

- A. 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.
- B. 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.
- C. EMS: Emergency Medical Service
- D. MBF: Mini BioFridge
- E. SQ: Sunquest information system. Blood Bank computer system.

DEFINITIONS

- i. Protocol owner/implementer: Christina S. Warren
- ii. Protocol prepared by: Georgia Kontos
- iii. Who performs protocol: Department staff/management /Yadkin County EMS staff


SCOPE

The purpose of this policy is to outline the agreement between Yadkin County EMS and Blood Bank at WFBMC to provide blood in a storage capacity meeting all of the regulatory and accreditation requirements for storage and transfusion of blood. Blood products will be supplied as needed in a validated Mini BioFridge to Yadkin County EMS to support the Medical Centers mission of providing emergent care for blood transfusion when necessary to the communities it serves.

PROCEDURE STATEMENT

- Clemmons
- Westchester
- High Point Medical Center (HPMC)
- Wilkes Medical Center (WMC)
- Davie Medical Center (DMC)
- Lexington Medical Center (LMC)
- North Carolina Baptist Hospital (NCBH)

APPLICABLE LABORATORY(S):

<p>CLIA Lab Director: Gregory Pomper, MD</p>	<p>LAB DEPARTMENT: Blood Bank</p>	<p>CONTACT: Blood Bank Management</p>
	<p>DOCUMENT TYPE: <input checked="" type="checkbox"/> Policy</p>	<p>ORIGIN DATE IN TITLE 21 2024</p>

POLICY GUIDELINES

A. Yadkin EMS

1. Blood Bank will provide Yadkin County EMS with 2 units of low titer group O whole blood (either O pos or O neg).
 - a. During times of whole blood shortages, whole blood may be substituted with two group O packed red blood cells and two group A plasmas

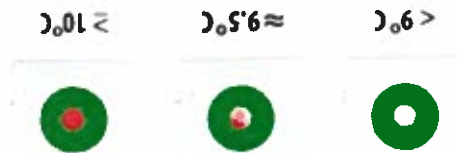
2. Units will be issued to Yadkin County EMS employees in zip lock bags packed between two gel packs and transported to the remote refrigeration unit in a generic cooler. Units will be placed directly into the remote refrigeration unit after being issued with the understanding that prolonged transport time (> 1 hour) is not acceptable.
 - a. Before placing units into MBF, Yadkin County EMS must visually inspect units and ensure that they are acceptable. This blood inspection should be documented and retained for 10 years.

3. All blood units dispensed to Yadkin County EMS will have the location changed in Sunquest to track inventory.

4. Units will be returned if not transfused 5 days before they expire. This date will be noted on a "Return by:" tag issued with the units.

5. All units issued to Yadkin County EMS will have Safe-T-Vue indicators attached to the back of the unit to monitor the temperature during storage outside the Blood Bank environment. Each unit will have an orange uncrossmatched blood sticker applied.

Acceptable criteria: white, white speckled with red (1 - 10C)
Unacceptable criteria: completely red (greater than 10C or less than 1C)



6. There will be an Emergency Release form for each unit supplied by the blood bank.
7. All units transfused MUST have a Blood Bank Emergency Release Form completed for the patient, signed by the ordering physician AND returned to the Blood Bank. These completed forms can be stored in the return cooler, scanned and emailed or faxed by Yadkin County EMS within 24 hours of transfusion if patient is not taken to AHWFB.
8. Each transfused unit will be audited by the Blood Bank Medical Director for the below documentation in patient's EMS chart:
 - a. Date/Time transfusion started
 - b. ABO/Rh type
 - c. Unit Number
 - d. Blood Product Type

- a. Expiration Date
- f. Volume of blood transfused
- g. Verification of Visual Inspection/Storage Temperature (Safe-T-Vue)
- h. Indication for transfusion (e.g. acute hypovolemia)
- i. Whether or not any adverse reactions were noted.
9. Utilization Review will be conducted if units are issued, transfused or wasted.
10. When a transfusion reaction is reported, the policies and procedures for nursing will be followed. A blood specimen and the unit will be returned to the Blood Bank for investigation.
11. AHWFB Blood Bank will retain returned Blood Bank Emergency Release forms for 10 years.
12. When patients are transferred to another hospital with blood transfused, Yadkin County EMS will provide the Blood Bank with the following information on the Blood Bank Emergency Release form: the identity of the other hospital and the patient.
13. The AHWFB Blood Bank will attempt to arrange the transfer of blood units to the other facility if possible. If this is not possible, then the units will be billed to Yadkin County EMS using Medical Record Numbers.
14. Yadkin County EMS will perform daily blood inspections of the units. Units should be returned if the Safe-T Vue (described above) is out of range, or any defects are found with the units.
Refer to Manual Temperature and Blood Inspection Recording Form
A copy of this form will be sent to Atrium Health Wake Forest Baptist monthly for review.
15. Yadkin County EMS will perform daily temperature checks to ensure proper storage, as well as temperature checks upon receipt of blood products.
Refer to Manual Temperature and Blood Inspection Recording Form
16. Yadkin County EMS will perform required quarterly alarm checks to ensure alarms sound for temperatures that are $<1^{\circ}\text{C}$ and $>6^{\circ}\text{C}$.
 - a. Traceable probes will be placed in warm environment to test high alarm and cold environment to test low alarm.
 - b. Yadkin County EMS should notate "high or low alarm check" as the reason for the Traceable alarm in Traceable Live.
 - c. Contact Atrium Health Wake Forest Blood Bank when the alarm checks are completed so that documentation of this test can be performed.
17. Yadkin County EMS will perform a validation of the MBF annually, using a calibrated global temperature system supplied by AHWFB Blood Bank. The temperature system will be given back to AHWFB Blood Bank for data processing and final verification of validation status.
18. The MBF used by Yadkin County has been validated by the Blood Bank at AHWFB and is the only approved storage unit. Units will not be stored in any other location.
 - a. A back up unit has been validated by Atrium Health Wake Forest Baptist Blood Bank in the event that the MBF become non-operational.
 - b. Should the back-up unit become necessary, the traceable live software also needs to

be transferred to the backup unit.

- 19. If the continuous temperature monitoring system has any issue, temperatures must be taken every 4 hours to align with Blood Bank Standards.
- 20. If the MBF becomes inoperable, all blood products will be immediately returned to the AHWFB blood bank and the program suspended until necessary repairs are made to the refrigeration unit or alternate storage method can be defined.
- 21. Yackin EMS will maintain competency with annual training provided by AHWFB that is documented and retained for 10 years.
- 22. Atrium Health Wake Forest Baptist will Audit the program annually to ensure compliance with current and emerging standards.

REFERENCES

RELATED POLICIES/PROCEDURES (NAVEX)

ATTACHMENTS/LINKED DOCUMENTS (TITLE 21)

Yackin EMS training PowerPoint
 EMS Quiz
 Mass Casualty Pre-Hospital Blood for Trained First Responders
 Visual Inspection of Blood and Blood Products Reference Photo Table

REVISION DATES: REVIEW CHANGE SUMMARY AS REPRESENTED IN TITLE 21.

Digitally signed by Christopher R. Bolden
 DN: cn=Christopher R. Bolden,
 ou=Yadkin County, ou=Yadkin
 County Emergency Services,
 email=cbolden@yadkincountyncg
 gov, c=US
 Date: 2024.07.17 09:58:55 -0400

Signature _____
 Date _____

Down-time Approval
 1. BB Mgmt.
 2. BB MD
 3. GLIA MD

OSM 7/18/24

BB 7/18/24

CR 7/15/24

Manual Temperature and Blood Inspection Recording Form
 Equipment Identification: _____ Yadkin County Mini Bioridge _____

ACCEPTABLE LIMITS		
HIGH	LOW	
Mini Bioridge		
	1°C	6°C

Record Temperature Daily. Record Visual Inspection Daily and with each new shipment.

Date	Visual Inspection Pass/Fail	New Shipment Yes/No	Temp #1	Temp #2	MBF Temp	Employee

Rev. by/Date: _____

