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Beaumont

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General Transfusion Medicine Policies

Document Type: Policy

I. PURPOSE AND OBJECTIVE:

This document outlines the operating expectations of the Blood Bank staff during normal departmental situations.

II. POLICY STATEMENT:

Blood Bank staff will adhere to the policies stated and referred to in this document.

III. GENERAL POLICIES:

A. Telephone calls to the Blood Bank are to be answered: "Blood Bank, this is [your first name], may I help you?"

B. No smoking, eating, drinking, application of cosmetics, or mouth pipetting is permitted in the Blood Bank.

C. No food of any type may be kept in any refrigerator designated for blood or blood components. There is a designated refrigerator for this purpose in the lounge.

D. If a patient, a nurse, or a doctor questions or challenges a test result, then the test should be repeated. Document the incident with a variance.

E. When an employee has a work-related illness, exposure or injury, they should immediately report it to the Supervisor/Manager. The online injury report should be completed with as much detail as possible. The report can be found on the Beaumont Health Intranet under the Applications tab > Employee Health Incident Report Login. Employees should call Employee Health and Safety at 947-522-3717 immediately after a work-related injury or illness to schedule an appointment. If EHS is closed and urgent medical care is needed, the employee

should report to the Emergency Center.

F. All manual records are to be kept with indelible black/blue ink. Markers and gel pens should be avoided because of potential for smudging. The only exception to this policy is that red ink may be used to perform supervisory review.

G. To change a record, draw a single line through the error, write in the correction, initial and date the change. Correction fluid, such as Liquid Paper, is not to be used on Blood Bank records. Corrections to patient results should be documented in the Blood Bank computer and an Internal Variance Report submitted.

H. Before putting tubes in a heat block, make sure heat block is on and at the appropriate temperature.

I. The date/time of all blood, blood components received in the Blood Bank shall be documented on the form accompanying the shipment, along with the receiving employee's initials. The employee's initials indicate that the shipping conditions (temperature, type of ice, etc.) appear to be satisfactory.

J. The date of all testing reagents received in the Blood Bank shall be documented on the form accompanying the shipment, along with the receiving employee's initials. The employee's initials indicate that the shipping conditions (temperature, type of ice, etc.) appear to be satisfactory.

K. Saline cubes shall be marked with the date they were opened and the expiration date (30 days after the date opened).

L. All Blood Bank employees are expected to be familiar with, and to comply with, the safety regulations of Beaumont Health.

M. Many Blood Bank instruments are maintained or repaired by Beaumont Health Biomedical at at 248-551-6300. If the Biomedical department performs an instrument repair or maintenance, Beaumont Health Biomedical sends a report of instrument repair or maintenance to the Blood Bank.

N. Proper personal protective equipment (i.e., gloves, lab coat) shall be worn while performing testing or handling of blood, or blood components.

O. A verification read-back shall occur when a critical value is reported as described in, Transfusion Medicine policy, Critical Value Notification Policy - Transfusion Medicine. This verification read back means that:

    1. When a test result or report is communicated by telephone, the caller shall ask the person receiving the report to repeat the information back to the caller.
    2. When a test result or report is received by telephone, the results must be repeated by the person receiving the call to the caller.

P. At shift change there will be a report from the outgoing shift to the incoming shift including information about (but not limited to): pending specimens, tests, and antibody investigations; inventory concerns; and patient care issues. There must be an opportunity for the incoming shift to ask questions about these and other department issues. The Communication Log/ Board will also be used for the purpose of relaying messages between shifts.

Q. Blood Bank employees shall not perform testing unless they are trained and found to be competent by the Blood Bank supervisor or designee to perform the steps of the

corresponding procedure. Blood Bank employees must follow the written procedures and policies of the department.

R. Each person performing a significant step in the collection, processing, testing, storage, and distribution of any blood component must be identified by the employee's initials on paper documentation, or in the Blood Bank computer.

S. Work bench areas should be cleaned and disinfected thoroughly after completion of procedures or after the end of each workshift with an appropriate and approved disinfectant. Refer to Laboratory Disinfection Policy.

IV. ATTENDANCE POLICIES:

A. Whenever an employee has to notify the Blood Bank of a tardy or call in for an unscheduled absence, the employee must notify the Blood Bank by calling the department phone number.

B. If a Blood Bank employee must call in for an unscheduled absence, the Blood Bank should be notified as early as possible. Notification at least one hour prior to the start of the employee's shift is preferred, but it is required that the notification is made at least 30 minutes from the start of the employee's shift.

C. If a Blood Bank employee is going to be more than 10 minutes tardy for their shift, the Blood Bank must be notified. All requests to change the start time of a shift must be approved prior to the day of the shift.

D. If the Blood Bank is not notified appropriately based on the above Attendance Policies, one attempt will be made by the Blood Bank to contact the employee before it is considered a no call/no show.

E. All policies within the Beaumont Health Attendance Policy apply.

V. TECHNICAL POLICIES:

A. If there will be a delay in providing a blood component, the requester shall be notified as soon as possible. In accordance with the Transfusion Medicine policy, Antibody Screening a comment is also added to all positive antibody screens (and to negative screens of patients with historical antibodies) to communicate the potential delay.

B. Historical Record Check
The Blood Bank must compare ABO, Rh, and antibody screen test results against results of the same tests recorded previously to detect discrepancies and identify patients requiring specially selected units. This historical check is performed as described in Transfusion Medicine policies, Triaging And Identifying Acceptable Samples For Testing and Historical Blood Bank Record Check

C. Compatibility testing must be performed on all patients before cellular blood components are dispensed. If cellular components are required before compatibility testing is complete, refer to Transfusion Medicine policy, Emergency Issue of Blood Products.

D. Before the transfusion of type specific components, all patients must have 2 sets of valid ABO/Rh results in the Blood Bank computer. This policy is described in Transfusion Medicine policies, Determining The ABO and RhD Of Patients Who Are At Least Four Months Old and Forward Typing Determination Of Neonatal ABO and Rh for Patients Less Than Four Months of

Age.

E. Patients must have a complete ABO/Rh type performed on sample that was collected during the current admission in order to select platelets, plasma and cryoprecipitate for routine transfusion. If antibody screening is also ordered, it is not necessary to wait for the antibody screen results to be completed. If the ABO/Rh is not complete and need is urgent, then refer to Transfusion Medicine policy, Emergency Issue of Blood Products.

F. Generally, patients with a positive antibody screen require an antibody investigation every 90 days for non-prenatal patients and every 30 days for prenatal patients. However, antibody investigations may be required more often:

    1. If a serologic crossmatch is incompatible with donor cells that are negative for the antigen(s) corresponding to the patient's historically identified antibody(ies). Refer to Transfusion Medicine policy, Investigation of Incompatible Crossmatches.

G. All AHG phase results that are negative in tube testing must be checked with IgG coated cells. If the check with IgG coated cells does not react at any strength, then the test that was read at the AHG phase must be repeated.

H. Any ABO or Rh typing discrepancy must be resolved before the transfusion of type-specific components, as described in Transfusion Medicine policy, Resolution of ABO and Rh Discrepancies. If a transfusion is necessary before the resolution of an ABO discrepancy, then:

    1. Only group O RBCs shall be dispensed.
    2. Only group AB plasma shall be dispensed.

I. Reactions are read and graded according to the Transfusion Medicine policy, Reading, Grading, and Recording Test Reactions.

J. The Blood Bank will attempt to dispense RBC and platelet components that are Rh compatible. However, if RBC or platelet components that are not Rh compatible must be dispensed, then the patient's physician must be notified after the event if the patient is:

    1. A female ≤ 50 years old, or
    2. A male ≤ 18 years old.

    In this case, then the technologist shall:

        a. Submit an Internal Variance Report.
        b. Suggest the use of WinRho or Rh Immune Globulin.
        c. The completed Variance Report will be reviewed by the Medical Director, Blood Bank Supervisor/Manager and/or Blood Bank Lead Technologist.

K. The transfusion of ABO type-specific components is preferred. For additional information refer to the appropriate Transfusion Medicine Policies:

    1. Selection of Platelets, Plasma, and Cryoprecipitate for Patients Greater than 4 Months Old.
    2. RBC Crossmatch Guidelines.
    3. Selection of Blood Components for Neonatal Transfusion.

L. When the Blood Bank computer system is unavailable, operations will continue as described in site specific Transfusion Medicine policies, *Computer Downtime and Manual Operations*.

M. When situations arise that are not addressed by written department policies and procedures, the Medical Director should be consulted.

N. All critical supplies, including typing sera, must be used according to the manufacturers' directions, or alternative procedures must be approved by the Medical Director and validated to show that they perform as intended.

O. All blood products must be visually inspected as they are received into inventory, upon dispense, upon return from issue, and upon transfer to an outside facility. If there are any concerns about the safety, appearance, or quality of any blood product at any time then the blood product should be quarantined or discarded.

P. When errors are detected in patient test reports, a corrected report is sent out promptly. A description of the error and the corrective action taken should be documented on the Internal Variance Report in accordance with Transfusion Medicine policy, Variance Reporting. In addition, the patient's caregivers should be notified of the correction and the CORR canned message should be added to the test in the computer, to document the notification. A Blood Bank Medical Director or Supervisor/Manager will determine whether additional action is indicated.

Q. Results of controls must be verified for acceptability before reporting patient results. Quality control specimens must be tested in the same manner and by the same personnel as patient samples.

R. Components of a test kit are to be used only within a kit lot number, unless otherwise indicated by the manufacturer.

S. Observations of all test results must be recorded properly at the time the test is performed. For example, when an ABO or Rh discrepancy is observed, all results (including discrepant results) must be documented at the time the test is performed; the results should not be interpreted until the investigation is complete and the discrepancy is resolved.

T. Glass Tubes, 10 x 75 or 12 x 75 mm depending on site method validations, are used for the testing of all samples and may also be used to wash small volumes of test cells as detailed in specific Transfusion Medicine policies. 13 x 100mm glass tubes may also be used to prepare/ wash larger volume of test cell suspensions when required.

U. The use of calibrated pipettes are required for all testing by the gel method in addition to other specialized tube testing including but not limited to sickle cell testing, and antibody titrations. Individual test procedures should always be consulted for the pipette requirements.

V. The use of disposable pipettes are approved for most other testing including but not limited to manual tube ABO/Rh, antibody screens, transferring specimen, removing wash solution, treatment of eluates. Individual test procedures should always be consulted before use.

W. The Laboratory Information System (LIS) must be validated for Blood Banking activities at initial installation and when a change is made to the system. Refer to LIS Testing and Documentation (IT.LIS.PR.106.r00) policy.

X. When complete, all forms and quality control data are submitted to the Lead Medical Technologist or Blood Bank Supervisor/Manager for review and storage. Quality Control is reviewed as described in Transfusion Medicine policy, *Review of Quality Control*.

VI. REFERENCES:

A. AABB, *Technical Manual*, current edition.

Approval Signatures

Step Description	Approver	Date
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