	EMPLOYEE PROTOCOLS - SHIFT RESPONSIBILITIES BB.PROTOCOL.1032.7	**Dept:**	324311
Wake Forest® Baptist Medical Center		**Dept Name**	Blood Bank
		Effective Date:	
		Revised Date:	11/12/18
Name & Title: CLIA Laboratory Medical Director		**Contact:**	Julie Simmons/ Christina Warren
Signature:		**Date:**	

1. General Protocol Statement:

A. Purpose: To delineate the responsibilities for shifts/rotations so that employees are aware of the tasks designated to ensure that workload flows smoothly within the department. Employees are expected to maintain an awareness of workload within the department and assist other rotations and shifts as needed.

B. Responsible Department/Scope:
    i.   Protocol owner/Implementer: Julie H. Simmons
    ii.   Protocol prepared by: Pat Sarvis
    iii   Who performs protocol: Department staff/management

C. Definitions:
    IDR: Inventory Disposition Report
    SCC: Blood Bank Computer System
    FD/CP: Front Desk/Component Preparation
    CNP: Critical Needs Person
    PCW: Patient Caution Window

D. Sections:

    I.   General Responsibilities for All Shifts
    II.   Rotation Responsibilities
    III.   Third Shift Specific Responsibilities

2. Protocol:

I. General Responsibilities for All Shifts

    1.0 <u>Obtain handoff instructions from previous shift.</u> This communication means that you listen to the person working the position before they leave the shift.

    2.0 Review BB Communication Calendar at start of shift and emails/mailboxes if workload permits.

    3.0 Take over any work that previous shift has in progress. Discuss any problems before the shift leaves.

    4.0 Answer phone calls, direct appropriately.

    5.0 Complete any testing on the bridge. Non-stat samples may be left for subsequent shift to complete if staffing and/or workload prohibits their completion.

6.0 Prepare Component Prep orders as requested.

7.0 **Unit processing and performance of Unit ABO Rechecks are the responsibility of ALL techs.** Anyone who has the opportunity to complete these tasks should.

8.0 Maintain an awareness of workload in other areas so that assistance can be provided when needed.
   8.1 Cover for breaks, etc.

9.0 Unpack and process reagents. Perform Receipt Testing as needed.

10.0 Prepare Trauma blood/Emergency Release blood as needed.

11.0 Prepare offsite coolers for AirCare, EMS, Davie Medical Center, Clemmons, etc.

12.0 Perform unallocated unit search weekly. (1st/2nd shift)
   12.1 Run Inventory Disposition Report once a week
      Refer to Attachment 7: How to Print the Inventory Disposition Report
   12.2 Check the units of the IDR against the units in the refrigerator on the crossmatched shelf.
   12.3 Resolve any discrepancies by moving any units from expired crossmatches to the inventory shelf.
   12.4 Initial and date the log sheet posted on the refrigerator.
   12.5 Document discrepancies on the IDR and leave in the manager's box.

13.0 Check incomplete notebook/complete tasks. (First Shift)

14.0 Check printers/faxes for paper supply.

15.0 Any service or maintenance needed or completed by outside departments, document on the appropriate form and store in the appropriate equipment manual.

16.0 As a guideline, work accountabilities are the following:
   16.1 Patient workload first priority.
      a. This may require the tech to assist others with tasks at other workstations.
      b. This may require other shift tasks to be performed on a different shift.
   16.2 Quality Control and Maintenance Tasks
   16.3 Assigned job responsibilities
   16.4 Interruptible tasks:
      a. SCAN checks
      b. Conditioning cooler inserts/lids/panels/bricks
      c. Filing antibody IDs that have been reviewed
      d. Irradiating A pos/O pos packed cells if <20 irradiated
      e. Filing reviewed QC documents in appropriate folder in irradiator room
      f. Restocking work areas
      g. Putting up supplies
   16.5 Certain tasks are designated to a shift but if the designated shift cannot complete, then the tasks

17.0 Check patient caution window on all orders in SCC.

18.0 Removing units that expire BEFORE midnight and placing on QC shelf so that third shift can reconcile the Expired Products report that prints after midnight.

19.0 Take care of unacceptable units that are due supplier credit and document on the Unacceptable Unit Disposition log.   i.e. hemolyzed, icteric, broken bags, clotted
   Refer to Attachment 8: Unacceptable Unit Disposition Log

20.0 When QC responsibilities are not completed because of workload needs, store message on bridge for next shift.

21.0 All employees on all shifts are responsible for ensuring that inventory does not drop below optimal levels (found on Inventory order form).

22.0 Perform Quarterly QC duties as assigned.
   Refer to Attachment 5: Monthly, Quarterly, Semi-Annual and Annual QC Schedule
   Refer to Attachment 4: Daily Quality Control Checklist; Weekly QC Checklist
   Refer to Attachment 3: Daily Component Preparation Checklist; Weekly/Monthly CP Checklist

23.0 Complying with all safety requirements by wearing appropriate PPE, disposing of waste appropriately, etc.

24.0 The following outlines the rotations that are staffed at minimal staff levels for each shift.

	First Shift	Second Shift	Third Shift
	XM1	XM1	FD (CP)
	XM2	XM2	NEO (CP)
	NEO/ECHO	NEO/ECHO	XM1/2(CP)
	FD	FD	
	CP	CP	
	FD/CP	REF/CNP	
	REF		
Minimum Staffing Level	6	5	3

II. Rotation Responsibilities

1.0 Component Prep Responsibilities

1.1 Complete Daily/Weekly/Monthly Component Prep checklist tasks for assigned shifts.
   Refer to Attachment 3: Daily Component Preparation Checklist; Weekly/Monthly CP Checklist
   a. Verify that checklist is complete and complete any tasks necessary from previous shift.

1.2 Review platelet inventory and order extra platelets as needed.
   Refer to Attachment 6: Ordering Routine Blood Products
   a. Consult with Medical Director or pathologist resident for Special Order Platelets (1st/2nd shift) and order as needed.

1.3 Deglycerolize and wash blood/platelets as needed

1.4 Help Front Desk

1.5 Charge the PediFilters on unit created.

1.6 Check pediatric cardiothoracic surgery list of patients on OR schedule for following day and make sure platelets are set aside for each patient. (2nd/3rd shift)

1.7 Print a list of pediatric cardiothoracic surgery patients and place in CP area. (3rd shift)
   a. Pull the schedule (3rd shift)
   b. Order blood if necessary.
   c. Assign fresh (<5 days old) RBCs for patients for 7am OR.(3rd shift)
   d. If fresh blood is not available wash RBCs as needed.
   e. Allocate plasma as ordered.

1.8 Take care of unacceptable units that are due supplier credit and document on the Unacceptable Unit Disposition log.   i.e. broken bags, clotted

1.9 Record equipment temperatures and do blood inspection. (3rd shift)
   a. Communicate with 1st Shift if unable to complete.

1.10 Obtain Short Date Report and put short dated stickers on units. (3rd shift)

1.11 Blood inspection includes labeling short date RBCs (< 5 days expiration) with orange sticker:
   SHORT DATED USE FIRST (3rd shift)

1.12 Change Segment Bags (3rd shift)
   a. After all blood is processed for the day, remove the segment bag from the metal bin and place in refrigerator in numerical sequence. Segments are kept for 56 days, which is 2 weeks past the last possible date of transfusion.
   b. Remove the next bag in sequence.
   c. Empty the segments into a lined trashcan.
   d. Write the next day's date on the tape label.
   e. Place the bag in the metal bin on the processing counter.

1.13 Check the age of the Neonate, ECMO and Pediatric Cardiothoracic Surgery units (3rd shift):
   a. Move the pediatric cardiothoracic surgery units that are greater than 5 days old to the Neonate/ECMO side of the shelf
   b. Move the Neonate and ECMO units that are too old to regular inventory:
   - CPDA-1 units greater than 7 days old
   - AS-3 units greater than 10 days old

1.14 Receive into SCC all future pheresis orders for plasma that print.
   a. This is to avoid the order being cancelled when outpatient is discharged.

1.15 Take temperatures of equipment and blood inspection. (3rd shift when 4 techs)

2.0 Front Desk Responsibilities

2.1 Log in specimens

a. FD will check patient prior history in SCC using evidence of prior ABO/Rh and information in Patient Caution Window (PCW).

- Prior ABO/Rh will be documented in the designated area on the BB requisition for samples with BBID by the staff member receiving the sample. In the event of no prior ABO/Rh record, NO for No History should be documented. This information is of key importance and acts as evidence for the techs performing the testing whether or not ABO/Rh recheck testing needs to be performed.

b. FD will initial and designate Irradiation needs on the BB requisition based on information obtained from the PCW. The pink IRRADIATION sticker should still be placed on any BB requisition when the PCW states that irradiated products are required. This includes product orders.

c. FD will make note on the BB requisition using a stamp (PCW) to flag those BB requisitions for patients who have any type of special requirements (antibodies, testing method/media recommendations etc.) in an effort to avoid over/unnecessary testing and to aid in specimen triage.

d. FD will place the BEAKER bar code label on the requisition when logging in the specimen.

e. When receiving specimens for Delayed XM, FD will change the expiration date of the specimen to the day of surgery and place a piece of blue tape on the specimen to indicate that it is a Delayed XM specimen and will have to be stored in the Delayed XM rack.

f. FD will **NOT**
   - Stamp the BB requisition with the ABO Recheck stamp. This will all be completed at the Instrument / XM bench.
     Refer to XM/Instrument Responsibilities
   - Be responsible for the charging of PediFilters. That will be the responsibility of the tech creating the unit for which the filter is needed – most often the CP tech.
     Refer to Component Prep Responsibilities

2.2 Issue/Return blood and components

2.3 Answer telephone

2.4 Prepare cooler inserts/lids/panels/bricks

2.5 Monitor BBFront emails for notifications of special order blood, merges, name changes/updates and cooler alerts.

2.6 Track Blood Coolers as needed.

2.7 Monitor door entrance.

2.8 Prepare and send safety report for Daily Safety Check-In. (1st shift)

2.9 Pull antibody requisitions/work-ups for management review. (1st shift)

2.10 Complete any filing not completed by third shift. (1st/2nd shift)
   Refer to III, 9.1 to 9.2

3.0 FD_CP or CNP Responsibilities

3.1 Assist Front Desk and Component Prep

3.2 Process blood/blood products/reagents

3.3 Scan or File any antibody work-ups that have been reviewed by management in irradiator room.
   a. Make a folder for patients that do not have previous work-ups.

3.4 Help as needed in any area as workload dictates and cover for breaks (XM/NEO/ECHO).

3.5 Restock/maintain inventory in the remote refrigerators (1st and 2nd shift)

3.5 Weekly – change charts and verify globals in remote refrigerators. (1st shift)

4.0 XM1/XM2 General Guidelines

4.1 Techs will take samples placed in ***Antibody/Manual*** rack and determine manner of testing. (instrument / manual)

4.2 Assess complexity of antibody work-ups and transfer to Reference Tech when appropriate.

   Refer to Reference Desk Responsibilities.

4.3 If sample can be run on instrument, tech
   a. Will change XM criteria in SCC to allow for SP XM
   b. Will select appropriate units in SCC if XM to be run on instrument.
   c. Is responsible for loading, starting and completing antibody specimens on the instrument.
   d. Will fill in the ABO/Rh interpretation and antibody screen interpretation on the BB requisition.
   - This information is especially helpful when we have computer downtime and units of blood need to be issued. This scenario happens quite often on 3rd shift.

4.4 If sample cannot be run on instrument, techs will perform required manual testing.

4.5 Will be the 1st in line to clean up Traumas, Emergency Releases and MTP's

4.6 Will help the ECHO/NEO person as needed.

4.7 Will perform GEL selected screen and subsequent titer testing on OB samples with known antibody history.

4.8 Perform receipt testing.

4.9 Perform crossmatches.

4.10 Handle Traumas, STAT work and Transfusion Reactions

4.11 Do Routine consultation work or titers left from other shifts or as requested by management.

4.12 Identify antibodies in patient's specimens.

4.13 Order special antigen negative units as needed.

4.14 Complete any testing on the bridge. Non-stat samples may be left for next shift to complete if staffing and/or workload prohibit their completion.

4.15 Process blood as needed. Perform donor testing as needed.

4.16 Perform Daily reagent QC (3rd shift)

4.17 Complete tasks on Daily/Weekly Quality Control Checklists and initial completion.
   (1st shift XM2/2nd shift XM1/3rd shift XM)
   a. If tasks from previous shift are not completed, then complete on next shift(s).

4.18 Weekly Responsibilities – Assigned shift.

   Each shift should verify completion and complete if necessary.
   Refer to Attachment 4: Forms: BB.FORMS.3300: Daily, Weekly Quality Control Checklist

5.0 Crossmatch 1 (XM1) Responsibilities

5.1 Perform Blood Inventory and order blood products as needed based on optimal inventory levels.
- a.   1st shift - order before 8am.
- b.   2nd shift – order before 2:30pm. (1st tech to arrive will do inventory)
    - Perform RBC, Plasma and Cryo inventory
- c.   3rd shift – order before 10:00pm
        Refer to Attachment 6: Ordering Routine Blood Products
        Refer to Protocol: SCC Reports and Labels

5.2 Check Special Order book and make sure all patient specific units are available and antigen negative units are correct on blood from 10pm delivery. (3rd shift)

5.3 Back up Front Desk.

5.4 Work with students: Give assignments, administer tests, prepare samples, answer questions (1st shift)
- a.   Consult with Specialist Tech as needed.

6.0 Crossmatch 2 (XM2) Responsibilities

6.1 Perform Quality Control Checklist
- a.   QC Reagents (1st shift – check to see if done by 3rd shift)
- b.   Temps and Alarms (1st shift -check to see if done by 3rd shift)
- c.   Blood Inspection (1st shift - check to see if done by 3rd shift)
- d.   Expired Products/Reagents/Supplies (3rd shift) are reconciled to Expired Products report and BB communication calendar.
- e.   Confirm units have been properly dispositioned on Unacceptable Unit Disposition form. (1st shift)
- f.   Check paper levels in all printers and copier and refill as needed.

7.0 REFERENCE DESK/CNP (Critical Needs Person)

7.1 Work at the designated Reference Desk unless needed during multiple MTPs or other urgent patient issue when routine staff cannot manage.

7.2 Perform Consultation work as requested by management.

7.3 The goal is to complete all antibody work-ups within an 8 hour time frame.

7.4 The goal is 2 patients complex or 1 complex and 2 follow up testing needed.
   a. Any more patients involved, management needs to evaluate.

7.5 Communicate quickly with Reference Tech on next shift so that they can begin to perform some needed tasks.

7.6 Perform as much testing as can be completed before transferring to next shift, i.e. Begin washing cells for an eluate.

7.7 Receive handoff of complex antibody work-ups from crossmatch. This includes:
- a.   New multiple antibodies detected
- b.   Absorptions
- c.   Elution
- d.   Other specialty techniques

7.8 Assist techs at XM1/XM2 as a third XM tech.

7.9 Scan or File antibody work-ups that have been reviewed by management in the Irradiator Room
- a.   Make a folder for patients that do not have previous work-ups.

7.10   Other tasks assigned but will be passed to others if patient work-ups need testing:
- a.   Check Special Order Book and order antigen negative units as needed.
- b.   Perform Receipt testing if no consultation work.
- c.   Weekly Responsibilities

8.0 ECHO/NEO Responsibilities

8.1 Run Daily Quality Control and Daily/Weekly/Monthly Maintenance
- a. NEO (1st shift)
- b. ECHO (2nd shift)
- c. Any shift if necessary

8.2 Perform testing on NEO/ECHO.

8.3 Will run all samples in the **STAT** and **ROUTINE** racks on either instrument. Any sample with no prior history and all samples from patient with a history of negative antibody screen can be triaged directly to the instruments.

8.4 Will fill in the ABO/Rh interpretation and antibody screen interpretation on the BB requisition.
  a. This information is especially helpful when we have computer downtime and units of blood need to be issued. This scenario happens quite often on 3rd shift.

8.5 Will place any specimens with a positive antibody screen in the ***Antibody/Manual*** rack for XM1 / XM2 tech to complete.

8.6 Will triage Electronic XM's and ABO Rechecks to the bridge for XM1/XM2 to complete during periods of heavy workload.

8.7 Load reagents, samples and plates.

8.8 Troubleshoot NEO/ECHO - call Immucor for service if necessary.

8.9 Select units for patients using electronic XM.

8.10 Assist with other tasks if necessary due to workload such as donor testing, STAT manual testing, etc.

III. Third Shift Specific Responsibilities

9.0 Tasks to be performed from 9-10pm during 2nd/3rd shift overlap.

9.1 FD: Take handoff from FD.
  a. While 2nd is still covering the front:
  - Do blood inspection on Biofridges and check dates on plasma.
  - Pull expiring crossmatch slips, prenatal slips, etc. (Set aside to be filed after XMs expire at 2359).
  - Check delayeds.

9.2 XM: Take handoff from XM AND CP.
  a. While 2nd shift is still here:
  - Check special order book to see what we are expecting on 10pm.
  - Check pediatric cardiothoracic surgery schedule.
  - Temps, balance QC, and begin irradiating/processing.
  - @ 10PM - Pass off CP information to 3RD SHIFT FD PERSON.

9.3 NEO: Take handoff from Neo.
  a.   Begin Rack QC IMMEDIATELY. Find an empty bench (maybe Reference area will be best—you are out of the way and won't get distracted or pulled away.) and get as many racks QC'd as possible.
  b.   Hand off Incomplete RACKS by 2200 to the XM/CP tech.

10.0   Tasks Performed AFTER Midnight (FD)

10.1 Pull the finished Product Report from the Printer.

Refer to Specials: SCC Reports and Labels

10.2 Release the Blood from the Expired Crossmatches

    a. Using the Finished Product Report, pull all the units from the Crossmatched refrigerator listed as SELECTED on the sheet.

    b. Remove the patient tags and BBID stickers and patient label sticker from back of units.

    c. Place the released units in the Uncrossmatched refrigerator in order of expiration.

    d. File the report in the Finished Product tray on the shelf over FD Left.

    e. Check selected/issued product orders on expired TSX report and repeat steps above.

10.3 Blood and Platelet Inventories

    a. Blood (FD):

Refer to Attachment 6: Ordering Routine Blood Products

Refer to Specials: SCC Reports and Labels

        i. Order blood if needed

        ii. Re-evaluate and reorder as needed during shift

    b. Platelets (CP):

Refer to Attachment 6: Ordering Routine Blood Products

Refer to Specials: SCC Reports and Labels

Review the platelet inventory for platelets that will have expired at midnight and remove any expired platelets from the rotator and place in QC area.

10.4 Pull the Presumed Transfused Report from the Printer. (Report will auto print at 2350)

Refer to Specials: SCC Reports and Labels

10.5 Pull the ED Emerge Daily Report and verify units cleaned up.

Refer to Specials: SCC Reports and Labels

10.6 Pull the Expired Products Report that prints after midnight.

    a. Pull the expired products from inventory and check off report.

    b. Check the QC shelf for any units that expired prior to midnight and check off report.

    c. Obtain any platelets that expired and check off report.

    d. Verify units are in a discard status in computer and physically discard.
Request credit in BloodHub for any CDIEs. Note on form.

    e. Initial and date report and place in expired products notebook.

    f. Investigate any discrepancies and write QA if unable to resolve.

Refer to QC: Unit Status/Disposition in SCC (Discard, Returned, Transfer, Recall, Expired

10.7 Check the BB Communication Calendar for expired reagents and supplies.

    a. move or discard expired reagents/supplies

    b. add follow-up comment to BB Communication Calendar. example, "moved to student fridge," "discarded," "QC shelf for training," etc.

11.0 Weekly

11.1 Complete the weekly tasks list on the Weekly Quality Control Checklist.

Refer to Attachment4: Daily/Weekly Quality Control Checklist

11.2 Do Component Inventory Reconciliation as per SOP.

a. Highlight the component being checked.

b. Initial on the monthly QC checklist when completed.

   Refer to QC: Inventory Reconciliation

11.3 Prepare the Blood Product Wastage Report. (Designated tech)

  a. In SCC go to Inventory>Reports>Discarded Units.

  b. Change the '**from'** date to the 1st day of the previous month and the **to** date to the last day of the previous month.

  c. F12 to accept.

  d. Choose the printer option and print.

  e. The report will print all discarded units grouped by the reason code.

  f. Determine which units are actual wastage.

   i. Units which are not wasted would include any for which we receive credit.

      i.e. Clots, broken bags, Credit Due (CDIE), supplier errors or recalls

   ii. Units designated as Research and stroma units are not considered wastage.

   iii. Units that have been split and have had parts transfused are not wasted.

  g. Print the unit history (Inventory>Reports>History) for each unit that was wasted.

  h. Report on the wastage report:

   i. Date, product, unit number, reason code, explanation of wastage if possible

   ii. Note on the report for rbc's and plt's if the product was irradiated.

   iii. Using the MTP logs, try to determine if plasma wastage was related to the MTP Protocol for the medical director to review.

      i. Email management when the report is complete and attach the report (copy tech completing QA report).

3. Review/Revised/implemented:

All procedures must be reviewed as stated in the document change control.

All new procedures and procedures that have major revisions must be signed by the Department Chairman.

All reviewed procedures and procedures with minor revisions can be signed by the designated section medical director or designee.

4. Related Procedures:

Customer Service Power Point

5. References: NA

6. Attachments:

Attachment 1: Procedure for Generating ED Emerge Storage History Report

Attachment 2: Monthly Logs/Worksheets and locations

Attachment 3: Daily/Weekly/Monthly Component Preparation Checklist

Attachment 4: Daily/Weekly Quality Control Checklist

Attachment 5: Quarterly/Semi-annual/Annual Checklist

Attachment 6: Ordering Routine Blood Products

Attachment 7: How to Print the Inventory Disposition Report

Attachment 8: Unacceptable Unit Disposition Log

7. Revised/Reviewed Dates and Signatures:

See Document Change Control

Document Change Control								Page 1 of 2	
Title: Shift Responsibilities									
Previous title:									
Written date				Written by:					
Validation date				Validation by					
Reviewed date				Reviewed by					
Approved date				Approved by					
Effective date in use		Prior to 7/2007		In use by			Refer to archives		
Revisions									
Revised Date	By	MD Date	By	MD Date	By	Review Date	By	Effective Date	By
11/19/12	JHS	NA	NA	12/5/12	EF	12/4/12	MRJ	12/6/12	JHS
Validate Date	By	Revisions: Added TANGO rotation. Changed XME,XMR and XMC rotations to XM1 and XM2.							
12/3/12	WE/SW PS/JC								
Revised Date	By	MD Date	By	MD Date	By	Review Date	By	Effective Date	By
8/17/14	PS			12/10/14	EF	12/9/14	MRJ	12/15/14	JHS
Validate Date	By	Revisions: 1. Quarterly QC changed to refer to new procedure. 2. Updated pulling slips process to add new forms and locations. 3.Deleted review of neonate units 4. Changed GEN to CNP 5. Deleted order "Extra unprocessed blood".6. Pending log to beginning of each shift.							
12/5/14	KJ, CS								
Revised Date	By	MD Date	By	MD Date	By	Review Date	By	Effective Date	By
4/15/16	JJ	7/21/16	G Pomper	7/25/16	EF	6/6/16	MRJ	7/25/16	EF

Validate Date	By	Revisions: 1.Added changes to reflect ordering products online with ARC Connect. 2.Added directions to add BAD file comment concerning Dr U cases.3.Added to 3rd shift responsibilities: In the Special Order Book at the end of the month
		    a. Remove the forms behind the "Previous Month" tab and discard.
		    b. Move the completed forms from the tab labeled "Completed forms" to the tab labeled "Previous Month"
		 Check the age of the Neonate, ECMO and Dr. Ungerleider units:
		    a. Move the Dr. Ungerleider units that are greater than 5 days old to the Neonate/ECMO side of the shelf
		    b. Move the Neonate and ECMO units that are too old to regular inventory:
		        i. CPDA-1 units greater than 7 days old
		        ii. AS-3 units greater than 10 days old
		5.From list of Monthly Logs/worksheets table: Removed Lost BBID and Hemolyzed specimen log and Added Daily Reagent QC sheets 6.Changed locations on list of Monthly Logs/worksheets table: Insp of incoming blood, MTP log, Ex XM sheets, Transf Rxn log. 7Added Attachment 5: Ordering Blood Products, removed procedural steps for ordering blood products and placed in Att. 5. 8Removed from 2nd shift: Print a list of Dr. Ungerleider patients for component prep.
		    a. Enter a BAD file comment "Dr. U case for 'date'" if the accession number is available.
		bGive to management to enter BAD file comment if accession number not available. 9Added references to Attachment 1: Generating various Sunquest reports 10.Added to first shift: Perform QC on Echo and/or Neo Instruments. And Complete Daily/Weekly/Monthly Component Prep checklist tasks. 11.Added to first and second shift Tango responsibilities: Assists with Stat manual testing when XM1 and XM2 techs are occupied with difficult patient workups.							

5/26/16 5/28/16 5/28/16	JC PS BT								
Revised Date	By	MD Date	By	MD Date	By	Review Date	By	Effective Date	By
1/19/17	JHS	GP	3/15/17	3/14/17	EF	3/14/17	MRJ	3/16/17	JHS
Validate Date	By	Revisions: Change in automation to NEO/ECHO. Change in computer system from Sunquest to SCC. Moved some 3rd shift responsibilities within the 3rd shift section. Added more detail some 3rd shift responsibilities.							
3/8/17 3/9/17	KP,CSW ,BT								
Locations				Out of Use: Date			By		
				Reason					

Reviews: Record date/initials

Date	Initials	Date	Initials	Date	Initials	Date	Initials
10/16/15	**MRJ**						
11/22/17	**JHS**						

Title: Shift Responsibilities

Previous title:		
Written date		Written by:	
Validation date		Validation by	
Reviewed date		Reviewed by	
Approved date		Approved by	
Effective date in use	Prior to 7/2007	In use by	Refer to archives

Revisions

Revised Date	By	MD Date	By	MD Date	By	Review Date	By	Effective Date	By
4/5/18	JHS	4/20/18	GP	4/19/18	EF	4/19/18	MRJ	4/20/18	JHS

Validate Date	By	Revisions: Added Reference Bench Rotation responsibilities to first and second shift. Removed Dr. Ungerleider name
4/17/18	LA,NJ, AF,JLC	

Revised Date	By	MD Date	By	MD Date	By	Review Date	By	Effective Date	By
11/13/18	JHS			11/23/18	EF	11/21/18	JS	11/29/18	JS

Validate Date	By	Revisions: Consolidated rotations into one section since a lot of repetition. Added 3rd shift will do expired products. Added Unacceptable Unit Disposition Log. Each shift is responsible for ensuring tasks were completed on prior shifts. 2nd and 3rd shift will irradiate blood/platelets
11/20/18	LA	

Revised Date	By	MD Date	By	MD Date	By	Review Date	By	Effective Date	By
3/31/2020	CSW								

Validate Date	By	Revisions: Added third shift task 10.7. Check BB Communication Calendar for expiring reagents and supplies and disposition of expired reagents and supplies.

Revised Date	By	MD Date	By	MD Date	By	Review Date	By	Effective Date	By

Validate Date	By	Revisions:

Locations		Out of Use: Date		By	
		Reason			

Reviews: Record date/initials

Date	Initials	Date	Initials	Date	Initials	Date	Initials
10/16/15	MRJ						
11/22/17							

Attachment 1

Procedures for Generating ED Emerge Storage History Report

1. ED EMERGE - Storage History Report

    a. Select REPORTS icon from Blood Track (ED Emerge).
    b. Double Click on Storage History.
    c. Select from drop down box the location for storage history.
        i.   Adult FRIDGE
        ii. Peds FRIDGE
    d. Click on Date Range. The default is 7 days.
        i.   Enter yesterday's date as the start date with the format DD-MMM-YYYY.
        ii.   Enter today's date as the end date with the format DD-MMM-YYYY.
        iii. NOTE: MMM is first three letters of the month.
        iv.   Click OK.
    e. Click Print.
        i.   Select Printer.
        ii. Click OK.

2. ED EMERGE – Emergency Blood History

    a. Select REPORTS icon from Blood Track.
    b. Select Emergency Blood History.
    c. Change date to previous date.
    d. Click OK.
    e. Report displays all units removed from the ED Fridge.
    f. Print report which can be used to make sure units are issued in SCC.

Attachment 2: Monthly Logs/Worksheets and locations.

WORKSHEET	LOCATION	Disposition
Rejection Log	Binder at FD	Give to management at end of month
Wastage Log	Binder at FD	Give to management at end of month
Antigen typing Worksheets (manual and NEO/ECHO)	Binder over processing	Reviewed at end of month. Kept 10 years
MTP log	Saved file on BB Monitor	NA
Rare Antisera QC	Clipboard on Sera 5	Reviewed at end of month. Kept 10 years
Sterile Docking log	Clipboard in CP	Reviewed at end of month. Kept 10 years
Cobe CP log	Cobe/IBM work area	Reviewed at end of month. Kept 10 years
QC checklist	Clipboard by XM1	Give to management at end of month
Daily Temp recording logs	Clipboard in hang tray by XM1	Reviewed at end of month. Kept 10 years
Special Order forms	Special Order binder at processing	NA
Presumed Transfused Reports	Tray over FD left current month	File previous month(s) in current year – Box in irradiator room
Finished Product Reports	Tray over secretary desk	Give to BBIS tech at end of month.
Downtime issue sheets	Tray over secretary desk	
Transfusion Rxn log	Binder in Processing area	Give to management at end of year.
NEO/ECHO QC print outs	File ECHO and NEO QC in notebooks.	Give to management at end of month
Pending log	Binder at processing	Keep 1 month
Expired products/Unacceptable Unit Disposition Log	Binder at processing	Keep 3 months
Plt Inventory	Binder in CP	Keep 1 month.
Component Products Received	Binder in CP	Keep 1 month. Discard previous month.