|  |  |  |  |
| --- | --- | --- | --- |
|  | **Phlebotomy Supplies**  **IPP# 25** | **Dept:** | **Inpatient Phlebotomy 324306** |
| **Effective Date:** | **February, 2019** |
| **Revised Date:** | **February, 2019** |
| **Contact:** | **Laurie Watson** |
| **Name & Title: Gregory Pomper, MD Medical Director** | | **Date:** |  |
| **Signature:** | | | |

1. **General Procedure Statement:** 
   1. **Purpose:**  To ensure all blood collection supplies are suitable and approved for testing.
   2. **Responsible Department/Scope:** 
      1. Procedure owner/Implementer: Inpatient Phlebotomy
      2. Procedure prepared by: Laurie Watson MT (ACSP)
      3. Who performs procedure: Inpatient Phlebotomy staff

1. **Procedure:**

* All blood collection supplies should be checked for expiration dates at the time supply orders are received into the lab.
* All blood collection supplies should be checked for expiration dates at the time the baskets are stocked and at the end of each month when Phlebotomy carts are cleaned.
* Any expired supplies found in the lab should be documented and a list given to the Manager/Coordinator(s) and then the supply should be discarded immediately. If the supplies were in use at the time of discovery, a CAPA will be submitted.
* Specific Phlebotomy supplies/Manufacturers are determined by the laboratory performing the testing. No product will be substituted until the validation studies have been signed off by the testing department’s Medical Director and an SBAR has communicated the changes to those effected. At that point, Inpatient Phlebotomy will begin using the new supplies and will assist with communication to the Nursing Units as needed.

1. **Remediation Triggers:**
   1. At the monthly audit completed by the Manager/Coordinator(s); if expired supplies are found on a Phlebotomy cart or basket, the employee will be held accountable for not following this procedure.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Occurrence: | Verbal Advisory | Written Advisory | Final Written Advisory | Discharge |
| 1st Occurrence | X |  |  |  |
| 2nd Occurrence |  | X |  |  |
| 3rd Occurrence |  |  | X |  |
| 4th Occurrence |  |  | (within 12 months of previous) | X |
|  |  |  |  | (within 6 months of previous) |

1. **Related Procedures: N/A**

Hospital Policy – Performance Standards Policy; IPP#23 Carts, GEN.40460

1. **References:**
2. **Attachments:**

Expired Supply Log IPP#25.1

1. **Revised/Reviewed Dates and Signatures:**

|  |  |  |  |
| --- | --- | --- | --- |
| Review Date: | Revision Date: | Reason: | Signature: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |