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|  | **Room Temperature Verification For Phlebotomy Supplies**  **IPP#21** | **Dept:** | **Inpatient Phlebotomy 324305** |
| **Effective Date:** | **2/17/2011** |
| **Revised Date:** | **March 2019** |
| **Contact:** | **Laurie Watson** |
| **Name & Title: Greg Pomper, MD Medical Director** | | **Date:** |  |
| **Signature:** | | | |

1) **General Procedure Statement:** To give guidelines to staff concerning the proper process for monitoring of room temperature.

* 1. **Purpose:** This procedure is to serve as a guide for trained personnel in the Inpatient Phlebotomy Department to perform the services described herein. These guidelines should be used in conjunction with proper training and only by qualified Phlebotomists.
  2. **Responsible Department/Party/Parties:** 
     1. Procedure owner/ Implementer: Inpatient Phlebotomy
     2. Procedure prepared by: Laurie Watson MT(ASCP)
     3. Who Performs procedure: Inpatient Phlebotomy

**2)Procedure: Temperature and humidity Verification**

In order to maintain the integrity of phlebotomy supplies, the air temperature is monitored to assure a suitable range. Supplies should remain within the range of 2-25\*C or 35.6-77.0\*F and humidity is monitored between 5% and 95%. Temperatures are monitored in the department storeroom and the operations where open stock is stored by the SPOT system.

* 1. The SPOT system will monitor temperatures and humidity 24 hours a day, 7 days a week, and will alert the Manager if out of range at the first occurrence.
  2. The Coordinator or designee will review the SPOT report daily
  3. The Manager will review the temperatures weekly.
  4. Verify that the temperature is between 2-25\*C or 35.6-77.0F and that the humidity is between 5-95%.
  5. Record any deviations in temperature or humidity.

**Corrective Actions**

1. If the temperature is not between the designated range, verify that the supplies are undamaged. Place a “Do Not Use” sign on the supplies. Check the temperature again in 30 minutes.

1. If the temperature is still out of range after 30 minutes, call engineering at extension 64841 to request a repair order. If the temperature corrects then return contents and remove sign.
2. A CAPA will be submitted if temperatures/humidity are out of range if testing supplies were used during that time/before remedying the situation.
3. **Review/Revision/Implementation:**

All procedures must be reviewed at least every 2 years.

* All new procedures and procedures that have major revisions must be signed by the CLIA Laboratory Medical Director.

* All reviewed procedures and procedures with minor revisions can be signed by the designated section manager.

1. **Related Procedures:** Temperature Monitoring
2. **References:** COM.30775, COM.30750, COM.30800, GEN.61300
3. **Attachments:** Temperature log IPP#21.2
4. **Revised/Reviewed Dates and Signatures:**

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| Review Date: | Revision Date: | Reason: | Signature: |
|  | 3/6/2017 | Reformatted to Medical Center standard template | Laurie Watson, MT, ASCP |
|  | 3/5/2019 | Revised signature page, added SPOT | Laurie Watson, MT, ASCP |
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