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Document Contact	Kelly Sartor: Mgr, Division Laboratory
Area	Laboratory-Blood Bank
Applicability	All Beaumont Hospitals

Blood Product - Quarantine or Discard

Document Type: Procedure

I. PURPOSE AND OBJECTIVE:

This document will provide policies applicable to the quarantine or discard/waste of blood products.

A. This document applies to all blood products stored and distributed from Corewell Health East Blood Banks.

II. DEFINITIONS/ACRONYMS:

A. **Waste:** The final status in which a product is placed upon expiration, or when it is determined that the product does not meet the criteria for acceptability, or is unsafe for transfusion.

B. **Quarantine:** To isolate nonconforming blood products to prevent their distribution or use. The temporary status in which a unit is placed when there is any uncertainty as to whether a blood product meets the criteria for acceptability or when there is any concern about the product's safety. Placement into this status will prevent the inadvertent use of the product until the supervisor, and /or Medical Director or designee can determine whether to discard the unit or place it into inventory.

C. **Designee**: Any Blood Bank technical director, or transfusion medicine fellow.

D. **BBIS:** Blood Bank Information System

E. **ERS:** Hospital Quality Safety Report entered in the RL Event Reporting System

III. POLICIES:

A. **Placement into Quarantine**

1. If the technologist has any question as to whether a blood product meets the criteria

for acceptability, the product should be placed in quarantine. The following steps are taken to place a product in quarantine:

a. An orange quarantine sticker is placed on the blood product.

b. The status of the product is changed to quarantine in the BBIS with an appropriate code. Refer to Status Change Update in Transfusion Medicine , Safetrace (Blood Bank) Application.

i. Refer to the attachment, *Wastage and Quarantine Codes (Version 1)* for a listing of quarantine codes and when they should be used. Include a comment for any additional details.

c. The product is physically placed in the designated quarantine area for the product type.

i. Troy Only: The Blood Product Quarantine / Discard Log should be completed.

ii. Royal Only: Document on communication log

2. Blood products that have been placed in quarantine status should be stored at the products' routine storage temperature and separated from the available inventory. For example

a. Quarantined platelets are stored on the quarantine shelf of the platelet rotator.

b. Quarantined RBCs and thawed plasma are stored on the quarantine shelf of the refrigerator.

3. If a blood product is placed in quarantine, and the product expires prior to the next business day (for example a holiday or over a weekend), then it may be necessary to contact the Blood Bank Medical Director, designee, or the supervisor/manager to determine whether to discard the products or place them into available inventory.

4. An internal variance or a report in the hospital Event Reporting System (ERS) must be submitted. The variance report will prompt a review by the supervisor, and/or the Blood Bank Medical Director or designee to determine whether to discard the product or place it into available inventory.

5. If after review the product is deemed acceptable to return to general inventory, the orange quarantine sticker is removed and the status of the product is changed to available in the BBIS as described in the Transfusion Medicine policy, Safetrace (Blood Bank) Application.

B. **Discarding Blood Products**

Blood may need to be discarded for several reasons: unsatisfactory visual inspection, unacceptable temperature, expiration date,units accidentally damaged etc. The following steps are taken to discard a blood product:

1. The status of the product is changed to waste in the BBIS with the appropriate wastage codes. Refer to the attachment, *Wastage and Quarantine Codes (Version 1)* for a listing of codes and when they should be used. Include a comment for any additional details.

a. Troy Only: The Blood Product Quarantine / Discard Log must also be completed.

2. The product should be physically discarded in a red Biohazard bin as medical waste. This medical waste is picked up from Corewell Health by a medical waste management company and disposed of by means of incineration (or other governmentally approved means).

C. **Submitting an Internal Blood Bank Variance Report or Hospital Quality Safety Report (ERS)**

1. ERS reports should be submitted for events that happen outside of the Blood Bank, such as products that have been returned out of temperature or beyond the acceptable time for returning them to inventory.
2. Reporting is not necessary for products that have outdated.
3. The variance report will prompt a review by the manager/supervisor, and/or the Blood Bank Medical Director or designee.

D. **Cost Recovery**

1. Credit requests will be submitted to the blood supplier, when applicable by the Blood Bank Supervisor/Manager or Lead Medical Technologists.

IV. SPECIAL NOTES:

A. For each blood product that is quarantined or discarded, the technologist must consider whether the blood supplier needs to be notified. This is done to help maintain the safety of the blood supply; for example, so that any additional blood products from the same donation may be assessed, so the supplier can investigate its processes, etc. If notification of the supplier is appropriate, the notification should occur as soon as possible.

V. REFERENCES:

1. AABB, *Standards for Blood Banks and Transfusion Services*, current edition.
2. AABB, *Technical Manual*, current edition.

Attachments

Blood Product and Tissue Quarantine Discard Log. (rev. 07/17/2024)

Wastage and Quarantine Code Guide (version 1)

Approval Signatures

Step Description	Approver	Date

	Muhammad Arshad: Chief, Pathology	8/8/2024
	Kristina Davis: Staff Physician	8/8/2024
	Ann Marie Blenc: System Med Dir, Hematopath	8/1/2024
	Hassan Kanaan: OUWB Clinical Faculty	7/31/2024
	Jeremy Powers: Chief, Pathology	7/29/2024
	Ryan Johnson: OUWB Clinical Faculty	7/29/2024
	Masood Siddiqui: Staff Pathologist	7/29/2024
	John Pui: Chief, Pathology	7/29/2024
Policy and Forms Steering Committe (if needed)	Kelly Sartor: Mgr, Division Laboratory	7/27/2024
	Katherine Persinger: Mgr, Laboratory	7/24/2024
	Ashley Beesley: Mgr, Laboratory	7/19/2024
	Hilary Morey: Medical Technologist Lead	7/19/2024
	Kristen DiCicco: Mgr, Laboratory	7/18/2024
	Teresa Lovins: Supv, Laboratory	7/18/2024
	Karrie Torgerson: Medical Technologist Lead	7/18/2024
	Fatima Bazzi: Medical Technologist Lead	7/18/2024
	Suzanne Chahine: Medical Technologist Lead	7/18/2024
	Kelly Sartor: Mgr, Division Laboratory	7/18/2024
	Kelly Sartor: Mgr, Division Laboratory	7/18/2024

Applicability

Dearborn, Farmington Hills, Grosse Pointe, Royal Oak, Taylor, Trenton, Troy, Wayne