PROCEDURE

Title: Autologous Blood Units

Procedure #: 2015BLOODBANK59

Institution: Highlands Regional Medical Center

Address: 3600 Highlands Avenue, Sebring Florida 33870

Prepared by: Anita Smith Date: 6/4/2015

Title: Laboratory Administrative Director

Accepted by: _____ Date: 6-5-15

Title: Laboratory Medical Director

Date Patient Testing Implemented: 6/1/2008

Review of procedure every two years

Reviewed by: _____ Date: _____

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Discontinued testing date: _____

Highlands Regional MEDICAL CENTER

Policy Name: Autologous Blood	**Department: Blood Bank-Lab**
Departmental Review:	**Policy #: B3.3**

INITIATE DATE	DATE REVIEWED/REVISED	PAGE 1 of 3
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PURPOSE:
Autologous transfusion is an alternative therapy for many patients anticipating transfusion. Its use has increased considerably with the awareness of infectious diseases transmitted through allogeneic transfusions. This procedure deals with the handling of the preoperative collected unit (blood that is drawn and stored prior to anticipated need.

POLICY:
All blood for autologous transfusion will be collected and processed by OneBlood, Inc. or other certified Blood Banks in accordance with accepted AABB and other regulatory agency guidelines. The patient's physician will write an order for the autologous donation, which the patient will take to the Blood Center. This order will include the date and location of the patient's surgery so that the unit(s) will be made available to the corresponding hospital Blood Bank in a timely manner.

PROCEDURE:
1. Autologous units received in the laboratory will be labeled by the Blood Bank which collected the unit with ABO, Rh, unit expiration date, patient's name, and/or the patient's date of birth or Social Security number. The unit will be marked "Autologous Use Only".
2. Upon receipt, the autologous unit will be logged into the SoftBank blood inventory.
3. The units are then retyped as per HRMC policy and a retype label is then attached to the unit.
4. The autologous unit will be segregated and stored in the bottom left hand drawer of the Blood Bank refrigerator until it is requested for patient use. **THE UNIT IS TO BE USED SOLELY FOR AUTOLOGOUS TRANSFUSION.**
5. When a request for autologous units is received, the patient will be drawn and banded according to normal Laboratory operating procedure. The request will be made in the same manner as any other blood product request with the autologous area of the slip checked.
6. A Type and Screen will be performed to confirm the ABO and Rh and in the event that the patient may require additional blood beyond the autologous supply. Compatibility testing of the recipient and the unit is required.
7. The group and type of the recipient and the autologous unit is compared and MUST be in agreement before the unit can be tagged for the patient. If they are not in agreement notify the Medical Director, Laboratory Supervisor and the generating facility. DO NOT sign out this unit until discrepancy is resolved.
8. Once the unit has been tagged for the patient, it is placed on the type specific shelf on the right hand side of the blood bank refrigerator.
9. If the autologous blood is not used, the unit of blood will be stored in the autologus section of the blood bank refrigerator until the date the patient is discharged from the hospital. The unit will be kept until its expiration date and then discarded in accordance with proper biohazardous disposal procedures. It will be logged as discarded in the disposition log.
10. Prior to the unit's expiration date, at the physician's request, any autologous unit can be sent to OneBlood, Inc. to be frozen to extend its shelf life. If requested, the unit is returned to collection center with a Blood Return Record form completed with the notation "Unit to be frozen per Dr. _____". A notation is made in the disposition log stating "Returned to OBI to be frozen" along with the date.

PROCEDURE NOTES:

1. Autologous units should be infused before allogeneic units. Infuse unit with shortest shelf life first.
2. Autologous units which have been screened and tested positive and or repeatedly reactive for anti-HIV-1, anti-HIV-2, HbsAG, anti-HCV, anti-HBc, HIV-1-Ag and/or a screening test for syphilis will be labeled by the collection facility with a biohazard label. The collection facility is responsible for notifying the patient's physician of any abnormal test results, as well as the facility the unit is shipped to. When such a unit is received in the Blood Bank all procedures as outlined above will be performed. In addition, the unit will be kept segregated in a biohazard ziplock bag the entire time it is in the Blood Bank refrigerator for storage.

REFERENCES:

1. AABB Technical Manual
2. AABB Standards for Blood Banks and Transfusion Services

April 17, 2014

oneblood

Dear Hospital Physcians, Medical Directors, Laboratory Directors:

The medical staff at OneBlood, Inc. has recently reviewed our preoperative autologous donation services and decided to make some changes. Effective May 27, 2014, autologous blood will not be collected from known infectious patients, nor will it be released if testing reveals the presence of markers positive for transfusion-transmitted diseases. In addition, no blood will be collected from autologous patients fewer than 14 days prior to the day of intended use.

Surveys from the College of American Pathologists have documented the fact that autologous blood has been transfused to the wrong recipient. Given this potentiality, we feel strongly that there is a definite medical risk to release into (any hospital's) inventory blood that is known to be infectious for any of the transfusion-transmitted diseases for which we screen. At present, this would include: HIV 1/2; HTLV I/II; HBV; HCV; WNV (West Nile Virus); and *Trypanosoma cruzi* (Chagas). As of May 27th, 2014, we will no longer store or release for distribution units of autologous blood which test confirmed positive (or indeterminate) for any of the above-mentioned infectious agents.

We do not, however, have the same concern about blood which tests positive for syphilis or is positive for the presence of anti-HBc (in a surface antigen and NAT-negative patient). Blood which tests positive for these markers will continue to be stored and distributed for transfusion.

We are aware of the Supreme Court's Bragdon decision (granting ADA rights to HIV-infected individuals), and the subsequent interpretation by the AABB. We believe strongly, however, that prudent public health policy requires us to do all that we can to protect potential blood recipients (and blood center as well as hospital personnel) from iatrogenic exposure to infected blood. Exceptions to this policy may be made on a case by case basis, but will require a signed release from both the ordering physician and the hospital's risk management department.

The change to a fourteen day window prior to intended use is being made so that patients desirous of receiving their own blood can truly benefit from the procedure. Numerous studies have demonstrated that it can take anywhere from three to six weeks to regenerate red blood cells after a donation. Given those time constraints, it is very clear that units of blood withdrawn less than two weeks prior to surgery will not be regenerated in time, and therefore the patient will simply have a portion of his/her blood supply in a collection container rather than in his/her body.

The intent of pre-operative autologous donation is to have an "extra" unit of blood available, should it be needed. Absent erythropoietic stimulation (either chemically or through repeated phlebotomies), the only way that this can be accomplished is to leave adequate time between the last donation and the day of surgery to enable the marrow to

regenerate the "extra" red blood cells. Fourteen days appears to be a reasonable compromise between the above demands and the exigencies of scheduling. In addition, the extra time is clearly needed so that confirmatory testing can be done to enable better decisions to be made about a donated unit's suitability for transfusion.

We hope you can appreciate the rationale for these policy changes. We very much appreciate your support of our Autologous Transfusion Program. If you have any questions, please do not hesitate to contact us

Sincerely yours,

Richard R. Gammon, MD
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Highlands Regional MEDICAL CENTER

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INITIATE DATE **DATE REVIEWED/REVISED** **PAGE 3 of 3**
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Reviewed by	Reviewed Date	Reviewed by	Reviewed Date
	5-27-15		
	5-28-15		

Initial Implementation Date: 06/2008

Reviewed by: Signatures on file Date:
Department Supervisor

Reviewed by: Angela Lawston Date: 11/17/14
Department Adm. Director

Reviewed by: NA Date:
Department Chief Technologist

Reviewed and Approved by: Date: 11/18/14
Department Medical Director