# Applicable Laboratory(s)):

North Carolina Baptist Hospital (NCBH)

Lexington Medical Center (LMC)

Davie Medical Center (DMC)

Wilkes Medical Center (WMC)

High Point Medical Center (HPMC)

Westchester

Clemmons

# Policy Purpose

The purpose of this policy is to describe criteria for accepting blood and blood products into inventory.

# Scope

This policy applies to Blood Bank Staff and Management.

# Definitions

1. Policy: As defined in the Policy on Creating and Amending Policy, a statement of principle that is developed for the purpose of guiding decisions and activities related to governance, administration, or management of care, treatment, services or other activities of WFBH.  A policy may help to ensure compliance with applicable laws and regulations, promote one or more of the missions of WFBH, contain guidelines for governance, and set parameters within which faculty, staff, students, visitors and others are expected to operate.
2. WFBH Lab System: Wake Forest Baptist Lab System is a health system that includes Wake Forest Baptist Medical Center and all affiliated organizations including Wake Forest University Health Sciences (WFUHS), North Carolina Baptist Hospital (NCBH), Lexington Medical Center (LMC), Davie Medical Center (DMC), Wilkes Medical Center (WMC), High Point Medical Center (HPMC), Lab at Westchester and Lab at Clemmons.
3. QA: Quality Assurance
4. QC: Quality Control
5. TFAIL: Temperature Failed
6. VFAIL: Visual Inspection Failed
7. SCC: Soft Computer System
8. AG: Antigen
9. AB: Antibody
10. Plt: Platelet

# Policy Guidelines

1. Blood and blood components must be received into the Blood Bank in an acceptable shipping container
2. Blood must be packed and shipped in the official thermal box specified by the shipping blood center according to the shipping center’s specifications.
3. Each shipment will be examined for proper packaging and shipping temperatures and visually for abnormalities.

*Refer to Attachment 1: Acceptable Shipping Temperatures/Conditions of Blood/Blood Products Received*

1. Platelets and granulocytes must be shipped in a special thermal shipping box as specified by the shipping blood center. Contents of the box may contain a plastic overwrap bag held secure by a large foam sponge plug.
2. Appropriate temperatures must be maintained for all blood products during storage and transport.

*Refer to Attachment 2: Transport Temperature of Blood and Blood Products*

1. When blood/blood products are NOT shipped and/or packed according to corresponding blood center requirements, the temperature and integrity of all blood/blood products contained in that shipment becomes questionable. Improperly packed shipments will be:
2. Examined for proper temperature regulation and time in transit.
3. Assess for appropriate temperature

*Refer to Attachment 2: Transport Temperature of Blood and Blood Products*

1. Units found out of acceptable range will be entered into the computer system to maintain proper documentation of receipt.
2. If unsatisfactory, take unit temperatures and record on shipping document and physically quarantine units
3. SCC will assign a status of quarantine when the condition of TFAIL or VFAIL is selected.
4. Complete a QA Exception report and submit to management

*Refer to BB-FORMS-0120: Quality Assurance Exception Report*

1. Call the blood center and report the condition of the box and the products.
2. Credit should be issued for problems with blood/blood products received due to shipping malfunctions/errors.
3. Each unit of blood/blood components received must pass a visual inspection upon receipt (including frozen units).

*Refer to BB-POL-0057: Visual Inspection of Blood and Blood Products*

*Refer to BB-POL-0069 Visual Inspection of Blood and Blood Products Reference Photo Table*

1. The stamp “Blood Products Received” is used to indicate that the shipment is either Satisfactory or Unsatisfactory

*Refer to BB-LABEL-0036: Blood Products Received (stamp)*

1. The stamp must be completed with date/time and Acceptable = Satisfactory

Reject = Unsatisfactory.

1. Stamp all shipping documents with the Blood Products Received Stamp
2. This information will be entered into the computer when the units are processed.

*Refer to BB-SOP-0014: Blood Product Entry*

1. SCC will quarantine units in the computer if they are entered with a TFAIL or VFAIL condition
2. Initials of the tech on shipping documents indicate that the signing tech has thoroughly inspected all blood/blood products received on that invoice, and that no discrepancies or abnormalities were found.

*Refer to Attachment 3: Handling Satisfactory/Unsatisfactory Shipments*

1. This is documented in SCC by indicating the condition of the units when entering them into inventory.
2. Documentation of “unsatisfactory” on stamp requires comments and the units shall be placed onto the quarantine shelf.
3. The units can be manually inspected by one tech but must be stored on the “untested” or “quarantine” shelf until entered in computer and retype completed.
4. All Blood Products must be from a Qualified Blood Supplier

*Refer to BB-POL-0028: Blood Product Inventory*

1. Blood Products Sent and Received from Other Facilities with Transferred Patients (formerly BB-POL-0029).
2. Occasionally a patient will be transferred from another facility with blood products for transfusion during transit. Blood products that are not transfused should be taken to the blood bank as soon as possible.
3. Blood Bank will inspect the packaged blood products to determine if the correct shipping conditions have been used and to determine that all criteria for blood receipt have been met. Any accompanying paperwork will be completed.
4. Shipments of blood and blood components received with a patient from another facility must be accompanied by a properly documented transfer form.
5. If the units are not sent with a proper and complete transfer form OR are questionable upon receipt (temperature not appropriate for blood/component, labeling damaged, etc.) do the following:

* Stamp transfer form (if applicable) with Blood Products Received Stamp and indicate that the shipment was not satisfactory with comments about discrepancy.
* Complete QA form
* Bring units into system and place on quarantine shelf
* Notify management about shipment
* Call the sending facility and inform them about any shipping discrepancy, and arrange for proper disposition, credit, or unit return.

1. Units found to be Unacceptable for entry into inventory shall be physically discarded by Blood Bank and discarded in SCC. The sending facility shall be notified that the units cannot be accepted.
2. Blood Bank will notify transferring hospital of any units that were not transfused and subsequently returned to the blood bank.
3. If the supplier of the blood products is a mutual supplier with both sending and receiving facility, the units can be transferred.
4. If the supplier is not supported by both centers, the supplier may need to be contacted to determine how to transfer units. Alternatively, the units may be returned to the sending facility.
5. Notify management about any non-transferrable units.
6. If some units were transfused in transit, notify the sending hospital so that all units can be reconciled.
7. Blood Bank will retain transfer paperwork with all product packing slips.
8. Once the Blood Bank takes possession of the units, they CANNOT be released back for the patient.
9. If there is an urgent need for blood products, emergency release units can be issued.
10. Units returned to blood bank from other areas: AirCare, EMS, the floor, OR, etc.

*Refer to BB-POL-0062: Blood and Blood Products: Storage, Transport, Transfer, Return and Reissue*

*BB-POL-0027: Blood Cooler Protocol*

1. Blood products transferred to Wake Main Campus from sister Atrium facilities are brought in with the source code being the corresponding sister facility in SCC. SCC will not automatically order a unit retype if the correct source code is used; however, if Wake Main has not performed the original retype, this should be ordered and completed at Main Campus.
2. Blood sources and leukoreduction: *Refer to BB-POL-0028: Blood Product Inventory*
3. Bar codes must be scanned whenever possible (SCAN WHEN YOU CAN!)
4. When scanning is not possible enter unit number by typing W followed by the Supplier ID, last 2 digits of the collection year, 6 digits of the donation ID, and 2 numbers of the flag digits (Example: W20122212345600). Manual entry requires double entry of information.
5. All red cell containing products require an ABO recheck performed and ABO recheck label attached to the front of the unit before being placed into available inventory.

*Refer to BB-SOP-0014: Blood Product Entry*

1. Rh negative red cell containing units will be retested for the D antigen by direct testing. Weak D testing is not required.
2. Results entered into SCC
3. ABO recheck interpretation must be identical to the unit ABO label
4. Rh recheck interpretation must be identical to the unit Rh label
5. ABO/Rh confirmation of WASHED units is also documented in SCC
6. Any unit with an ABO/Rh mismatch will be quarantined. Contact management and complete QA if ABO or Rh recheck fails.
7. Antigen negative units:
8. For 5 or more antigens on a unit, use the Delivery option instead of Batch Delivery.
9. Blood supplier may send units with historical antigen typing results. These results are acceptable if the blood supplier sends appropriate supplemental paperwork with antigen typing results clearly indicated AND antisera is not readily available in the blood bank to confirm antigen typing. If in date, licensed antisera IS available, antigen typing should be confirmed upon receipt.
10. Antigen negative units should be checked against any special order requirements to ensure proper units have arrived.

*Refer to BB-POL-0028: Blood Product Inventory*

1. Units with attributes can be entered using Deliver or Batch Delivery
2. Autologous and Directed Units

*Refer to BB-POL-0028: Blood Product Inventory*

1. Autologous and Directed Units must be Held for the intended recipient.
2. Do not bring in units if there is no MRN assigned
3. Notify management
4. Locate auto/directed unit pending form and determine date of need
5. Ensure the patient is placed on the calendar for the day before to check for MRN number and also notification that auto/dir units are available for the next day.
6. Units ordered for a specific patient should be flagged by:
7. Holding the units in SCC
8. Affixing a blue antigen card to the unit completed with as much information as possible.
9. Store units on special order shelf if liquid
10. Store units in appropriate row (as indicated in SCC) in freezer if frozen.
11. Errors in bar code scanning should be corrected.

*Refer to* *BB-SOP-0014: Blood Product Entry*

1. A products received report must be printed and checked against the supplier invoice for all non-red cell products and frozen red cells.
2. Any and All problems wit blood product entry should be brought to the attention of management.
3. Protective equipment must be worn when handling blood and blood products at receipt, pulling and cutting segments, etc. PPE must include lab coat, gloves, face protection
4. Sterility must be maintained.
5. If the unit seal is broken during receipt, processing, or modification
6. The components stored at 1-6C shall have an expiration date modified to 24 hours (open system).
7. Components stored 20-24C shall have an expiration date modified to 4 hours from the time of opening.
8. If the unit is found to be leaking upon arrival or unit bag found to be defective or compromised
9. Quarantine the unit in SCC
10. Look for parts associated with the damaged unit and quarantine them in SCC
11. Physically place units on quarantine shelves
12. Submit QA to management
13. A list of lot number, expiration dates of reagents/supplies used will be documented for all components modified or prepared. This shall be documented in SCC.
14. Low titer Group O negative whole blood will be tittered upon receipt.

*Refer to BB-SOP-0125: Titration and Use of Whole Blood for Use by the Pediatric ED*

1. Errors resulting in compromised blood products must be evaluated by the medical director to determine if product is suitable for patient use. A deviation may be required.

*Refer to* *BB-FORMS-0043: Deviation to SOP-Miscellaneous*

# Literature References:

Technical Manual, AABB., Revised Periodically

# Related Policies/Procedures in Navex: NA

# Attachments/Linked Documents in Title 21:

Attachment 1: Acceptable Shipping Temperatures/Conditions of Blood/Blood Products Received

Attachment 2: Transport Temperature of Blood and Blood Products

Attachment 3: Handling Satisfactory/Unsatisfactory Shipments

BB-FORMS-0043: Deviation to SOP-Miscellaneous

BB-FORMS-0120: Quality Assurance Exception Report

BB-LABEL-0036: Blood Products Received (stamp)

BB-POL-0027: Blood Cooler Protocol

BB-POL-0028: Blood Product Inventory

BB-POL-0057: Visual Inspection of Blood and Blood Products

BB-POL-0062: Blood and Blood Products: Storage, Transport, Transfer, Return and Reissue

BB-POL-0069 Visual Inspection of Blood and Blood Products Reference Photo Table

BB-SOP-0014: Blood Product Entry

BB-SOP-0125: Titration and Use of Whole Blood for Use by the Pediatric ED

# Revision Dates: Review Change Summary as Represented in Title 21.