PROCEDURE

Title: Daily Quality Control Requirements in Blood Bank

Procedure #: 2015BLOODBANK62

Institution: Highlands Regional Medical Center

Address: 3600 Highlands Avenue, Sebring Florida 33870

Prepared by: Anita Smith Date: 6/5/2015

Title: Laboratory Administrative Director

Accepted by: _____ Date: 6-5-15

Title: Laboratory Medical Director

Date Patient Testing Implemented: 1/1/2009

Review of procedure every two years

Reviewed by: _____ Date: _____

Reviewed by: _____ Date: _____

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Reviewed by: _____ Date: _____

Reviewed by: _____ Date: _____

Discontinued testing date: _____

Policy Title: Daily Quality Control Policy

Audience: Laboratory Staff

References and Citations: AABB Technical Manual 12th Edition, Current Package Inserts

I. POLICY

Various QC activities must be established to check specific elements of procedures in order to determine whether or not certain critical steps in processing are being performed within established limits of acceptability. BB QC is rotated among all techs performing Immunohematology procedures. Each tray of reagents used must have quality control performed each day of use.

II. PROCEDURE

A. Heat Blocks
1. Acceptable Range – 36°C to 38°C
2. Rotate the thermometer of each heat block (daily) into a different hole (i.e. A1 to A2 to A3 – as indicated on the QC log)
3. Read and record the temperature of each heat block's thermometer
   a. Perform corrective action if temperature falls out of range
   b. Document in QC log
4. Corrective Action
   a. Adjust the dial labeled "Low", slightly, as appropriate for the temperature shift
   b. Allow temperature to stabilize for several minutes
   c. Read and record adjusted temperature
   d. Document on the QC log

B. MTS Incubator
1. Acceptable Range – 35°C to 39°C
2. Read and record the temperature of the heat block daily
   a. Perform corrective action if temperature falls out of range
   b. Document in QC log
   Note: It is not necessary to record temperature from different spots in this heat block
   c. Document Timer (10 min +/- 10 sec) and RPMs daily
3. Corrective action
   a. Refer to instrument documentation
   b. Notify supervisor

C. Plasma Thawers
1. Acceptable Range – 32°C to 38°C
2. Read and record the temperature for each plasma thawer daily
   a. Perform corrective action if temperature falls out of range
   b. Document in QC log
3. Corrective Action
   a. Refer to instrument's operator's manual
   b. Notify supervisor

D. Refrigerator – Blood Bank
1. Acceptable Range – 1°C to 6°C for packed cells and 2°C to 8°C for reagents
2. Change the chart recorder weekly
   a. Remove old chart
      1) Press and hold the "Change Chart" push button switch (#3) until the pen moves to the left

2) Unscrew the knob at the center of chart, remove chart
3) Date and initial removed chart

b. Date and initial new chart
c. Stamp chart with the "_____ Hospital" stamp, date/time started
d. Hand write "Double" on the chart
e. Place new chart on recorder
1) Position the new chart at the correct day/time
2) Replace knob and screw finger tight against chart
3) Push the "Change Chart" push button (#3) until pen move back unto chart
4) Verify that the pen is making contact with the chart
f. Place old chart on supervisor's desk for review

3. Verify that the chart is on the correct day/time
4. Record the temperature of the recorder on the QC log
5. Read and record the upper and lower temperatures
a. Read the temperature currently being displayed, this is the upper solution's temperature
b. Press the "Select Lower" push button
c. Record the temperature now displayed, this is the lower solution's temperature

NOTE: If any alarm test fails or temperature goes out of range – Notify maintenance and the supervisor immediately

E. Freezer
1. Acceptable range ≤ 18°C
2. Change the chart recorder once a week
a. Remove old chart
b. Date and initial new chart
c. Stamp chart with the "_____ Hospital" stamp
d. Place new chart on recorder
1) Position the new chart at the correct day/time
2) Replace knob and screw finger tight against chart
3) Verify that the pen is making contact with the chart
e. Place old chart on supervisor's desk for review
3. Verify that the chart is on the correct day/time
4. Read and record the temperature of the recorder on the QC log
5. Read and record the temperature of the internal thermometer
6. Read and record the temperature of the LCD display

NOTE: If alarm does not sound or temperature is out of range notify maintenance and supervisor

F. Cellwasher
1. Rinse tubing with tap water for 4 cycles
2. Rinse tubing with saline for 2 cycles
3. Check saline volume (Press AUTO, 2, PRIME)
a. Acceptable range – 58-62mls
b. Adjust flow clamp if volume is out of limits
c. Retest volume delivery after adjustment
d. Document adjustment on log
e. Check expiration date. Saline expires 30 days from date opened.
4. Wipe off inside and outside of cellwasher with disinfectant
5. Check saline cube for fullness

a. Change if necessary
b. Document lot number/expiration date of new cube on log

6. Document completion of maintenance on log

G. Platelet Incubator

1. Acceptable range - 20°C to 24°C

H. Inventory

1. Review that current inventory levels are satisfactory
2. Record inventory
3. Call an order in if it happens to be a "non-fax" day
4. Make sure all reagents in use are documented with lot# and expiration date

I. Unit Inspection

1. Place each type in order of outdate
2. Remove expired units
3. Check color and appearance – remove questionable units
4. Send back any units expiring within 10 days.

J. Cleaning Log

1. Wipe counter with sanicloth

K. Reagents

Refer to "Daily Reagent Quality Control Policy"

L. Centrifuge

1. Wipe surface clean
2. For MTS Centrifuge record speed a time

M. Specimen Maintenance

1. Release all units that have been set up for transfusion that are greater than 3 days old with the exception of patients that have not received blood or been pregnant during the previous 3 months. Those units may remain crossmatched for 5 days.
2. Disgard pigtails and crossmatch tubes that are >11 days old.
3. Verify if there are any patients that need to have a new Type and Screen performed.
4. Verify pre-op list for patients that may need units crossmatched.