# Blood Bank Huddle Notes

11/10/2023

Please make sure you sign online at the MTS site

**Happy Veteran's Day – Thank you for your service!**

## I. ADOPT A FAMILY

- **a.** Lab has a family from the community with needs
- **b.** Please see the flyer in the hall by the time clock for more details.

## II. FUN on FRIDAYS

- **a.** In December the lab will be spreading the holiday spirit with Hot Cocoa and Cookies
- **b.** Some Fridays are still available if you would like to bring a treat to share (12/8, 12/15, and 12/22). Please let me know.
- **c.** December 1st : sponsored by Specimen Reception and Phlebotomy

## III. TEAM MEMBER GIVING CAMPAIGN

a. November 1 – 30, 2023
b. All funds donated will stay local.
c. Must make selection OR decline any selections in Workday.

## IV. QUALITY

- **a. Quality Events**
  - i. Documentation of incorrect QC rack.
  - ii. **Once a weak D, always a weak D**. It does not matter the current reaction strength. Please be careful when accepting Vision results. This patient was resulted as O negative when she should have been O weak D+.
  - iii. Inventory of RBCs not organized and checked and per daily checklist.
  - iv. Failure to add the "delay" comment.
  - v. Units that "broke while thawing" were not documented in Soft Bank as discarded.
  - vi. No CVDAT comment documented on neonates DAT
  - vii. Calling an antibody a "PRESI" when there are negative reactions in the screen cells or the panel cells.
  - viii. Incomplete patient history.
  - ix. Ineligible handwriting
  - x. MF results on the Vision changed incorrectly
  - xi. Units selected and issued under a closed or wrong visit
  - xii. The wrong type of crossmatch was performed (ISXM, gel XM)
  - xiii. Emergency issue of components when the patient had a current TS
  - xiv. Antigen typing was not entered into SoftBank
  - xv. Free texting your own comment instead of using the canned comment
  - xvi. Missing tech initials and date
  - xvii. Using homozygous cell as a control cell
  - xviii. Using expired cells for rule outs when you have non-expired cells with the same antigenic profile

## V. PROCEDURES AND POLICIES

- **a.** There are several new procedures coming in the month of November
- **b.** Be sure to do your "read and sign" in MTS
- **c.** Each SOP that you read counts for ½ hours of continuing education.

**d. ANTIGEN TYPING PROCEDURE**

- **i.** The antigen typing procedure has several updates and changes that will go into effect on December 1st
- **ii.** At Troy we will continue to perform manual antigen typing in the test tube however, we will start entering antigen typing QC in the computer on Dec. 1
- **iii.** There will be a short training instruction and exercise for you to become acquainted with entering QC in the computer.
- iv. **Change Alert:** The longest incubation time will be used for all negative tests or positive tests with a reaction grade less than 2+.
- v. **Change Alert:** If the manufacturer's insert gives a choice of 1 or 2 drops of anti-sera, then use 2 drops.
- vi. **Reminder:** A complete phenotype or RBC genotype will be performed if:
    1. The patient has 3 or more identifiable antibodies (not including non-specific antibodies).
    2. The patient has a warm autoantibody (WAA).
    3. The patient has sickle cell disease or thalassemia.
    4. The patient has a newly identified passive CD38 antibody or blood bank receives notification that the patient will begin treatment with the CD38 drug.
- vii. **Update**: Antigen Status
    1. Blood supplier/ reference lab may use unlicensed antisera to confirm antigen results if the antisera is rare. This result is entered as confirmed in the Blood Bank computer.
- viii. **Reminder**: Valid Graded Reactions
    1. To interpret the antigen typing result of a patient or donor sample as negative, the test must be non-reactive.
    2. To interpret the antigen typing result of a patient sample as positive, the reaction strength must be 2+ or greater, and the inert control (if indicated) must be non-reactive.
    3. Weak positive or 1+ reactions on patient samples are considered invalid and should be repeated or reviewed with Medical Director.
    4. To interpret the antigen typing result of a donor sample as positive, any reactivity shall be interpreted as positive. However, if the reaction strength is less than 2+ (is weak+ or 1+) repeat testing should occur.
- ix. **Update:** Tube Typing
    1. All patient and donor cells must be washed and resuspended to 2% - 4% before testing, even if the manufacturer's insert has a statement such as "samples may be washed and resuspended prior to testing".
- x. **Change Alert:** Quality Control
    1. Quality Control (QC) is performed once per day of use for each antiserum/methodology used, and is documented in the computer as described in the Blood Bank CDM – Resulting the QC Rack or on paper per site specific QC policies. QC results are documented only for phases tested.
    2. Appropriate positive and negative controls for antigen typings must be tested once per day of use for each antiserum/ methodology used.
    3. The reaction strength of the positive control must be 2+ or greater. If the reaction strength of the positive control is not 2+ or greater, then the quality control is considered to be failing.

4. The negative control must be non-reactive. If the negative control is reactive (any strength) then the QC is considered to be failing.

xi. **Update:** Recording Results
1. All unit antigen results are ordered and resulted in the computer as described in the Blood Bank CDM – Unit Antigen Typing.
2. All patient antigen results are ordered and entered into the computer as described in Blood Bank CDM – Single Result Entry.

xii. **New process**: Inert Control Requirements
1. Due to the potential for false positive reactions, most manufacturers' inserts recommend the use of an inert control when positive antigen results are obtained. This inert control is expected to be non-reactive. For example, a monoclonal control may be tested when using the Rh individual or phenotype cards, or a DAT may be performed as a control when antigen typing by the indirect antiglobulin tube method, etc.
2. For patient samples with negative antigen results the inert control is not required (false positive results are not a concern in this case).
3. For patient samples with positive antigen results, the inert control must be tested if indicated by the manufacturer's insert. If the patient antigen result is positive, and the inert control is positive or the inert control is not tested, then the positive antigen result is invalid.
4. For donor units with positive antigen results, this inert control will not be tested. Any antigen positive units will be considered and labeled as preliminary positive.

## VI. NEWS AND UPDATES FROM AROUND THE LAB

**a.** Congratulations and Welcome to the new hires

**i.** Craig Keiper – part time afternoons

**ii.** Melissa Camitan – full time afternoons

iii. Julie Wilson – full time midnights

iv. Lindsay Stafford – full time afternoons

v. Mary Reeves – full time afternoons

b. Good Luck in your future endeavors

i. Belinda Brunning – Happy Retirement!

ii. Tessa Lanzen – Congrats on becoming a nurse

iii. Deb Smith – Happy Retirement!