


Name of Policy: <u>Issue and Return of Blood and Blood Components</u> Policy Number: 3364-108-401 Department: Pathology/Laboratory – Blood Bank Approving Officer: Chief Operating Officer - UTMC Director, Blood Transfusion Service Responsible Agent: Blood Transfusion Service Supervisor Administrative Director, Lab Scope: Pathology/Laboratory – Blood Bank	 Effective Date: 03/20/2023 Initial Effective Date: 6/1996		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy </td> <td style="width: 50%; border: none;"> <input type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy </td> </tr> </table>		<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy	<input type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy
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(A) Policy Statement

The Blood Transfusion Service maintains a system of clerical checks to be used during the issue and return of blood and blood components.

(B) Purpose of Policy

To prevent clerical errors in transfusion practice and to maintain the quality of blood products returned unused to the Blood Transfusion Service.

(C) Procedure

Section 1: Blood Release for Transfusion

RBC are released to the clinical areas one unit at a time due to lack of acceptable storage on the floor. Two units for the same patient may be released under special circumstances where they are to be transfused simultaneously. Simultaneous release of more than two units shall occur only under circumstances approved by the BTS Medical Director or the O.D. A Blood Release form with BB ID number and patient's name and/or ID must be presented before blood is issued. One technologist must be responsible for comparing and verifying the following information during the sign-out procedure:

- ❖ **Patient blood type** on the Transfusion Record form and the Unit Issue screen of BBIS.
- ❖ **Donor blood type** on units, Transfusion Record and Unit Issue screen of BBIS.
- ❖ **Donor unit number** on unit, Transfusion Record form, Unit Issue screen of BBIS and Blood Release form.
- ❖ **Compatibility testing results** on Transfusion Record form.
- ❖ **Patient name and hospital ID number** on Blood Release form, Transfusion Record form Unit Issue screen of BBIS.
- ❖ **BB ID number** on Blood Release form, Transfusion Record form, and unit tag.
- ❖ **Expiration date/time** on unit and Transfusion Record form.
- ❖ **Doctor's Orders for Blood/BloodProduct** has been received by the BTS and checked for unit quantity and product. Tech must ensure an order for transfusion exists prior to releasing blood/blood product.
- ❖ **Special Requirements** indicated by "Patient Instructions", such as irradiation, antigen-negative are met.

During the sign-out procedure the Blood Release form is completed with the unit number, time, date and the transporter's signature. The BTS technologist and the transporter must confirm agreement between the donor unit number and blood type on the unit with the same information on the compatibility label /Transfusion Record form and the patient identifiers (name, ID number, BB ID number) on the Blood release form with the patient identifiers on the Transfusion Record. Initial the Blood Release form documenting verification of the information. Resolve all discrepancies or BBIS warning messages prior to blood release.

Inspect the donor unit for obvious hemolysis or signs of contamination. Initial the Blood Release form stating visual inspection of the unit was satisfactory. Complete the unit issue procedure in BBIS. If the unit is abnormal

in color, appears clotted, or seals are not intact, quarantine the unit for further investigation and document the variance with a Lab Occurrence Report.

Release of all units ordered for surgery is permitted if requested, except for autologous and directed donor units, which should always be released prior to crossmatch and issue of allogeneic units. Follow the sign-out procedure outlined above using the O.R. Blood Delivery and Storage Record form. The BTS technologist signing the OR Blood Delivery and Storage Record is solely responsible for performing the information comparison and verification of all units issued to OR. Attach a temperature indicator to each red cell unit and release in a cooler on ice whenever more than two units are issued simultaneously.

Section 2: Blood Returns

Red cell products returned from OR may be re-issued only if the temperature of the unit has not exceeded 10°C as evidenced by the irreversible portion of the attached temperature indicator. If storage conditions are undocumented, or unacceptable storage is suspected, fold donor unit around a certified Blood Bank thermometer to check the unit temperature. The 10°C temperature limit is usually exceeded if the unit is at room temperature for more than 30 minutes. Units are also unacceptable for re-issue if they have been entered or stored in unmonitored nursing unit refrigerators. When units do not meet criteria for re-issue, the unit must be discarded.

All unused blood in the OR should be returned to the Blood Transfusion Service as soon as possible when surgery is completed. The unused blood should not be taken to the clinical areas from ORM. Blood should be returned to the Blood Transfusion Service for visual inspection, storage temperature check and verification of identifying information prior to re-issue. Check for intact outlet ports, normal color, appearance and appropriate temperature. Complete the OR Blood Delivery and Storage Record form with the time of return and the technologist's signature. Document return of the units to the Blood Bank in the BBIS, as eligible for release if the condition of units is satisfactory. If the condition of the units is unsatisfactory, enter appropriate condition (U) to assign the unit to quarantine status.

<p>Approved by:</p> <p><u>/s/</u> <u>03/21/2023</u> Lauren Stanoszek, M.D. Assistant Professor Director, Blood Transfusion Service Date</p> <p><u>/s/</u> <u>03/21/2023</u> Christine Stesney-Ridenour Chief Operating Officer - UTMC Date</p> <p>Review/Revision Completed By: Danielle Weinau, MLS(ASCP)^{CM}</p>	<p>Review/Revision Date: 6/96 3/1/2019 1/98 3/1/2021 3/99 3/20/2023 8/00 3/02 1/05 1/2008 6/9/2008 3/22/2011 3/01/2013 3/2/2015 3/1/2017</p> <p>Next Review Date: 3/1/2025</p>
<p>Policies Superseded by This Policy:</p>	

Reference:
 AABB Standards for Blood Banks and Transfusion Services, Current edition