**Staff Meeting – 12/7/22**

1. **Lab Opening –**
	1. 1 full time position – day shift
	2. 1 per diem position – day shift
	3. Bonus - $15/hour
2. **FDA Reportable events –**
	1. Two lot in use – only one QC’ed
	2. Tech To Tech check NOT performed, missed to catch incorrect unit #
		1. Another Example – Unit missed to scan b/c tech to tech not performed appropriately
	3. Unlabeled blood transfused to the trauma patient
3. **PAT Specimens –**
	1. Green Sticker – EMCP to EP
	2. Orange Sticker – EP to EMCP
	3. Surgery Schedule from Outpatient area
	4. Separate T&S order set for each facility
4. **Financial Number –**
	1. ***Will be in effect once policies are approved by the administration***
		1. Per blood bank medical director, no need to match FIN# to accept a T&S
			* The patient’s name and MRN must match
			* ***Except*** ***Trauma Patients***
5. **Pediatric blood –**
	1. When receiving pediatric blood, please write ***COLLECTION DATE*** on a unit and ***NOT*** ***receiving date***. The collection date can be found on a packing slip that is received with the blood.
6. **Antigen Type in LIS –**
	1. Questions?
	2. ***See the*** ***flowchart***
7. **Two occurrences on reporting incorrect patient results –**
	1. Scan tubes, DO NOT type
	2. Enter results in LIS as being read, DO NOT memorize, and enter results later.
		1. Read one tube, enter results, then again read another tube, and enter results.
8. **Sending reagents and supplies to EP:**
	1. When placing a request with Omni, please notify them to come to the Blood Bank for pick up.
9. **Low supplies in the lab:**
	1. When the supplies run low, please restock them. Additional supplies are kept in the storage room.
	2. If any supply or reagent becomes critical, notify the supervisor immediately.
		1. Short supply of transfusion tag led to handwriting tags which then led to an FDA reportable event.
		2. Short supply of a Pedi Syringe led to delay in providing blood to a neonatal when the patient was coding.
10. **Antibody Workups:**
11. Antibody Identification/Consultation form:
	1. Be sure to fill this form COMPLETELY before submitting for review.
	2. If antibody workup is not finished and/or additional work is pending from ARC, please result INCONCLUSIVE.
	3. If patient has history of antibody and/or transfusion requirement at an outside hospital, you must update the antibody box, transfusion requirement box, and PPI by placing a comment.
12. **Fluid Check when performing Alarm Check:**
	1. Be sure to check that alarm sensor pro be in immersed in the appropriate fluid.
	2. If not, refill the bottle with appropriate fluid (10% Glycerol for refrigerators and platelet incubator OR Glycol or Anti-Freeze for freezers). See policy BBQC02-004.
13. Be sure the check the fluid for mold
	1. If present, please clean and refill the bottle with appropriate fluid mentioned above.
14. **USR Report:**
	1. Run USR report for at least 7 days
	2. Check all units with all status on the report, not just available.
15. **Sodium Hydroxide:**
	1. When refilling the small bottle of sodium hydroxide, make sure to label the bottle with refill date.
16. **Saline:**
	1. When opening saline cube, the following must be documented on the cube.
		1. Opened date
		2. Expiration date – month from when opened
		3. Initial of the tech opening the cube
	2. When refilling the saline bottle for bench use, you must relabel the bottle with appropriate information.
	3. ***If*** ***any saline cube is found without the information listed above, an IQE event will be generated for all staff.***
17. **Approval from physician vs. medical director:**
	1. ***Deviation of SOP:* Blood Bank Medical Director on service at the time.**
	2. ***Emergency Release of blood products:*** **Patient’s physician at the time.**
	3. ***Switching from Rh neg products to Rh pos:***
		1. **Blood Bank Medical Director on service at the time.**
		2. **When on call medical director does not answer the call, please notify supervisor immediately.**
			* **In this situation, supervisor may approve for you to call another laboratory medical director.**
			* **If another laboratory medical director approves for your need, you DO NOT need to get another/final approval from an on call medical director.**
			* **An approval from any laboratory medical director is acceptable.**