



Deviation From SOP

Date: 6/21/23

Affected SOPs: Implement Immediate Standard Work and Deviate from SOP Review of BB Records

Description:

Deviate from SOP Review of BB Records to include review of documents will be for each Blood Bank.

Applicable Standard Work was developed and will be implemented for MH pneumatic tube cut off.

Summary of Changes:

Implement attached document for use in the lab.

Updated Standard Work

- 1) RH, UH and MH Overnight Standard Work.
- 2) Implement new Standard Work for document management and discarded units.

This deviation will allow us to use these documents to verify shared team members, before finalizing the procedure and forms in PolicyTech.

Implementation of Change

Update to the draft SOPs attached, will be implemented by July 2023 in PolicyTech.

QA Coordinator
Jayanna Slayten, MS, MT(ASCP)SBBcm

Approved By: BB Medical Director



Indiana University Health

Original Creation Date: 05/01/2003	Publication Date: Not Set
Owner: Elaine Skipworth (Director- Lab Transfusion Medicine)	Next Review: Not Set
Category: Labs AHC	
Education: Level 2	

Approval Signatures: No Users

Review of Blood Bank Records

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

I. PURPOSE

Records are reviewed by a supervisor or designee during the next routine working shift. A secondary review is performed on a routine basis by the manager, a supervisor, or designee.

The records are reviewed for completion of QC, clerical, technical errors, unusual results, completeness, and legibility.

II. SCOPE

Members of the QC unit are affected by this procedure.

III. STATEMENTS/REQUIREMENTS

Blood Bank documents will be reviewed in all BB locations.

IV. DEFINITIONS

AABB: Association for the Advancement of Blood & Biotherapies

QC: Quality Control

V. EQUIPMENT/RESOURCES

None

VI. PROCEDURE

A. Review Process

1. Review report, requisition, or log for completeness, legibility, accuracy, or unusual results, and completion of required QC and maintenance.
2. Initial and date report, requisition, or log when review has been completed.

B. Records Reviewed:

1. Patient requisitions, component orders and daily records (Daily)
2. Quality control forms; equipment and reagents (at least Monthly)
3. ABID workups (Daily)
4. Transfusion Complication workups (Daily)

C. Detection of Error:

1. Designated personnel report error to Lab Management and/or QA Coordinator for evaluation.
2. Refer to Deviation Management SOP for details on documentation, investigation and corrective actions.

VII. CLINICAL SIGNIFICANCE/SPECIAL CONSIDERATIONS

None

VIII. REFERENCES

AABB Technical Manual, current edition.

AABB Standards, current edition.

IX. FORMS/APPENDICES

None

X. APPROVAL BODY

None

PROCEDURE #:

BBQC – 036



PURPOSE: SUMMARY OF TASKS COMPLETED ON OVERNIGHT SHIFT AT RH BLOOD BANK

PROCESS: RH OVERNIGHT STANDARD TASKS

REV. #6, DATE 06.22.23

DOCUMENT OWNER: IUH BB OVERNIGHT SPECIALISTS

Step	Description:	Key Point / Image / Reason	Who	Time
Note: This may be used as a guide for the workload to be completed routinely on the Overnight Shift at RH Blood Bank				
1	<p>Check crossmatch shelf</p> <p>Surgery blood and crossmatches returned to the blood bank, should be released from the patient when returned.</p> <p>However, each night the Overnight team verifies that these units are released from the patient.</p>	<p>Place the units back into inventory.</p> <p>a) Remove all xm'd blood at midnight EXCEPT</p> <p>1) Units set up in the previous shift.</p> <p>2) Antigen negative units</p> <p>b) Remove antigen negative units when the XM expires. Place the units back into the antigen negative shelf.</p> <p>c) Remove blood from surgery patients after the surgery is completed.</p>	IUH Overnight Specialists	NA
2	<p>Check the ultrafresh/fresh shelf and take down blood that is greater than seven days old</p>	Place the units back into inventory.	IUH Overnight Specialists	NA
3	<p>Complete the conditioning for the RS3400.</p>	<ul style="list-style-type: none"> Document the completion of the task per the SOP. This is done once per shift. 	IUH Overnight Specialists	NA



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PROCESS: RH OVERNIGHT STANDARD TASKS

REV. #6, DATE 06.22.23

DOCUMENT OWNER: IUH BB OVERNIGHT SPECIALISTS

Step	Description:	Key Point / Image / Reason	Who	Time
4	<p>Manage the Previous Day's Paperwork and Prepare the BB Daily Blood Bank Review Form.</p> <p>Daily Paperwork to Gather will include:</p> <ol style="list-style-type: none"> 1) Requisitions and Product Orders/Dispense Verification Forms 2) Credit Irradiation and Mislabeled Specimen Paperwork. 3) Unsigned and Signed Dispense Slips 4) Transfusion Documents 5) Supervisory Review documents 6) ABID Work Up documents. 7) Previous Day's Cooler Log 8) Previous Day's MTP paperwork 	<p>Gather the Previous Day's Paperwork</p> <ol style="list-style-type: none"> a. Gather the requisitions which were completed from the previous day and all orders and requisitions from surgeries in the alphabetical Surgery accordion file. b. Set aside any requisitions that need credit Irradiation or Mislabeled specimens. c. Remove paperwork that says voided, cancelled, discontinued, and set aside. d. Remove the unsigned dispense slips that may have been filed from previous shifts. e. Gather the transfusion documents from the previous day. f. Group all the supervisory review documents and ABID Worksheets. <p>Group the paperwork together and use the BB Daily Blood Bank Review form to ensure all papers are ready for Supervisory Review.</p> <p>Place the completed document packet, with the BB Daily Blood Bank Review form on top, into the Labelled Supervisory Review Accordion File by the date.</p>	IUH Overnight Specialists	NA



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PROCESS: RH OVERNIGHT STANDARD TASKS

REV. #6, DATE 06.22.23

DOCUMENT OWNER: IUH BB OVERNIGHT SPECIALISTS

Step	Description:	Key Point / Image / Reason	Who	Time
5	Update the "28 Days Ago" Sign	<p>Daily update the board with the current date and the date which was 28 days ago.</p> <p>This will allow the team to know quickly the date of 28 days ago for ABID and provision of blood for patient with antibodies.</p>	IUH Overnight Specialists	NA
6	Box inventory and send	<p>Prepare box if satellite inventory was greater than 15 units LPC (OR) If no box, one should tube the blood.</p> <p>If less than 15 units, then tube the LPC.</p> <p>Prepare box for frozen products using an ARC or Versiti box.</p> <p>Limits on Packing Boxes</p> <ul style="list-style-type: none"> • 30 RBC in a box with two bags of wet ice (or) 1 bag with 4 scoops. • 12-18 FFP in a Dry Ice box with enough dry ice in a bag to cover the products • 12-20 Pooled Cryo in a Dry Ice Box with enough dry ice in a bag to cover the products <p>Monday-Friday: This box may be picked up by the IUH daily courier for delivery to blood banks.</p> <p>Saturday and Sunday: There are no routine pick up of boxes on Saturday and Sunday. Call Customer Service for pick up at 317-491-6000.</p>	IUH Overnight Specialists	NA



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PROCESS: RH OVERNIGHT STANDARD TASKS

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Step	Description:	Key Point / Image / Reason	Who	Time
7	Evaluate and count the inventory	<p>Evaluate: Every Day</p> <ul style="list-style-type: none"> Remove all expired units and discard in final disposition per applicable process. If, group AB unit is expired then request credit in BloodHub ARC (see separate standard work) Visually verify the RBC, TP, and frozen products are at minimum based on the RH Daily Inventory Sheet. When evaluating inventory, if any product types are at or below the minimum then consult the Standing Order to see what is expected that business day. Order products if the Standing order product volume will not bring inventory back to normal levels based on the RH Daily Inventory Sheet. Order for STAT delivery by using BloodHub or call Versiti Indiana (317)916-5279 <p>Document inventory completion in AHC Blood Bank Teams Page</p> <ol style="list-style-type: none"> Scan the completed sheets and add to Teams Update the Excel Inventory sheet <p>If due to workload we are unable to count the inventory, then at a minimum the evaluation step listed above should be completed every day.</p> <p>Alternately, the inventory may be completed by Day Shift.</p>	IUH Overnight Specialists	NA



PURPOSE: SUMMARY OF TASKS COMPLETED ON OVERNIGHT SHIFT AT RH BLOOD BANK

PROCESS: RH OVERNIGHT STANDARD TASKS

REV. #6, DATE 06.22.23

DOCUMENT OWNER: IUH BB OVERNIGHT SPECIALISTS

Step	Description:	Key Point / Image / Reason	Who	Time
8	Prepare a Short Date Inventory Sheet for RH and UH	<p>After receiving the completed Short Date Inventory sheet from UH, combine the information for all the locations to one sheet and add short date products from the RHBB inventory.</p> <p>Make copies with the original sheet and distribute these to the satellites and post at RHBB.</p> <ul style="list-style-type: none"> - 1 copy to UHBB - 2 posted copies for RHBB 		
9	Verify plasma is thawed for any up-coming plasma exchanges	<p>Check to make sure that there is not a plasmapheresis to be set up.</p> <p>If so make sure to thaw the number of units requested on the sheet, or pull older, compatible, and pool-able units from the satellites.</p>	IUH Overnight Specialists	NA
10	Tube Management	<ul style="list-style-type: none"> • Pull all samples from the oldest rack and discard • Organize the samples from the previous day and place the rack in the fridge after all specimens are received from the satellites. 	IUH Overnight Specialists	NA
11	Specimen management of Antibody Positive/Molecular samples ** See separate Standard Work for Sample Management.**	<p>On Monday nights: UH and MH will send positive/Molecular specimens to RH. If samples are not received, then contact UH and MH to forward the samples.</p> <p>Place the samples in the designated rack for Antibody Positive/Molecular samples at RHBB.</p>	IUH Overnight Specialists	Monday Nights



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REV. #6, DATE 06.22.23

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Step	Description:	Key Point / Image / Reason	Who	Time
12	QC	<p>Complete quality control assigned for the month.</p> <p>May be tested in any order or timing, but a suggested schedule time: Vision – Before 0400</p>	IUH Overnight Specialists	NA
13	Daily Workload	<p>At the beginning of the shift - Check to see if evenings has any workflow that you can assist with.</p> <p>Complete work as it comes in.</p> <ul style="list-style-type: none"> • STAT work 1st • Routine work may be completed, or if necessary, left to be tested the next shift. 	IUH Overnight Specialists	NA
14	Prepare outreach or OR coolers	<p>Outreach If need for morning courier pick up before 07:30, then prepare a cooler and arrange for courier pickup for delivery to outreach customers.</p> <p>Riley OR Set up coolers for patients on the Surgery Schedule for that day.</p> <p>If the patient is not on the surgery schedule, then place the order back in the Component Order expandable.</p> <p>Set up patients who are on the schedule for 730am, and leave all other orders for Day Shift to send the cooler when needed.</p> <p>Person arrives to pick up coolers for early morning surgeries about 6am.</p>	IUH Overnight Specialists	Set up by 6am



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PROCESS: RH OVERNIGHT STANDARD TASKS

REV. #6, DATE 06.22.23

DOCUMENT OWNER: IUH BB OVERNIGHT SPECIALISTS

Step	Description:	Key Point / Image / Reason	Who	Time
15	Rotate and discard the retention segments.	<p>Rotate and discard segments on a routine basis.</p> <p>Each segment container should have <12 days (11 days) of segments. The date range is on each bin.</p> <p>Discard and rotate the segment containers only when needed.</p>	IUH Overnight Specialists	NA
16	Completion of Pre-surgical Management	Print the Riley Surgery Schedule and review per applicable Standard Work.	IUH Overnight Specialists	Should be completed no later than 3am M-F.
17	Meal Breaks	<p>Meal breaks should be taken between 2am and 6am.</p> <p>Meal breaks should be completed no later than 6am.</p> <p>If after 630am, then one may request a no-lunch or document the reason for a meal worked to the supervisor or designee.</p> <p>Refer to the HR policy for the IUH AHC Blood Bank in PolicyStat for more details.</p>	IUH Overnight Specialists	2am to 6 am
18	Manage the Daily Requisition Boxes	<p>When the daily requisition box is full, label the box, using tape and a sharpie, with the date range in the box.</p> <p>Place the full, labelled box in a designated location.</p> <p>We maintain 1 month of requisitions. Remove any boxes >1 months old. Empty the box into the ShredIt container in the lab.</p> <p>Place a new box for requisitions in the lab. One may use a previously used box or prepare a new box.</p>	IUH Overnight Specialists	When the box is full



PURPOSE: SUMMARY OF TASKS COMPLETED ON OVERNIGHT SHIFT AT METHODIST BLOOD BANK (MHBB)

PROCESS: MHBB STANDARD TASKS

REV. #6, DATE 06.22.23

DOCUMENT OWNER: IUH BB OVERNIGHT SPECIALISTS

Step	Description:	Key Point / Image / Reason	Who	Time
Note:				
1	<p>Specimen management of Antibody Positive/Molecular samples ** See separate Standard Work for Sample Management. **</p>	<p>Send antibody positive/ Molecular specimens from MH to RH on a weekly basis. See Sample Management Standard Work.</p> <p>Send these samples to RH via a courier on a routine basis.</p>	MH BB Overnight Team	Monday Night/ Tuesday
2	<p>Take down surgery and crossmatches from assigned shelf</p> <p>Surgery blood and crossmatches returned to the blood bank, should be released from the patient when returned.</p> <p>However, each night the Overnight team verifies that these units are released from the patient.</p>	<p>Take down the following, if it is still on the shelf:</p> <ol style="list-style-type: none"> Surgery blood to be taken down. <ul style="list-style-type: none"> a) MPACU b) Methodist MORC c) Methodist MASMT d) Methodist ER blood is taken down if set up greater than 48 hrs Remove blood on all patients that has a crossmatch, EXCEPT <ul style="list-style-type: none"> a) Blood crossmatched in the previous shift b) Blood for patients with antibodies. Maintain the antigen negative units until the T and S expires. Once released from the patient, these units may be used for another patient. Place in designated area in the fridge. 	MH BB Overnight Team	NA



PURPOSE: SUMMARY OF TASKS COMPLETED ON OVERNIGHT SHIFT AT METHODIST BLOOD BANK (MHBB)

PROCESS: MHBB STANDARD TASKS

REV. #6, DATE 06.22.23

DOCUMENT OWNER: IUH BB OVERNIGHT SPECIALISTS

Step	Description:	Key Point / Image / Reason	Who	Time
3	Verify the units for MEMER and Methodist OR are in-date and do not need to be replaced.	<p>Review the current "pink" emergency forms.</p> <p>If any of the MEMER or Methodist OR need to be replaced, based on the outdate or replace date, then retrieve the units and replace.</p> <p>If the dates are acceptable, then make no changes to these units.</p>	MH BB Overnight Team	NA
4	Rotate and discard the retention segments.	<p>Rotate and discard segments on a routine basis.</p> <p>Each segment container should have <12 days (11 days) of segments. The date range is on each bin.</p> <p>Discard and rotate the segment containers only when needed.</p>	IUH Overnight Specialists	NA
5	Add Inventory for MHBB into the Teams Page Enter Current Inventory Counts for MHBB.	<ul style="list-style-type: none"> • Access the IUH Teams • Go to the AHC Blood Bank Team • Go to the General Channel. • Go to files. • Open the Inventory Spreadsheet. • Enter the MHBB Inventory into the Spreadsheet. 	MHBB Overnight Team	Complete after Inventory Form is completed



PURPOSE: SUMMARY OF TASKS COMPLETED ON OVERNIGHT SHIFT AT METHODIST BLOOD BANK (MHBB)

PROCESS: MHBB STANDARD TASKS

REV. #6, DATE 06.22.23

DOCUMENT OWNER: IUH BB OVERNIGHT SPECIALISTS

Step	Description:	Key Point / Image / Reason	Who	Time
6	<p>Releasing Blood/Counting Inventory</p> <p>Follow current SOP for Inventory</p> <ul style="list-style-type: none"> - RBC and TP, maintain shelf volumes indicated on form and order when minimum is reached. - Frozen Plasma or Cryo, maintain shelf volumes indicated on form and order when minimum is reached. - Platelets, maintain posted volume of platelets and order when down to less than half expected inventory to re-stock. 	<ul style="list-style-type: none"> a. Sort all blood units into respective ABORH types and then sort by expiration date. b. Return units to their respective shelf in the correct expiration date order. c. After the surgery schedule is complete AND all the blood that was taken down is in the refrigerator then count the units using the Inventory form. d. Make note of any short dated products that are <3 days until expiration on the Short Dated Inventory sheet. Post this sheet for the team to easily see what should be used first. e. After all the blood has been counted on green inventory sheet, write down what needs to be ordered in the box next to the current count based on the suggested minimum inventory. f. Fill inventory to expected volumes: <ul style="list-style-type: none"> - Thaw plasma to and if necessary, volumes. - Use Blood Hub to order RBC, FFP, Platelet or Cryoprecipitate 	MH BB Overnight Team	NA



PURPOSE: SUMMARY OF TASKS COMPLETED ON OVERNIGHT SHIFT AT METHODIST BLOOD BANK (MHBB)

PROCESS: MHBB STANDARD TASKS

REV. #6, DATE 06.22.23

DOCUMENT OWNER: IUH BB OVERNIGHT SPECIALISTS

Step	Description:	Key Point / Image / Reason	Who	Time
7	<p>Manage the Previous Day's Paperwork and Prepare the BB Daily Blood Bank Review Form.</p> <p>Daily Paperwork to Gather will include:</p> <ol style="list-style-type: none"> 1) Requisitions and Product Orders/Dispense Verification Forms 2) Credit Irradiation and Mislabeled Specimen Paperwork. 3) Unsigned and Signed Dispense Slips 4) Transfusion Documents 5) Supervisory Review documents 6) ABID Work Up documents. 7) Previous Day's Cooler Log 8) Previous Day's Inventory Form 9) Previous Day's MTP paperwork 	<p>Gather the Previous Day's Paperwork</p> <ol style="list-style-type: none"> a. Gather the requisitions which were completed from the previous day and all orders and requisitions from surgeries in the alphabetical Surgery accordion file. b. Set aside any requisitions that need credit Irradiation or Mis-labeled specimens. c. Remove paperwork that says voided, cancelled, discontinued, and set aside. d. Remove the unsigned dispense slips that may have been filed from previous shifts. e. Gather the transfusion documents from the previous day. f. Group all the supervisory review documents and ABID Worksheets. <p>Group the paperwork together and use the BB Daily Blood Bank Review form to ensure all papers are ready for Supervisory Review.</p> <p>Place the completed document packet, with the BB Daily Blood Bank Review form on top, into the Labelled Supervisory Review Accordion File by the date.</p>	MH BB Overnight Team	NA



PURPOSE: SUMMARY OF TASKS COMPLETED ON OVERNIGHT SHIFT AT METHODIST BLOOD BANK (MHBB)

PROCESS: MHBB STANDARD TASKS

REV. #6, DATE 06.22.23

DOCUMENT OWNER: IUH BB OVERNIGHT SPECIALISTS

Step	Description:	Key Point / Image / Reason	Who	Time
8	Prepared Surgery Coolers, as needed.	Prepare the coolers for the morning surgeries based on the surgery schedule. Coolers can be prepared after 0600 or these may be prepared by the Day Shift team.	MH BB Overnight or Day Shift Team	After 0600
9	QC	Complete the QC which is assigned monthly.	MH BB Overnight Team	NA
10	Testing Workload	Complete work as it comes in. STAT work 1st Routine work may be completed, or if necessary, left to be tested the next shift.	MH BB Overnight Team	NA
11	Massive Transfusion Protocol	Work as a team to respond to any MTP requests from clinical staff. Replace the emergency cells for requesting departments.	MH BB Overnight Team	NA
12	Meal Breaks	Meal breaks should be taken between 2am and 6am. If after 630am, then one may request a no-lunch or document the reason for a meal worked to the supervisor or designee. Refer to the HR policy for the IUH AHC Blood Bank in PolicyStat for more details.	IUH Overnight Specialists	2am to 6am
13	Update the "28 Days Ago" Sign	Daily update the board with the current date and the date which was 28 days ago. This will allow the team to know quickly the date of 28 days ago for ABID and provision of blood for patient with antibodies.	IUH Overnight Specialists	NA



PURPOSE: SUMMARY OF TASKS COMPLETED ON OVERNIGHT SHIFT AT UNIVERSITY BLOOD BANK

PROCESS: UHBB STANDARD TASKS

REV. #6, DATE 06.22.23

DOCUMENT OWNER: IUH BB OVERNIGHT SPECIALISTS

Step	Description:	Key Point / Image / Reason	Who	Time
Note:				
1	<p>Specimen management of Antibody Positive/Molecular samples ** See separate Standard Work for Sample Management. **</p>	<p>Send antibody positive/Molecular specimens from MH to RH on a weekly basis. See Sample Management Standard Work.</p>	MH BB Overnight Team	Monday Night/ Tuesday
2	<p>Take down crossmatches from assigned shelf.</p> <p>Surgery blood and crossmatches returned to the blood bank, should be released from the patient when returned.</p> <p>However, each night the Overnight team verifies that these units are released from the patient.</p>	<p>Take blood down on ALL patients EXCEPT</p> <ol style="list-style-type: none"> 1) Blood set up the previous shift. 2) Those with antibodies/antigen matched units. <p>Take down antigen matched units when the T and S expires.</p> <p>Forwarded the antigen negative units to RH to hold for a new T and S on the patient.</p> <p><u>OR</u> once released from the patient these may be used for another patient.</p>	UHBB Overnight Team	NA
3	<p>Update the "28 Days Ago" Sign</p>	<p>Daily update the board with the current date and the date which was 28 days ago.</p> <p>This will allow the team to know quickly the date of 28 days ago for ABID and provision of blood for patient with antibodies.</p>	IUH Overnight Specialists	NA



PURPOSE: SUMMARY OF TASKS COMPLETED ON OVERNIGHT SHIFT AT UNIVERSITY BLOOD BANK

PROCESS: UHBB STANDARD TASKS

REV. #6, DATE 06.22.23

DOCUMENT OWNER: IUH BB OVERNIGHT SPECIALISTS

Step	Description:	Key Point / Image / Reason	Who	Time
4	<p>Releasing blood/Counting inventory</p> <p>UHBB will receive inventory from RHBB, as they are still connected by the pneumatic tube system.</p>	<ul style="list-style-type: none"> a. Sort all blood into respective ABORH types and then sort by expiration date. b. After all the blood that was taken down is in the refrigerator count the units and fill out the blue inventory sheet. While counting make note of any short-dated products that are <3 days until expiration on the short dated inventory sheet (found behind blue sheet on clipboard). c. After all the blood has been counted on blue inventory sheet, write down what needs to be ordered in the box next to the current count based on the suggested minimum inventory (number following ABORH on blue sheet). <ul style="list-style-type: none"> - RBC and TP, maintain shelf volumes indicated on form and order when minimum is reached. - Frozen Plasma or Cryo, maintain shelf volumes indicated on form and order when minimum is reached. - Platelets, maintain 4 platelets and order when down to 2 Platelets. d. Send the completed short date and inventory forms to RHBB. 	UHBB Overnight Team	NA



PURPOSE: SUMMARY OF TASKS COMPLETED ON OVERNIGHT SHIFT AT UNIVERSITY BLOOD BANK

PROCESS: UHBB STANDARD TASKS

REV. #6, DATE 06.22.23

DOCUMENT OWNER: IUH BB OVERNIGHT SPECIALISTS

Step	Description:	Key Point / Image / Reason	Who	Time
5	<p>Add Inventory for UHBB into the Teams Page</p> <p>Enter Current Inventory Counts for UHBB.</p>	<ul style="list-style-type: none"> • Access the IUH Teams • Go to the AHC Blood Bank Team • Go to the General Channel. • Go to files. • Open the Inventory Spreadsheet. • Enter the UHBB Inventory into the Spreadsheet. 	UHBB Overnight Team	Complete after Inventory Form is completed
6	<p>Manage the Previous Day's Paperwork and Prepare the BB Daily Blood Bank Review Form.</p> <p>Daily Paperwork to Gather will include:</p> <ol style="list-style-type: none"> 1) Requisitions and Product Orders/Dispense Verification Forms 2) Credit Irradiation and Mislabeled Specimen Paperwork. 3) Unsigned and Signed Dispense Slips 4) Transfusion Documents 5) Supervisory Review documents 6) ABID Work Up documents. 7) Previous Day's Cooler Log 8) Previous Day's MTP paperwork 	<p>Gather the Previous Day's Paperwork</p> <ol style="list-style-type: none"> a. Gather the requisitions which were completed from the previous day and all orders and requisitions from surgeries in the alphabetical Surgery accordion file. b. Set aside any requisitions that need credit Irradiation or Mis-labeled specimens. c. Remove paperwork that says voided, cancelled, discontinued, and set aside. d. Remove the unsigned dispense slips that may have been filed from previous shifts. e. Gather the transfusion documents from the previous day. f. Group all the supervisory review documents and ABID Worksheets. <p>Group the paperwork together and use the BB Daily Blood Bank Review form to ensure</p>	UHBB Overnight Team	NA



PURPOSE: SUMMARY OF TASKS COMPLETED ON OVERNIGHT SHIFT AT UNIVERSITY BLOOD BANK

PROCESS: UHBB STANDARD TASKS

REV. #6, DATE 06.22.23

DOCUMENT OWNER: IUH BB OVERNIGHT SPECIALISTS

Step	Description:	Key Point / Image / Reason	Who	Time
		<p>all papers are ready for Supervisory Review.</p> <p>Place the completed document packet, with the BB Daily Blood Bank Review form on top, into the Labelled Supervisory Review Accordion File by the date.</p>		
7	Surgery Schedule	<p>a. Print surgery schedule in report builder by choosing location.</p> <p>b. After report is printed go through each patient in Patient Product Inquiry. Record if patient has a current type and screen, available crossmatched units, Presurgical/90 day disclaimer on file, Antibodies, etc.</p>	UHBB Overnight Team	NA
8	Pre-surgical testing	<p>Pre-surgical process must be completed after midnight.</p> <p>Refer to the Pre-Surgical Standard Work and SOP to complete M-F.</p>	UHBB Overnight Team	Complete after midnight.
9	QC	Complete the QC which is assigned monthly.	UHBB Overnight Team	NA
10	Testing Workload	<p>Complete work as it comes in.</p> <ul style="list-style-type: none"> • STAT work 1st • Routine work may be completed, or if necessary, left to be tested the next shift. 	UHBB Overnight Team	NA



PURPOSE: SUMMARY OF TASKS COMPLETED ON OVERNIGHT SHIFT AT UNIVERSITY BLOOD BANK

PROCESS: UHBB STANDARD TASKS

REV. #6, DATE 06.22.23

DOCUMENT OWNER: IUH BB OVERNIGHT SPECIALISTS

Step	Description:	Key Point / Image / Reason	Who	Time
11	Massive Transfusion Protocol or Liver Transplant Support	<p>Respond to any MTP requests from clinical staff.</p> <p>Respond to activation of Liver Transplant Protocol per SOP.</p> <p>Replace the emergency cells for requesting departments.</p>	UHBB Overnight Team	NA
12	Schedule for Solo Staffing at UHBB	<p>UHBB is solo staffed during Overnights.</p> <p>However, if the tech feels overwhelmed or needs support then they should call RHBB. A staff member from RHBB may come over from RH to UH to support the tech in the workload management.</p> <p>This shift is a "straight 8 hours" with no meal break, due to solo staffing. However, the staff member may take a break in the designated area while on the clock.</p> <p>If the tech needs to leave the area, then place a notice on the doors of the blood bank window for how to reach the Blood Bank when the tech has stepped away for a moment.</p> <p>As an option, the UHBB team member use the UHBB cell phone, which rings when any phone in the UHBB rings, when one has to leave the area for any reason. This cell phone is at the control desk.</p>	UHBB Overnight Team	NA



PURPOSE: Outline the tasks completed to manage the Pre-surgical paperwork and Samples on day of testing and the day of surgery.

PROCESS: TESTING THE PRE-SURGICAL SAMPLES, PRINTING THE PRE-SURGERY REPORT AND PRE-SURGICAL MANAGEMENT

REV. #5, DATE 06.22.23

DOCUMENT OWNER: IUH BB SPECIALISTS

Step	Description:	Key Point / Image / Reason	Who	Time
<p>Note: Timeline for testing Pre-Surgical Samples – When samples are received they should have testing completed within 24-48 hours of receipt in the laboratory.</p> <p>Timeline for Provision of Blood: Pre-surgical process per SOP and provision of blood for surgery using the Pre-Admit accession must be completed after midnight on the day of the scheduled surgical procedure.</p>				
1	When samples are received for Pre-surgical testing complete the testing in your blood bank location.	These tasks may be completed by any shift	All BB Staff All shifts	Manage the samples and paperwork routinely.
2	<p>The samples and paperwork can be set aside for batch testing.</p> <p>The paperwork may not accompany the Pre-surgical paperwork.</p> <ul style="list-style-type: none"> If a sample does not have paperwork, then set the sample aside until the paperwork is received. The paperwork may be received via fax or email. 	These tasks may be completed by any shift	All BB Staff All shifts	Manage the samples and paperwork routinely.
3	<p>Per the SOP: Pre-surgical testing, sample management, Cerner updates and paperwork management will be completed at each Blood Bank.</p> <ul style="list-style-type: none"> Only one sample is required to be maintained for the pre-surgery process. If a second sample is received for ABO/Rh Verify, then this sample may be kept with the other samples for the same draw date. 	These tasks may be completed by any shift	All BB Staff All shifts	Manage the samples and paperwork routinely.



PURPOSE: Outline the tasks completed to manage the Pre-surgical paperwork and Samples on day of testing and the day of surgery.

PROCESS: TESTING THE PRE-SURGICAL SAMPLES, PRINTING THE PRE-SURGERY REPORT AND PRE-SURGICAL MANAGEMENT

REV. #5, DATE 06.22.23

DOCUMENT OWNER: IUH BB SPECIALISTS

Step	Description:	Key Point / Image / Reason	Who	Time
4	<p>Printing the Surgery Schedule to Prepare For Provision of Blood for Surgery:</p> <p>Select Report Builder</p> <ol style="list-style-type: none"> Depending on what area you are in, (RH, MH, UH) select appropriate surgery area to print. Go up to the print icon at the top of the top of the tool bar and select. The box with TEST PRINT will appear. Select the day of surgery you want to check. The same date will be in the "To" and "From", the first time will always be "0000", the last time will always be "2359". Click the box next to "preview", a check mark should appear in the box. Select "Print". The name of the facility surgery area should be at the top. Select "Print" once again. "Report Output" will be at the top. Select the print icon in the upper right hand corner. A box will appear that says "Print". Select OK. This will print a surgical schedule to your selected printer. 	Print Surgery Schedule	Overnight BB Team	May be completed the day before but should be completed by 3-4am the day of surgery.



PURPOSE: Outline the tasks completed to manage the Pre-surgical paperwork and Samples on day of testing and the day of surgery.

PROCESS: TESTING THE PRE-SURGICAL SAMPLES, PRINTING THE PRE-SURGERY REPORT AND PRE-SURGICAL MANAGEMENT

REV. #5, DATE 06.22.23

DOCUMENT OWNER: IUH BB SPECIALISTS

Step	Description:	Key Point / Image / Reason	Who	Time
5	<p>After the schedule is printed, complete a check of PPI in Cerner for every patient to determine if they have a pre-surgical order or a current type and screen.</p> <p>Review each patient in PPI and review any product orders available for the patient.</p> <p>Indicate on the printed surgery schedule when the following is observed in PPI</p> <ul style="list-style-type: none"> a. Current type and screen b. Pre-surgical c. NNP d. How many LPCs requested and how it is requested (fresh, CMV, Irradiated, etc.). 	Review Surgery Schedule	Overnight BB Team	After midnight and tasks should be completed by 3-4am



PURPOSE: Outline the tasks completed to manage the Pre-surgical paperwork and Samples on day of testing and the day of surgery.

PROCESS: TESTING THE PRE-SURGICAL SAMPLES, PRINTING THE PRE-SURGERY REPORT AND PRE-SURGICAL MANAGEMENT

REV. #5, DATE 06.22.23

DOCUMENT OWNER: IUH BB SPECIALISTS

Step	Description:	Key Point / Image / Reason	Who	Time
6	<p>Check the Test Tubes and Presurgical Paperwork</p> <ol style="list-style-type: none"> a. The technologist will check the pre-surgical paperwork/tubes of that day with the list that was sent from the applicable surgical schedule. b. If there is a pre-surgical paper and not on any list, the tech will check the Report Builder to make sure that the patient has not been left off mistakenly. c. If they are not left off mistakenly but are not to have surgery, then <ol style="list-style-type: none"> i. Note the surgery date is "PENDING or TBD" on the paperwork. TBD = To Be Determined ii. Change the PPI Pre-surgical comment to "PENDING or TBD" iii. Place the tube back in the Pre-surgical Rack iv. Place the paperwork in the alphabetical hanging file with all the other Pre-surgical Paperwork. <p>Now that the paperwork and tubes are verified against the surgery schedule, then follow the Pre-surgical SOP for completion of the process.</p>	Match tubes and paperwork	Overnight BB Team	After midnight and tasks should be completed by 3-4am
8	After the Pre-surgical SOP type and screen is completed, go to PPI in Cerner and remove the Pre-surgical comment on the patient.	Remove the Pre-surgery comment.	Overnight BB Team	After midnight and tasks should be completed by 3-4am
9	<p>Once the Pre-surgical comment is removed</p> <ul style="list-style-type: none"> • Place the Pre-surgical paperwork for patients who do not require blood in the designated folder "Completed 90 Day/Pre-Surgical" at UHBB. • Pre-surgical patients who require blood, go to the next step. 	Separate the paperwork into patient who require a XM and those who do not require XM.	Overnight BB Team	After midnight and tasks should be completed by 3-4am



PURPOSE: Outline the tasks completed to manage the Pre-surgical paperwork and Samples on day of testing and the day of surgery.

PROCESS: TESTING THE PRE-SURGICAL SAMPLES, PRINTING THE PRE-SURGERY REPORT AND PRE-SURGICAL MANAGEMENT

REV. #5, DATE 06.22.23

DOCUMENT OWNER: IUH BB SPECIALISTS

Step	Description:	Key Point / Image / Reason	Who	Time
10	<p>For Pre-surgical patients who require blood:</p> <ul style="list-style-type: none"> Using the appropriate application in Cerner, print the Pre-Surgery Type and Screen label for each patient requiring blood. Add electronic crossmatch to the Type and Screen accession. <p>The completed pre-surgical forms for patients who require crossmatches, may then be placed in the designated folder "Completed 90 Day/Pre-Surgical" at UHBB.</p>	<p>By using the label the Pre-Surgical Paperwork can be maintained for any retrospective review in the designated "Completed 90 Day/Pre-Surgery folder."</p>	<p>Overnight BB Team</p>	<p>After midnight and tasks should be completed by 3-4am</p>
11	<p>Provide requested crossmatch for presurgical samples which require blood for surgery:</p> <ul style="list-style-type: none"> Using the accession label, add the electronic crossmatch if not already added. Complete the electronic crossmatch in Cerner per the SOP. 	<p>Complete the crossmatch for the procedure.</p>	<p>Overnight BB Team</p>	<p>After midnight and tasks should be completed by 3-4am</p>



PURPOSE: DOCUMENTATION/VERIFICATION OF THE DISCARD OF UNITS IN THE BLOOD BANK

PROCESS: DOCUMENTATION OF DISCARD OF BLOOD PRODUCTS IN THE BLOOD BANK

REV. 1#, DATE 06.22.23

DOCUMENT OWNER: AHC BLOOD BANK

Step	Description:	Key Point / Image / Reason
Note:		
1	<p>When units are discarded per SOP, complete the Discard Verification Log.</p> <ul style="list-style-type: none"> The Discard Verification Log is a daily log. The date of the discard should be added to the top of the form. The Discard Verification Log is posted on the Blood Bank Fridge with LPCs in each blood bank. 	<ol style="list-style-type: none"> Fill out the Discard Verification Log with the <ol style="list-style-type: none"> DIN Product Code Product Type Reason for Discard (Cerner reason) Tech initials for completing the task. Complete the SOP for the discard and when necessary, the wastage of the product. Per SOP, print out documentation from Cerner documenting the discard of the product. Alternately, one may provide a screen print of the Product History Review.
2	<p>Complete the Discard Verification with a second team member.</p>	<ol style="list-style-type: none"> Give the units being discarded and the completed Discard Verification Log to a peer. The peer will verify <ol style="list-style-type: none"> If the Cerner print out, Discard Verification Log and the physical unit all match, then the units may be discarded in the biohazard trash. Initial the Peer Review column on the Discard Verification Log to approve the discard/wastage of the products. If the Cerner Print out, Discard Verification Log or the physical unit do NOT match, then give the unit and paperwork back to the initial tech for correction. Repeat this step to finalize.
3	<p>At the end of each day (midnight) the Discard Verification Form for Supervisory Review.</p>	<p>Place the daily Discard Verification Log in the Supervisory Review and place a new Discard Verification Log into use.</p>



Indiana University Health

Standard Work Sheet

PURPOSE:
**PREPARATION OF DAILY
REVIEW PACKET**

PROCESS: DAILY REVIEW PACKET
DATE:

REV. #, DATE #1.6.22.23

DOCUMENT OWNER: RH, UH AND MH BLOOD BANK

Documents in the Daily Document Review Packet	Initial below when Document/Documents are in the Daily Review Packet Or Indicate NA if there are no documents to review
Requisitions and Cancellations	
Product Orders with completed Dispense Verification Forms	
Undetermined Blood Types	
Credit Irradiation and/or Mis-labelled Samples	
Transfusion Documents and Dispense Forms	
Supervisory Review Documents	

After the packet is complete, place this form on the top of the packet.

Place the completed packet in the in the accordion file by date.

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