

PROCEDURE

Title: Blood Bank Technologist Work Flow

Procedure #: 2015BLOODBANK75

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: _____

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Reviewed by: _____ Date: _____

Discontinued testing date: _____



Policy Name: Blood Bank Technologist Workflow

Department: Blood Bank

Departmental Review:

Policy #:

INITIATE DATE
9/2009

DATE REVIEWED/REVISED
09/2009,11/2014,05/2015

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PURPOSE:

Specific duties to retention/disposition of blood samples and maintenance of blood bank equipments.

POLICY:

1. Daily

- Perform daily QC (tube and gel).
- Check reagents for lot expiration and appearance.
- Replace saline in saline bottle container every 24 hours.
- Read and record blood bank refrigerator temperature (digital, upper and lower shelf temperature readings). Check if wheel chart is recording proper temperature readings.
- Read and record blood bank freezer temperature (digital and internal readings). Check if wheel chart is recording proper temperature readings.
- Check and record plasma thawer temperature. Replenish water if water level is below the second line.
- Wipe down centrifuge and cellwasher. Check Dispense volume of cell washer.
- Check and record room temperature at the platelet rotator site.
- Run daily external QC for rapid FFN (Qcette) and perform daily maintenance.
- Check and record speed of MTS centrifuge. Check speed time of MTS centrifuge with timer. Record results on MTS QC log.
- Print BB inventory log and order needed blood products from OBI
- Check and return (to OBI) units that will expire within 10 days. Print 2 copies of return slips. File one copy in the blood bank log for Blood Product Received/Returned and one copy should go with the blood product to be returned to the supplier.
- Release all units that qualify to be returned to the blood bank inventory
- Print pending blood bank log and check patients with pending retypes.
- Crossmatch units for pre-op patients a day prior to their surgery
- Discard blood bank specimens that are 2 weeks old or older
- Discard blood bank tags of patients with expired type and screen/crossmatch, and blood bank tags of discharged patients
- Finish (**from SoftBank: INV>POS>Finish>mark all patient tests to finish>ACCEPT>Save and print**) type and screen/crossmatch of discharged patients and type and screen/crossmatch that are more than 72 hours old except for pre-operative patients

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2. Weekly

- Replace temperature wheel chart for BB refrigerator and freezer
- Decontaminate Centra-W cellwasher with 10% bleach and perform weekly checks
- Clean MTS dispensers with alcohol and distilled water. NEVER use bleach to clean MTS dispensers (see policy on MTS Dispenser)
- Check reagent inventory and order anything needed from laboratory supervisor or designee

3. Monthly

- Clean plasma thawer and replace water
- Clean freezer filter
- Wipe clean blood bank refrigerator shelves
- Perform and record all monthly QC (Resolve Panel A, external QC for fetal fibrinogen, ROM plus)

4. Quarterly

- Perform Sensaphone system alarm checks for blood bank refrigerator and freezer
- Recalibrate serofuge spin times for all phases

5. Semi-annual

- Method comparison/correlation studies
- Recalibrate serofuge and Centra-W spin times for all phases

6. Yearly

- Check timers with calibrated stop watch

PROCEDURE NOTES:

- Daily QC is rotated (monthly) among the 3 shifts and is split by method (one shift will perform the Gel QC and another shift will do the Tube QC. All BB daily QC are to be performed in 24 hour interval. Any deviation from scheduled run will be documented in the corrective action log.

REFERENCES:

- AABB Technical Manual 17th edition
- AABB
- CAP
- JCAHO
- FDA



HIGHLANDS REGIONAL MEDICAL CENTER
Sebring, FL
Laboratory

DOCUMENT CHANGE RECORD

Document Name: *Blood Bank Technologist Workflow*

Document Section: *B Bank*

Author: *Maribel Ponzuel*

Please circle one of the following: NEW

REVISION

ARCHIVE

Effective

Description of document, changes, and rationale:	<i>added Procedural Steps.</i>
Formal Training of staff required:	<i>None</i>
Attach email sent to staff about new procedures or changes to procedure if applicable	
Method Validation required (attach documents):	<i>None</i>
List any changes to the Lab Information system:	<i>None</i>

Review and Approval	Signature	Date
Author	<i>[Signature]</i>	<i>5.30.15</i>
Chief Technologist		
Admin. Lab Director	<i>[Signature]</i>	<i>5/28/15</i>
Laboratory Director		

Implementation occurs after signature by Laboratory Director.



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
INITIATE DATE
9/2009

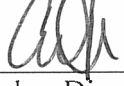
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Reviewed by	Reviewed Date	Reviewed by	Reviewed Date

Initial Implementation Date: _____

Reviewed by:  Date: 5.27.15
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