**BBBP 2.0-General Policies for Receiving and Storage of Blood, Blood Products and Tissue**

1. All blood, blood products and tissues must be received in an acceptable shipping container as designated by the shipping facility.
   1. Each shipping container will be examined for proper packing and shipment temperature. (Refer to Table Shipment Receiving) If temperature is questionable:
      1. Place an appropriate thermometer inside the shipping container between the blood or blood products.
      2. Close the shipping container for a minimum of 10 minutes.
      3. Remove the thermometer and document the temperature on the shipping document.
2. All blood, blood products and tissues will be entered into the hospital computer system according to BBBP 4.0-Entering Blood, Blood Products and Tissues into the Blood Bank Meditech System.
3. All products will be inspected for damage upon removal from shipping container
   1. If product is broken or damaged:
      1. Place product on quarantine shelf
      2. Notify collection facility for instruction
   2. If product labels are damaged, defaced or missing:
      1. Place product on quarantine shelf
      2. Notify collection facility for instruction
4. Each shipping container should contain a shipping document of contents.
   1. If no shipping documents are received:
      1. Place products in appropriate storage unit.
      2. Contact shipping facility to obtain a copy of the shipping document.
5. Receipt of platelet products
   1. Platelet products will be stored at 20-24C with constant agitation.
6. Receipt of units with duplicate unit numbers
   1. Apheresis units may have the same unit number, but will have different product codes.
      1. Retrieve the “Duplicate Unit #” flag.
      2. Indicate the correct product code for the designated unit
      3. Securely attach to blood product
7. Receipt of blood products transferred with a patient
   1. If the product is already infusing, no further action is necessary.
   2. If the product arrives in a shipping container with the patient, it must be treated as a new blood product and processed accordingly.
      1. The patient must be treated as a Memorial patient and all testing must be completed prior to transfusion.
   3. If physician insists on transfusing the transferred blood product, an emergency consent form must be completed and signed.
8. Receipt of tissue products
   1. Tissue products are ordered by the Operating Room staff and are stored in the Blood Bank according to manufacturer’s instructions.
   2. No patient testing is required to assign tissue products.

References:

* 1. Standards for Blood Banks and Transfusion Services, AABB, 28th Edition, 2012, Std. 4.3, Bethesda, MD.
  2. Mississippi Valley Regional Blood Center, Client Hospital Guide, Packing Instructions.

**Shipment Receiving**

| **Product** | **Acceptable** | | **Unacceptable** | | |
| --- | --- | --- | --- | --- | --- |
| **Temp** | **Condition** | **Temp** | **Condition** | **Corrective Action** |
| Red Blood Cells | 1-10C | * Large Box or Cooler   + Maximum of 30 units   + One large bag wet ice <1/2 water * Medium Box or Cooler   + Maximum of 20 units   + One bag wet ice <1/2 water * Chemical coolant may be substituted for wet ice * Ice/coolant NOT in direct contact with product | <1C  >10C | * Number of units over maximum for shipping container * Amount of coolant not sufficient for number of units or shipping container * Temperature of units questionable * Ice/coolant in direct contact with product | * If temperature is in question, obtain temperature of product using a calibrated thermometer. * Enter products into hospital computer system   + Change status to quarantine and place on quarantine shelf * Contact blood supplier for further instruction |
| Frozen Product | <0C | * Large Box   + Maximum of 15 FFP/Pooled Cryo or 25 single cryo   + 10-15 pounds dry ice * Medium Box   + Maximum of 10 FFP/Pooled Cryo or 20 single cryo   + 8-10 pounds dry ice | >0C | * Number of units over maximum for shipping container * Amount of dry ice not sufficient for number of units or shipping container * Temperature of units questionable | * If temperature is in question, obtain temperature of product using a calibrated thermometer. * Enter products into hospital computer system   + Change status to quarantine and place on quarantine shelf * Contact blood supplier for further instruction |
| Platelet Product | 20-24C | * Platelet shipping box used   + Maximum of 15 pheresis products   + Two – four room temperature gel packs   + Extremes in weather may indicate need for additional insulation such as newspaper or absorbent pads. | <20C >24C | * Number of units over maximum for shipping container * Amount of coolant not sufficient for number of units, shipping container or weather conditions * Temperature of units questionable | * If temperature is in question, obtain temperature of product using a calibrated thermometer * Enter products into hospital computer system   + Change status to quarantine and place on quarantine shelf * Contact blood supplier for further instruction |

**PROCEDURE AND FORM CHANGE CONTROL**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title: BBBP 2.0-General Policies for Receiving and Storage of Blood, Blood Products and Tissue | | | | | | | | | | |
| Written | | **Validated** | | **Path Review** | | **Review** | | **Effective** | | **Reason for Revision** |
| Date | **By** | **Date** | **By** | **Date** | **By** | **Date** | **By** | **Date** | **By** |
| **5/26/10** | **PAB** | **6/1/10** | **GJM** | **6/7/10** | **ESB** |  |  | **6/21/10** | **PAB** |  |
| **Revised** |  |  |  |  |  |  |  |  |  |  |
| **7/10/10** | **GJM** | **7/12/10** | **PAB** |  |  |  |  | **7/12/10** | **PAB** | **Added viral serology requirement to tissue.** |
|  |  |  |  |  |  | **4/18/11** | **PAB** |  |  |  |
| **7/6/11** | **PAB** |  |  | **7/14/11** | **ESB** |  |  | **7/18/11** | **PAB** | **Removed reference to ARC, non-leuko reduced product and Rhogam** |
|  |  |  |  |  |  | **3/21/12** | **PAB** |  |  |  |
| **9/6/12** | **PAB** |  |  | **9/10/12** | **ESB** |  |  | **9/13/12** | **PAB** | **Added quarantine of autologous units** |
| **4/26/13** | **PAB** |  |  | **5/15/13** | **ESB** |  |  | **6/1/13** | **PAB** | **Removed autologous/directed products, removed tissue virals** |
| **1/21/15** | **JLH** |  |  | **N/A** | **N/A** |  |  | **1/21/15** | **JLH** | **Removed references to coag factors and added document control number.** |

Location of any copy(s) of the procedure:

**Out of use:**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**