the standard 200 g weight on the blood bank scale and record the weight on *Day Shift Blood Bank Checklist*.

    2. Determine if the actual weight is within 200 g ±1 g.

    3. Document *Day Shift Blood Bank Checklist* with a "√" to indicate that the scale is within the expected results.

4. Document *Day Shift Blood Bank Checklist* with initials to indicate that the quality control was performed.

19. Quality Control of the Plasma Baths
    1. Confirm the water level in each plasma bath is between the upper and lower slotted line.
        a. If necessary add water if the level has dropped below the lower slotted line and remove water if it has exceeded the upper slotted line.
    2. Evaluate the appearance of the water in each plasma bath for contamination, cloudiness, and odor.
        a. Document *Day Shift Blood Bank Checklist* as (S) satisfactory if the water is clear, not cloudy and free from odor or other signs of contamination.
        b. Document *Day Shift Blood Bank Checklist* as (U) unsatisfactory if the water is cloudy, evidence of odor or exhibits signs of contamination.
            i. If the appearance of the water is unsatisfactory the water bath shall be cleaned as soon as possible as described in Transfusion Medicine Policy, Quality Control and Preventative Maintenance of the Helmer DH4 Plasma Thawing System.
            ii. The water bath is scheduled to be cleaned Wednesday if the water bath has not been cleaned within the previous 7 days.
            iii. Document the date on which the plasma bath is cleaned along with initials of technologist performing the maintenance.
            iv. For the dates on which cleaning of the plasma baths is not required, document the Day Shift Blood Bank *Checklist* with "NR" to indicate that cleaning is not required.
    3. Refer to Transfusion Medicine Policy, Quality Control and Preventative Maintenance of the Helmer DH4 Plasma Thawing System.

20. Daily Irradiator Maintenance
    a. Verify daily maintenance of the blood irradiator was performed in accordance with Transfusion Medicine Policy, Preventative Maintenance and Quality Control of the Rad Source RS3400 Blood Irradiator.

21. Cell Washer
    a. Verify daily maintenance of the cell washer was performed in accordance with Transfusion Medicine Policy, Quality Control and Preventative Maintenance of Helmer UltraCWII Cell Washing System - Dearborn Blood Bank.

22. Cleaning of the Heat Sealer
    a. Inspect the heat sealer for cleanliness daily.
    b. If necessary it will be cleaned in accordance with the instructions below:
        i. Turn off the power to the heat sealer and unplug the device. Wait 30 seconds.

ii. Clean the open sealing region and adjacent areas with soft cloth or swab and mild detergent. Immediately dry the sealing region with a dry swab.

iii. Wipe down the exterior case of the heat sealer with isopropyl alcohol and gauze.

iv. Make sure the heat sealer is completely dry, then plug the power cord back into the device and turn the power on.

v. The sealer must be cleaned weekly. It is scheduled to be performed on Wednesday if not cleaned in the previous 7 days.

c. Document *Day Shift Blood Bank Checklist* as follows:

i. For the dates on which the heat sealer is cleaned, document Day Shift Blood Bank *Checklist* with the date and the technologist's initials.

ii. For the dates on which cleaning of the heat sealer is not required, document Day Shift Blood Bank *Checklist* with "NR" to indicate that cleaning is not required.

23. Cleaning of the Sterile Connecting Device

a. Document *Day Shift Blood Bank Checklist* as follows:

b. For the dates on which the SCD is cleaned, document *Day Shift Blood Bank Checklist* with the date and the technologist's initials.

c. For the dates on which cleaning of the SCD is not required, document *Day Shift Blood Bank Checklist* with "NR" to indicate that cleaning is not required.

d. The SCD must be cleaned weekly. It is scheduled to be performed on Wednesday if not cleaned in the previous 7 days.

e. For cleaning directions refer to Transfusion Medicine Policy, Sterile Connection Device: Operation, Quality Control and Maintenance.

24. Surgical Services OR Report

a. Review the report for next day surgeries in accordance with the Transfusion Medicine Policy, Review of the Surgery Schedule - Dearborn Blood Bank.

25. Printer/Fax Status

a. Verify adequate paper supply is available in department fax/printers. If necessary replenish paper supply.

b. Check for incoming fax communications such as reference lab results or product recalls that may require immediate attention.

26. Versiti Reference Lab Reports

a. Final test results are routinely sent to the referring institution by fax, secure email and/or mail when all tests on a sample have been completed. This report includes interpretation of all test results.

b. Some test results are available as interim reports. This includes individual tests which are resulted while other tests are in progress. Interpretation will only be

included on the final report.

c. When a final report is received from Versiti, record the results in the Blood Bank computer, if applicable.

d. Submit report to Lead Medical Technologist/Supervisor for review.

e. Refer to Transfusion Medicine policy, Submitting Samples to a Reference Laboratory.

27. Unprocessed Reagents

    a. Each day a technologist will make certain that all reagents have been processed, and that QC has been performed if applicable.

    b. Refer to Transfusion Medicine policy, Receipt of Critical Blood Bank Reagents and Materials - Dearborn.

28. Bench Cleaning / Empty Waste

    a. Initial that each of the benches and associated centrifuge were cleaned with approved disinfectant (i.e. Virex® , Sani-Cloth® Germicidal Disposable wipes), supplies were stocked, and the trash was emptied as needed.

B. Day Shift Blood Bank QA Checklist - Weekly /BiWeekly /Monthly

Document the date and initials of the medical technologist who performs the below tasks.

1. Empty and refill the saline bottles and update the sticker (Saline Bottle Sticker) accordingly.

    a. In addition, on the first Monday of each month replace the existing bottles with clean saline bottles and label the new bottles appropriately.

2. Perform QC on Ortho Panels, 0.8%.

    a. Primary panels (0.8% Ortho® Panel A,B,C) is QC'd when put into use, and again after the box has been in use for at least two weeks, if applicable.

    b. Refer to Transfusion Medicine policy, *Quality Control of Blood Bank Reagents - Dearborn*

3. Cell Washer Weekly Preventative Maintenance

    a. Verify weekly maintenance of the cell washer was performed in accordance with Transfusion Medicine Policy, Quality Control and Preventative Maintenance of Helmer UltraCWII Cell Washing System - Dearborn Blood Bank.

4. Eye Wash Weekly Inspection and Cleaning

    a. Perform weekly flush and inspection of the department Eye Wash station in accordance with general lab policy, Laboratory Emergency Eyewash and Shower Equipment.

5. Ordering Reagents and Supplies

    a. Perform Inventory counts and place necessary reagent/supply orders in accordance

with Transfusion Medicine policy, Inventory of Reagents & Critical Materials - Dearborn Blood Bank.

6. Reagent and Supply Discard
    a. Inspect the department reagents and supplies and discard any unsatisfactory or expired reagents and supplies appropriately.
        i. Retain expired panels and reagent cells for 90 days past the expiration date. Move them to designated area in Refrigerator # 4.
        ii. Remove the expired antigram sheets from the "current lot" file and replace with copies of the current lot
        iii. If applicable, document the reagent/supply as "END OF USE" in the Blood Bank Computer.
    b. Refer to Transfusion Medicine policy, Inventory of Reagents & Critical Materials - Dearborn Blood Bank.
7. Specimen/Segment Discard
    a. Verify sample racks and stored unit segments are removed from storage and specimens are disposed of in a biohazard bin after the defined minimum retention as outlined in Transfusion Medicine Policy, Storing and Disposing of Patient Samples - Blood Bank.
8. Specimen Centrifuge Cleaning
    a. The specimen centrifuge and all components should be thoroughly cleaned with a germicidal solution approved by the Hospital Infection Control Department on a monthly basis and whenever there is a spill in accordance with general laboratory policy, Laboratory Centrifuge Function Checks.

C. Afternoon Shift Blood Bank QA Checklist - Daily

Document the form with the initials of the afternoon-shift technologist who performs each of the following tasks:

1. Shift-to-Shift Communication
    a. Review communication board and materials on communication bench immediately upon entering department.
    b. If necessary obtain details from staff on day shift prior to their departure from the area.
2. Pending Test Reports
    a. Print, review, and resolve the SoftBank Pending Test Report and Beaker Outstanding Lists at the beginning and end of the shift.
    b. Refer to Transfusion Medicine policies, Reviewing the SoftBank Pending Test Report - Blood Bank and Reviewing Epic Beaker Outstanding and Expected Lists - Blood Bank

c. Save the report in the designated completed report box in the department.

3. Inventory
    a. Verify that adequate blood product levels are maintained.
    b. If necessary order blood products based on minimum target levels.
    c. Process any incoming blood or blood products
    d. Refer to Transfusion Medicine policy, Inventory and Ordering Blood Products from Established Suppliers.
4. Emergency Buckets
    a. Check the expiration date/time of the plasma in the trauma basket. Discard any expired products.
    b. Confirm there are at least 3 thawed AB plasma available. If necessary, thaw additional plasma for the trauma basket.
    c. Confirm that there at least 2 units of Group O Neg RBC prepared in advance with an attached, partially completed crossmatch tag available in the downtime bucket.
5. Daily Irradiator Maintenance
    a. Verify daily maintenance of the blood irradiator was performed in accordance with Transfusion Medicine Policy, Preventative Maintenance and Quality Control of the Rad Source RS3400 Blood Irradiator.
6. Coolant Blocks
    a. Confirm the rotation of coolant blocks.
    b. Previously used coolants may be moved from the "Not Ready" section in the refrigerators to the "Ready" section in the refrigerator after sufficient time to acclimatize.
    c. Previously used coolants may be moved from the "Not Ready" section in the freezer to the "Ready" section in the freezer once the blocks are frozen to the solid state. Any blocks displaying liquid shall remain in the freezer until they have reached the solid state.
7. Delivered Reagents
    a. Check for any delivered reagents in the hallway between 5 and 8 pm.
    b. Ensure proper storage of all reagents at the appropriate temperature.
8. Printer/Fax Status
    a. Verify adequate paper supply is available in department fax/printers. If necessary replenish paper supply.
    b. Check for incoming fax communications such as reference lab results or product recalls that may require immediate attention.
9. Bench Cleaning/Empty Waste
    a. Initial that each of the benches was cleaned with approved disinfectant (i.e. Virex® ,

Sani-Cloth® Germicidal Disposable wipes), supplies were stocked, and the trash was emptied as needed.

D. Midnight Shift Blood Bank QA Checklist - Daily

1. Shift-to-Shift Communication
    a. Review communication board and materials on communication bench immediately upon entering department.
    b. If necessary obtain details from staff on afternoon shift prior to their departure from the area.
2. Pending Test Report
    a. Print, review, and resolve the SoftBank Pending Test Report and the Beaker Outstanding List at both the beginning and end of the shift.
    b. Refer to Transfusion Medicine policy, Reviewing the SoftBank Pending Test Report - Blood Bank and Reviewing Epic Beaker Outstanding and Expected Lists - Blood Bank.
    c. Save the report in the designated completed report box in the department.
3. Inventory
    a. Verify that adequate blood product levels are maintained.
    b. If necessary order blood products based on minimum target levels.
    c. Process any incoming blood or blood products
    d. Refer to Transfusion Medicine policy, Inventory and Ordering Blood Products from Established Suppliers.
4. Emergency Buckets
    a. Check the expiration date/time of the plasma in the trauma basket. Discard any expired products.
    b. Confirm there are at least 3 thawed AB plasma available. If necessary, thaw additional plasma for the trauma basket.
    c. Confirm that there at least 2 units of Group O Neg RBC prepared in advance with an attached, partially completed crossmatch tag available in the downtime bucket.
5. Daily Irradiator Maintenance
    a. Verify daily maintenance of the blood irradiator was performed in accordance with Transfusion Medicine Policy, Preventative Maintenance and Quality Control of the Rad Source RS3400 Blood Irradiator.
6. Perform Ortho Vision QC & Maintenance
    a. Perform daily quality control and maintenance on Vision 2 in accordance with Transfusion Medicine policies, Ortho Vision Analyzer QC and Ortho Vision Analyzer Maintenance.

7. Reagent Quality Control
    1. Verify that the manual gel reagent quality control has been performed in accordance with Transfusion Medicine policy, Quality Control of Blood Bank Reagents - Dearborn.
    2. Verify appropriate QC rack is documented in SoftBank.
8. Presumed Transfused Report
    a. Place the Presumed Transfused Report on the Communication Bench. This report will automatically print daily at approximately 00:43 and be used by the day-shift to reconcile billing charges for products and special attributes.
9. Finished Order Report
    a. The Finished Product Orders Report automatically prints at approximately 00:47 and lists products that have been released from a patient because the patient's sample has outdated.
    b. The midnight shift technologist will locate these products and physically return the products to the appropriate inventory location.
    c. This report is to be filed in the completed reports box.
10. Quarantined and/or Expired Log
    a. The Quarantined and/or Expired Product Report automatically at approximately 00:41.
    b. The midnight technologist will locate these units in inventory, and place on inventory quarantine shelves.
    c. The Quarantine and/or Discard Log report is to be filed with the units in the quarantine box.
11. Coolant Blocks
    a. Confirm the rotation of coolant blocks.
    b. Previously used coolants may be moved from the "Not Ready" section in the refrigerators to the "Ready" section in the refrigerator after sufficient time to acclimatize.
    c. Previously used coolants may be moved from the "Not Ready" section in the freezer to the "Ready" section in the freezer once the blocks are frozen to the solid state. Any blocks displaying liquid shall remain in the freezer until they have reached the solid state.
12. Expired Reagents
    a. Reagents expire at 23:59 on their expiration date. Remove any expired reagents from use.
    b. The midnight technologist is responsible for locating any expiring reagents and replacing them with in-date reagents.
    c. All expired reagents will be placed on the quarantine shelf, with the exception of any expired panels will be placed on the expired panel shelf.

13. Printer/Fax Status
    a. Verify adequate paper supply is available in department fax/printers. If necessary replenish paper supply.
    b. Check for incoming fax communications such as reference lab results or product recalls that may require immediate attention
14. Bench Cleaning/Empty Waste
    a. Initial that each of the benches was cleaned with approved disinfectant (i.e. Virex®, Sani-Cloth® Germicidal Disposable wipes), supplies were stocked, and the trash was emptied as needed.

V. EXPECTED VALUES:

A.

QC Measure	Expected Results
Temperature of Blood Bank Department	18°C - 25°C
Humidity of Blood Bank Department	>15%
Component Storage Refrigerators	1°C - 6°C
Reagent Storage Refrigerators	2°C - 6°C
Component Storage Freezers	Below -18°C
Platelet Incubator	20°C - 24°C
Temperatures of Workstation Heating Blocks	37° ± 1°C
Appearance of Water in Plasma Water Baths	Clear, not cloudy and without an odor or other signs of contamination
Water Level in Plasma Baths	The level should not exceed the upper slotted line and not drop below the lower slotted line
Temperature of the Plasma Bath	36° ± 1°C
Temperature of Storage Room	18°C - 25°C
Humidity of Store Room	>15%
Scale	200 g ±1 g

VI. INTERPRETATION:

A. The QC passes if the observed results are with the range of the expected values, and the QC

fails if the observed results are not within the expected values. If the QC fails refer to policy IV.B. *Failing QC* in this document.

VII. REFERENCES:

1. AABB Technical Manual, current edition.

Attachments

Afternoon Shift Daily Checklist

Day Shift Daily Checklist

Midnight Shift Daily Checklist

Approval Signatures

Step Description	Approver	Date
	Jeremy Powers: Chief, Pathology	Pending
Policy and Forms Steering Committe (if needed)	Kelly Sartor: Supv, Laboratory	12/5/2022
Policy and Forms Steering Committe (if needed)	Gail Juleff: Project Mgr Policy	11/28/2022
	Kimberly Geck: Dir, Lab Operations B	11/27/2022
	Kelly Sartor: Supv, Laboratory	11/25/2022
	Kelly Sartor: Supv, Laboratory	11/25/2022

Beaumont HEALTH

Beaumont Laboratory, Dearborn

Dayshift Blood Bank Checklist

Month: _____ Year: _____

Techs to Initial Box	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
SHIFT-to SHIFT																															
Print, review, and file **PENDING TEST REPORTS** –start of shift																															
PRESUMED TRANSFUSED																															
IRRADIATION BILLING																															
EXPIRING UNITS – print, locate and post																															
INVENTORY Check Levels																															
BABY UNITS Verify dating and requirements																															
THAWED PLASMA Check Levels																															
EMERGENCY RBC INVENTORY																															
Check **COOLANT BLOCKS**																															
Verify Soft Bank **BACKUP FILES** are created																															
Verify **RHIG REPORT** and **RHIG Dispense**																															
TEMP TRAC Verify Temp and Perform Group Audit																															
Ortho Vision (VISD1) QC & Maintenance																															
Perform QC of manual tube reagents.																															
SCALE CHECK	Record weight of standard. Expected Value: 200 g +/- 1 g √ = Satisfactory, X = Unsatisfactory																														
Weight (g)																															
Interpretation																															
Initials																															
ALARM CHECKS	Sound audible alarm on each unit. Record as indicated √ = Satisfactory, X = Unsatisfactory, NT = Not tested																														
Refrigerator # 2																															
Refrigerator # 3																															
Refrigerator # 5																															
Initials																															

PLASMA BATHS	Appearance & Level: √ = Satisfactory, X = Unsatisfactory Cleaning: NR = Not required √ = Done																														
Bath # 1 Appearance																															
Cleaning																															
Initials																															
Bath # 2 Appearance																															
Cleaning																															
Initials																															
PERFORM IRRADIATOR MAINTENANCE																															
Cell Washer Maintenance Verify performed with initials.																															
Heat Sealer Cleaning Performed weekly on Wednesday or as needed. (Initial or NR)																															
Sterile Connecting Device Cleaning Performed weekly on Wednesday or as needed. (Initial or NR)																															
Surgical Schedule																															
Printer/Fax																															
Check for **UNPROCESSED REAGENTS**																															
Reference Lab Reports																															
PENDING TEST REPORT (end of shift)																															
SUPERVISOR REVIEW																															

Reviewed by: _____ **Date:** _____

Month: _____ Year: _____

Day Shift Additional Task List

	Weekly																				Monthly				
Week of Month	Panel A QC (as opened / every 2 weeks) (Mon)		Empty & Refill Saline Bottles (Mon)		Specimen & Segment Disposal (Mon)		Reagent & Stock Ordering (Tues)		Open, label, spin new Alba QC bottles (Tues)		Weekly Cell Washer Maint. (Wed ± 2 days)		Weekly Eye Wash Cleaning (Wed ± 2 days)		Clean Plasma Bath #1 (Wed ± 2 days)		Clean Plasma Bath #2 (Wed ± 2 days)		Reagent & Supply Discard		Specimen Centrifuge Cleaning		Irradiator Monthly Maintenance		Supervisory Review
	Date	Tech	Date	Tech	Date	Tech	Date	Tech	Date	Tech	Date	Tech	Date	Tech	Date	Tech	Date	Tech	Date	Tech	Date	Tech	Date	Tech	Date/Initials
1																									
2																									
3																									
4																									
5																									

Reviewed by _____ Date_____

Month: _____ Year: _____

DATE/ TIME	TECH INITIALS	NOTES/ COMMENTS / ADDITIONAL ACTIONS

Reviewed by _____ Date_____

Beaumont HEALTH

Beaumont Laboratory, Dearborn

Serofuge & Bench Cleaning Log

Month_____ **Year:** _____

Initials below indicate bench / work area including serofuge was cleaned once per shift (and as needed), supplies were restocked, and trash was emptied as needed.

Day	QC/Triage	Mother/Baby Triage # 2	Vision #1	Vision #2	Manual Gel	Antibody/Special Testing
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

If a bench / work area was not used on a given day, then the applicable space will be documented with an "X".

Reviewed by: _____

Date: _____

Afternoon Shift Blood Bank Daily Checklist

Month: _____ Year: _____

Techs to Initial Box	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
SHIFT-to-SHIFT																															
Print, review and file **PENDING TEST REPORTS**—start of shift																															
Check **BLOOD & PLATELET** inventory																															
EMERGENCY BUCKETS Replenish products if necessary																															
PERFORM IRRADIATOR MAINTENANCE																															
Check **COOLANT BLOCKS**																															
REAGENT/SUPPLY DELIVERY Confirm delivered reagents are stored properly, verify hallways are clear of reagent/supplies.																															
PRINTER/FAX Replenish Paper Supply, Check for Incoming																															
Print, review, and file **PENDING TEST REPORTS** (end of shift)																															
SUPERVISOR REVIEW																															

Reviewed by: _____ **Date:** _____

Month: _____ Year: _____

DATE/ TIME	TECH INITIALS	NOTES/ COMMENTS / ADDITIONAL ACTIONS

Beaumont HEALTH

Beaumont Laboratory, Dearborn

Serofuge & Bench Cleaning Log

Month_____ Year: _____

Initials below indicate serofuge and bench / work areas were cleaned once per shift (and as needed), supplies were restocked, and trash was emptied as needed.

Day	QC/Triage	Mother/Baby Triage # 2	Vision #1	Vision #2	Manual Gel	Antibody/Special Testing
1						
2						
3						
4						
5						
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7						
8						
9						
10						
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27						
28						
29						
30						
31						

If a bench / work area was not used on a given day, then the applicable space will be documented with an "X".

Reviewed by: _____

Date: _____

Beaumont HEALTH

Beaumont Laboratory, Dearborn

Midnight Blood Bank Daily Checklist

Month: _____ Year: _____

Techs to Initial Box	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
SHIFT-to-SHIFT																															
Print, review, and file **PENDING TEST REPORTS** –start of shift																															
Check **BLOOD & PLATELET** inventory																															
EMERGENCY BUCKETS Check Trauma **FFP EXPIRATION** date Replenish products if necessary																															
PERFORM IRRADIATOR MAINTENANCE																															
PERFORM QC: QCG RACK																															
PERFORM QC & MAINTENANCE VISD2																															
PRESUMED TRANSFUSED – prints @ 0043.Place on communication bench.																															
FINISHED PRODUCT ORDERS – prints @ 0047. Locate and take down blood.																															
QUARANTINED/ EXPIRED units- prints @ 0041. Locate units / place on quarantine shelf																															
Check **COOLANT BLOCKS**																															
QUARANTINE expired reagent (Selectogen, Surgiscreen etc.). **PLACE** on quarantine reagent shelf																															
PRINTER/FAX Replenish Paper Supply, Check for Incoming																															
Print, review, and file **PENDING TEST REPORTS** (end of shift)																															
SUPERVISOR REVIEW																															

Reviewed by: _____ **Date:** _____

Month: _____ Year: _____

DATE/ TIME	TECH INITIALS	NOTES/ COMMENTS / ADDITIONAL ACTIONS

Reviewed by: _____ **Date:** _____

Serofuge & Bench Cleaning Log

Month_____ **Year:** _____

Initials below indicate serofuge and bench / work area were cleaned once per shift (and as needed), supplies were restocked, and trash was emptied as needed.

Day	QC/Triage	Mother/Baby Triage # 2	Vision #1	Vision #2	Manual Gel	Antibody/Special Testing
1						
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31						

If a bench / work area was not used on a given day, then the applicable space will be documented with an "X".

Reviewed by: _____

Date: _____