PROCEDURE

Title: Blood Bank Inventory

Procedure #: 2015BLOODBANK74

Institution: Highlands Regional Medical Center

Address: 3600 Highlands Avenue, Sebring Florida 33870

Prepared by: Anita Smith Date: 6/12/2015

Title: Laboratory Administrative Director

Accepted by: _____ Date: 6/12/15

Title: Laboratory Medical Director

Date Patient Testing Implemented: 9/1/2009

Review of procedure every two years

Reviewed by: _____ Date: _____

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Reviewed by: _____ Date: _____

Discontinued testing date: _____

Highlands Regional MEDICAL CENTER

Policy Name: Blood Bank Inventory **Department: Blood Bank-Lab**

Departmental Review: **Policy #:**

INITIATE DATE	DATE REVIEWED/REVISED	PAGE 1 of 3
09/2009	04/2013, 08/19/2014	

PURPOSE:
An inventory control system is in use to track the use of all lot numbers of critical materials received and ensure a sufficient number of compatible units are available for patients who may need blood components.

POLICY:
Critical materials are either automatically shipped or ordered as needed. Blood components are supplied by One Blood Inc. Every shift will be responsible for keeping an adequate supply of components to meet hospital needs. All units are inspected on receipt for proper labeling, shipping temperature and for abnormal appearance. The following quantities of leukoreduced packed cells (LRP), fresh frozen plasma (FFP), cryoprecipitate (CRYO), and platelet pheresis (PHT) are sufficient:

LRP		**MINIMUM**	FFP		**MINIMUM**	CRYO	PHT
O pos	25 units	8 units	O	10 units	4 units	Order as	Order as needed
A pos	25 units	8 units	A	10 units	4 units	needed	
B pos	4 units	2 units	AB	8 units	2 units		
AB pos	2 units						
O neg	10 units	4 units					
A neg	8 units	2 units					
B neg	2 units						
AB neg	0 units						

QUALITY CONTROL:
Red blood cell group and Rh are confirmed on receipt. Product expiration is checked daily. All refrigerator, freezer and room temperatures are monitored continuously or recorded manually every 4 hours. Temperatures are recorded on products received into the blood bank. All units are inspected on receipt, daily and at issue for any visual abnormalities. Quality control for critical materials is performed daily or as needed.

PROCEDURE:
Daily inventory:

1. Order critical materials as needed.
2. Check component inventory daily and order as needed to maintain supply. Routinely blood components are ordered before noon and received later in the day via courier service from OBI. PHT and CRYO are ordered when a requisition request is received.
3. Red blood cells expiring in 10 days and platelet pheresis units with expiration greater than twenty-four hours can be returned to OBI for a credit. When expirations have exceeded these limits exceptions may be granted, call OBI for approval. Frozen products are non-refundable.
    a. Print two OBI return forms. One to be shipped with the units, one filed.
    b. Print two copies of return forms from SoftBank.
    c. Date and sign return forms.
    d. Place units to be returned in the 'return basket' in the refrigerator.
4. Autologous units are stored until expired and then disposed

Receiving critical materials and components:

1. Critical Materials are to be registered in SoftBank and stored at appropriate temperatures. Place current package inserts in appropriate binder.
2. Immediately upon receipt of blood products check the temperature and note on the packing slip with date, time and initial. Acceptable temperatures during transport:
    a. Red blood cells: 1° – 10°C
    b. Platelets: 20° – 24°C
    c. Frozen components: ≤ -18°C
3. Blood products are received in SoftBank. Red blood cell group and Rh of negative units are confirmed (testing for weak D is not required) and units labeled with a type confirmation sticker. All other components are compared to the packing slip and placed into inventory.
4. Autologous units are stored in a special location out of the main inventory.
5. Components are stored as followed:
    a. Red blood cells: Refrigeration 1° – 6°C.
    b. Platelets: Continuous gentle agitation 20° – 24°C
    c. Fresh Frozen Plasma: Freezer ≤ -18°C

Shipping components:

1. Two copies of OBI product return/transfer form are printed. One will be sent with the shipment and the other filed.
2. Shipping containers are provided and returns retrieved by OBI at the time of a delivery. Call OBI for a pickup if a delivery has not been scheduled. Package components as follows:
    a. Red blood cells must be transported at a temperature of 1° – 10°C. Bagged wet ice or cooling packs may be used to maintain transport temperature. In order to avoid hemolysis LRP and segments should not come in contact with ice or cooling pack.
    b. Platelets must be transported at a temperature of 20° – 24°C. Room temperature coolant bags should be used.

Disposal:

1. All blood components are considered potentially infections and disposed in biohazard containers
2. Outdated reagents are disposed of in biohazard containers.

PROCEDURE NOTES:

1. During processing of units temperatures should not exceed set limits.
2. Critical materials are disposed of at expiration date. Exceptions for reagents classified as rare. These include select cells from panels and antisera. Both items can be used up to 3 months after expiration date provided that a positive and negative control is performed each day of testing.
3. Units with questionable appearance are quarantined and returned to the supplier. These may include purple color in red cells, clots, abnormally colored plasma, gross lipemia, etc.
4. Units with group and/or Rh discrepancies are quarantined until resolved.
5. In the unlikely event granulocytes are requested, confirm group and Rh and store at 20°– 24°C without agitation.

REFERENCES:

AABB Technical Manual
OneBlood – Florida's Blood Centers
CAP Requirements: TRM.30850, TRM.31227, TRM.31375, TRM.42450, TRM.42480,

Highlands Regional MEDICAL CENTER

Policy Name: *Addendum* **Blood Bank Inventory_BloodHub**		**Department:** **Blood Bank**
Departmental Review:		**Policy #:**
INITIATE DATE 08/13/2013	**DATE REVIEWED/REVISED** 03/19/2015	**PAGE 1 of 4**

PURPOSE:
Provide guidance for **BloodHub** on-line transactions.

POLICY:
Daily routine and STAT transactions with **one Blood Inc.** such as ordering and returning and transfer of blood products will be entered electronically through BloodHub (https://oneblood.bloodhub.com). If BloodHub is unavailable orders are to b e sent to One Blood via facsimile.

PROCEDURE:

A. Ordering a Product:

1. **Login to** BloodHub
2. Click **Create Order**
3. Select order type:
   - Standard (blood product)
   - Antigen Sreened
   - Autologous
   - Directed
   - Non-blood product (supplies)
4. Select shipping option
   - Routine
   - Delivered by Date/Time
   - ASAP
   - STAT
   - Scheduled
5. Click **Continue**; order number is created.
6. **Note:** Do not combine orders for different blood products. Always create a separate order for each blood product (PRBC, FFP,PHT,CRYO)
7. Click **Select Product** and a drop down menu opens.
8. Select a product and indicate how many units are needed for each blood type.
9. Click **Add.**
10. Click **Select Product** for additional product on the same transport temperature (same frozen, same refrigerated blood products).
11. To revise a product order click **X** at the end of the line to delete a specific order or **Clear All** to remove all lines.

12. Type order comments in the comment box as needed.
13. Click **Continue.**
14. Review the order. If all are in order then click **Submit** and print a copy of the order.
15. If editing is needed click **Go Back** and make changes.
    Note: A **Verified** order (by OBI) cannot be edited. The tech must call OBI and have them change the status from **Verified to Submitted.**
16. A login is not required to see the status of the order. Status of an order can be monitored at the bottom of the web page.

B. Manage Inventory:

1. Click **Manage Inventory**
2. Select transaction type:
    - Make units available
    - Crossmatch Units
    - Issue Units
    - Quarantine Units
    - Discard Units
    - Return Units
    - Transfer Units

    Note: Our facility uses this function only to return units to OBI
3. Click all appropriate boxes and fill in comment box as instructed.
4. When all fields are answered click **Continue.**
5. Review the order. If all information are correct click **Submit** and print two copies of the order.
6. A copy of the manifest must be sent along with the units to be returned and the duplicate copy is to be kept for our record.
7. **Note:** Do not forget to also remove the units to be returned from the SoftBank Inventory.

C. Cancel Orders:

1. Click on the **Order No.** that needed to be cancelled.
2. Go to **View Audit Trail** and choose either:
    - Cancel this order
    - Edit this order
3. Mark appropriate boxes and enter comments if required.

4. Click on **Save Order** and print (optional).
5. **Note:** if the order is still in the **Submitted** status, the tech can cancel or edit the order but if the order had been **Receved**, the said order cannot be cancelled or edited by the ordering personnel and OBI must be informed of the intended cancellation or editing.

REFERENCES:

One Blood BloodHub, oneblood.bloodhub.com

HIGHLANDS REGIONAL MEDICAL CENTER
Sebring, FL
Laboratory

DOCUMENT CHANGE RECORD

Document Name: Addendum Blood Bank Inventory – BloodHub

Document Section: Blood Bank

Author: Christel Ponthile

Please circle one of the following: NEW (REVISION) ARCHIVE

Effective

Description of document, changes, and rationale: revised as per update on BloodHub
Formal Training of staff required: N/A Attach email sent to staff about new procedures or changes to procedure if applicable
Method Validation required (attach documents): None
List any changes to the Lab Information system: None

Review and Approval	Signature	Date
Author	Christel Ponthile	3.15.15
Chief Technologist		
Admin. Lab Director		5/28/15
Laboratory Director		

Implementation occurs after signature by Laboratory Director.

Highlands Regional MEDICAL CENTER

Policy Name: *Addendum* **Blood Bank Inventory_BloodHub** **Department:** **Blood Bank**

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INITIATE DATE 08/13/2013 **DATE REVIEWED/REVISED** 03/19/2015 **PAGE 4 of 4**

Reviewed by	Reviewed Date	Reviewed by	Reviewed Date

Initial Implementation Date: _____

Reviewed by: _____ Date: 3.19.2015
Department Supervisor

Reviewed by: _____ Date: 5/28/15
Department Adm. Director

Reviewed by: _____ Date: _____
Department Chief Technologist

Reviewed and Approved by: _____ Date: _____
Department Medical Director

Highlands Regional MEDICAL CENTER

Policy Name: Blood Bank Inventory **Department: Blood Bank-Lab**

Departmental Review: **Policy #:**

INITIATE DATE 09/2009 **DATE REVIEWED/REVISED** 04/2013, 08/19/2014 **PAGE 3 of 3**

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	5-27-15		
	5-29-15		

Initial Implementation Date: _____

Reviewed by: _____ Date: 8-19-14
Department Supervisor

Reviewed by: Angela Lanster Date: 10/7/14
Department Adm. Director

Reviewed by: N A Date: _____
Department Chief Technologist

Reviewed and Approved by: _____ Date: _____
Department Medical Director