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| **Filling Out Transfusion Service Forms and Training Documents** |
| **Purpose** | This procedure provides instructions on how to fill out the multiple transfusion service forms and training documents |
| **Policy Statements** | * Records shall be complete, retrievable in a period for time appropriate to the circumstances, and protected from accidental or unauthorized destruction or modification
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| **Procedure** |  |
|  | **Step** | Action |
| Training Documents | 1 | Have new trainee fill out their name and transfusion start date. |
|  | 2 | Trainer fill out each section of the training document.1. Place a check mark after you reviewed the procedure with new trainee
2. Trainee initial and date when info received.
3. Competence measure, add letters that corresponds what was measured
	* Discuss-**D**
	* Direct Observation-**DO**
	* Case Study-**CS**
	* Quiz-**Q**
4. Trainer initials and date when completed

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|  | 3 | Trainee sign and date document when training is completed. |
|  | 4 | Tech Specialist:1. Sign and date when trainee is completed training and deemed competent to perform patient testing unsupervised.
2. Check initial training box and the date completed.

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|  | **Step** | Action |
| Transfusion Service Forms | 1 | Thermometer QC:1. Add year and site location
2. Add NIST serial number
3. Date of performed
4. Serial number of thermometer being QC’d
5. Thermometer reading
6. NIST Reading
7. Add check mark if acceptable or corrective action if not acceptable
8. Tech who performed check
9. Supervisor Review initials and date

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|  | 2 | Correlation of Gel and Tube AHG testing:1. Tech initials performing task
2. Specimen Acc#
3. Gel Results (0, 1+, 2+, 3+, 4+)
4. Date task performed
5. Tube results (0, 1+, 2+,3+,4+)
6. Date task performed
7. Acceptable: Yes or No
8. Tech Specialist review and date

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|  | 3 | Equipment Maintenance-Service Record:1. Equipment Description h. Tech who filling out form and date
2. Biomed number i. Description of problem
3. Campus j. Service contacted
4. Manufacturer k. Problem resolution
5. Model number l. Revalidate Yes or No
6. Serial Number m. Corrective action if any
7. Installation Date n. Tech and date who filled out resolution

 o. Supervisor review and date |
|  | 4 | Quarterly Alarm testing for refrigerators, freezers, platelet incubators and plasma thawers forms:1. Site, equipment name if needed, and equipment control number if need.
2. Date when task was performed
3. Alarm Activation
	1. Refrigerators and Platelet incubator
		1. Record high and low alarm
	2. Freezers
		1. Alarm Activate? Yes or No
		2. Temp of activation of alarm
		3. Liquid Nitrogen freezer-alarm activate in security
	3. Plasma thawers
		1. Audible alarm activated
		2. Temp of activation
4. Check mark if results are acceptable or state correction action
5. Tech initials who performed task
6. Supervisor Review and Date
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|  | 5 | Refrigerated Centrifuge:1. Add year h. Centrifuge setting
2. Equipment serial number I. stopwatch reading
3. BioMed number j. Put check mark if everything pass or corrective action
4. Stopwatch serial number k. Tech initials who performed task
5. NIST ID l Supervisor initials and date
6. Tach ID
7. Date tasked performed

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|  | 6 | IEC Serofuge:1. Equipment serial number g. record tach RPMs
2. BioMed Number h. Place check mark if pass or add correct action
3. Tach serial number i. tech initials who performed task
4. Stopwatch serial number j. Supervisor initials and date
5. Date task performed
6. Record stopwatch time

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|  | 7 | Dietetic Scale:1. MIN or STP
2. Date task performed
3. Scale ID
4. Write weights for each weight measurement
5. Add check mark if passed or add corrective action
6. Tech initials who performed task
7. Supervisor initials and date

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|  | 8 | Monitoring System Data Integrity:1. Date tasked performed
2. Patient’s Name
3. Add a check number for criteria met
4. Add any other action taken
5. Tech initials performed task
6. Supervisor initials and date of review

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|  | 9 | BB transport Cooler check:1. Date task performed
2. Cooler number
3. Check mark for Visual inspection
4. Check mark cleaning cooler
5. Corrective action if cooler does not pass inspection
6. Tech initials of who performed task
7. Supervisor initials and date of review

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| **Approval****Workflow** | Transfusion Service/Lab Director |
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| **Historical Record** | **Version** | **Written/Revised by:** | **Effective Date:** | **Summary of Revisions** |
| 1 | S. Cassidy | 12/15/2022 | Initial Version |