

Quality Assurance Manual Department of Pathology	Document No. TRAN 8004 R Page 1 of 2
Transfusion Services Variance from Standard Operating Procedures	Origination: 03/2007 Version: 2

Policy Statement	The Transfusion Service has a mechanism to approve and document variances from the standard operation procedures in the event of acute or unique clinical situations where an alternative approach may be necessary or appropriate.
Purpose	To provide guidance to Transfusion Service associates for handling variances from standard operating procedures.
Scope	This policy applies to those acute or unique clinical situations where an alternative approach may be necessary or appropriate.
Responsibility	All Transfusion Service associates are responsible for documenting variances from standard operating procedures. The Lead Technologist and Medical Director are responsible for timely review and follow up.
References	CAP Accreditation Program: Transfusion Medicine Checklist; TRM.30900 AABB Standards for Blood Banks and Transfusion Services: Chapter Seven, Deviations, Nonconformances, and Adverse Events

1. If an alternative approach to a situation seems appropriate or necessary the Lead Technologist or Medical Director must be notified.
 - a. SBAR (Situation, Background, Assessment, and Recommendation/Request) communication technique must be used. Refer to hospital policy SYS HOS 68.
2. Patient/product information, details of the situation, the reason for the variance, and the identity of the individual(s) notified must be documented using TRAN 8004 Fa.
3. Variances are reviewed at regular intervals by the Lead Technologist, Quality Coordinator, and Transfusion Service Medical Director.
 - a. The effect on patients, products, or services is determined.

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- b. If additional follow up is required it proceeds in a timely manner.
- 4. Variances that are identified only after an event are investigated through the occurrence management program.