COUNTY OF LOS ANGELES **DEPARTMENT OF HEALTH SERVICES**

HARBOR-UCLA MEDICAL CENTER

SUBJECT: BLOOD BANK POLICY **POLICY NO. 317A**

PURPOSE

Harbor-UCLA Medical Center adheres to the Federal and State regulations as applicable to the Blood Bank.

POLICY

Harbor-UCLA Medical Center follows Federal and State laws which mandate a uniform Blood Bank policy.

1. Service Agreement:
   a. Inventory: The Blood Bank maintains an inventory of packed red blood cells (pRBCs), plasma, platelets, cryoprecipitate, and Rh immune globulin to support the transfusion needs of patients at Harbor-UCLA Medical Center.
   b. Blood products are available as follows:

Blood Product	Routine	Stat
Group O RBCs, uncrossmatched	NA	Immediate release from Blood Bank or Satellite BB refrigerators
Group-specific RBCs, crossmatched 1) New specimen tested 2) Current specimen, previously tested 3) Irradiated 4) Special antigen requirements	 1) 1 day 2) 1 day 3) Add 15 minutes 4) 1 day	 1) 1-2 hours 2) 15 – 60 minutes 3) Add 15 minutes 4) Call Blood Bank
Plasma	2-4 hours	30 minutes
Platelets	1 hour	30 minutes
Cryoprecipitate	2-4 hours	30 minutes
Rh Immune Globulin	1 hour	NA

EFFECTIVE DATE: 4/84 **SUPERSEDES: 317**
REVISED: 6/95, 2/99, 1/02, 2/05, 7/06, 4/10, 1/11, 12/14, 10/16, 10/18, 8/20
REVIEWED: 8/86, 10/89, 10/92, 6/95, 2/99, 1/02, 7/06, 4/10, 12/14, 10/16, 10/18, 8/20
REVIEWED COMMITTEE: Blood and Tissue Utilization Committee

APPROVED BY:

Kim McKenzie, RN, MSN, CPHQ
Chief Executive Officer

Anish Mahajan, MD
Chief Medical Officer

Nancy Blake, PhD, RN, NEA-BC, FAAN
Chief Nursing Officer

2. Pretransfusion testing ("Type and Screen", "Antibody Identification") will be required prior to routine blood transfusion. Information regarding sample requirements and turnaround times for all Blood Bank tests is available online in the "Pathology User Manual" accessible from the Harbor intranet homepage.
   a. ABO Type, Screen, and Crossmatch: Blood samples for "Type and Screen" or "Type and Cross" should be drawn into Ethylenediaminetetraacetic Acid (EDTA) collection tubes. These samples are used to establish a patient's current blood type and RBC antibody status, and to crossmatch units for the patient. They expire at 23:59 on the third day since the day they were drawn (the day that they were drawn is considered day = 0).
   b. ABO Retype: For patient whose initial blood type is determined to be other than group O, an "ABO/Rh Retype" sample will be required to verify their blood type. This sample must be drawn separately from the preceding Type and Screen sample, preferably by another person (see Department of Nursing Policy 50.0 "Blood and Blood Products Transfusion, Administration, and Monitoring"). Group O blood will be issued until the patient's blood type is determined and verified; subsequently group-specific blood will be preferentially issued.
   c. Antibody Identification: If a patient has an antibody directed against an RBC antigen, antibody identification will be performed; complex evaluations may be forwarded to reference lab. For patients with RBC antibodies, it is essential that the clinical team notify the Blood Bank as soon as transfusion needs are anticipated.
3. Transfusion Administration:
   a. Informed Consent: Prior to the transfusion of any blood product, a patient must give informed consent for blood transfusion per hospital policy 628 ("Informed Consent for Blood and Blood Product Transfusion") and, in compliance with the Paul Gann Blood Safety Act, must be educated about autologous blood donation, per hospital policy 350 ("Paul Gann Safety Act"). These activities must be documented ("LADHS Blood Transfusion Consent" form, and "LADHS Blood Transfusion Patient Guide") and retained in the patient's medical record. If the patient declines to consent for blood transfusion, the "LADHS Blood Refusal/Special Instructions" will be completed, signed, and placed in the patient's medical record. In a medical emergency, blood products may be transfused prior to obtaining the patient's consent, per hospital policy 604A ("Informed Consent").
   b. Ordering: Requests for blood products are made by direct computer entry by the ordering provider. In the event of a computer downtime, orders may be placed by using the appropriate downtime requisition form and/or calling the Blood Bank. An ordering provider must be identified when ordering blood products. All blood product transfusions must meet the transfusion guidelines that are established and approved by the Blood and Tissue Utilization Committee.
   c. Issuing/Picking Up: The status of blood product availability is displayed in the patient's electronic medical record system; this information should be checked prior to coming to the Blood Bank to pick-up the blood products. Picking up blood products from the Blood Bank requires a Pick-up Slip which is printed from the electronic health record system. The Pick-up Slip identifies the patient (name and MRN), patient location, the number and type of blood products to be issued, and ordering provider information. The person picking up the blood products must engage in a read-back process with the Blood Bank staff to ensure that the correct unit is being dispensed for the correct patient.
   d. Transfusion Administration and Monitoring: Blood transfusions are administered and monitored by licensed providers and are performed per Nursing policy 50.0, and hospital policy 317B ("Blood and

Blood Products Transfusion, Administration, and Monitoring"). This process is audited for compliance and reported to the Blood and Tissue Utilization Committee.

e. Return: If there is any delay in transfusing blood products once they have been issued, they should be returned to the Blood Bank for storage. If they are returned to the Blood Bank such that they stay within the acceptable temperature for transported blood products (1-10 degrees Celsius), then they may be stored in the Blood Bank, either to be re-issued to the same patient or issued to another patient. Otherwise, the Blood Bank must discard the units. Unhung units of blood products may only be transported with the patient in urgent situations in which it would cause a significant and dangerous delay in care to return these units to the Blood Bank.

4. Transfusion Reactions:
   a. The development of any signs or symptoms that are suspected to be a reaction to the transfused blood product requires the initiation of a transfusion reaction investigation (see Department of Nursing Policy 50.0 "Blood and Blood Products Transfusion, Administration, and Monitoring"). The transfusion must be stopped and the patient must be evaluated immediately. A recheck of the patient identifiers and blood unit identifiers must be made by nursing at bedside. The Blood Bank must be notified immediately. Blood Bank staff may request that the remainder of the unit be returned to the Blood Bank along with a patient sample for transfusion investigation workup in the Blood Bank Laboratory. The Blood Bank physician will be notified and provide consultation. The Blood Bank physician will alert the clinical team if the investigation suggests an acute hemolytic reaction or bacterial contamination.
5. Emergency Transfusion:
   a. Uncrossmatched Blood: In situations in which transfusion of blood products is medically urgent and there is no time to wait for conventional pretransfusion testing, universally-compatible pRBC units are available. These units are group O and may be transfused to the patient, omitting a pretransfusion crossmatch ("uncrossmatched"). A Pick-Up Slip is still required to issue. Uncrossmatched units will be sent with a "Release for Uncrossmatched/Unprocessed Blood" form (**Attachment I**) which must be signed by the ordering provider and returned to the Blood Bank. A pretransfusion blood sample should be drawn prior to the transfusion, and the Blood Bank will retroactively crossmatch these units to the patient to assess for compatibility.
   b. Massive transfusion is often defined as the administration of 8 to 10 pRBC units to an adult patient in less than 24 hours, or as the acute administration of 4 to 5 pRBC units in one hour. A massive transfusion protocol has been developed which describes the pre-specified amounts of blood products that will be dispensed to patients who require massive transfusion. This protocol also outlines the activities and responsibilities of the clinical team and the Blood Bank during these episodes. The massive transfusion protocol is initiated by verbal communication with the Blood Bank.
6. Blood Storage: Blood products may be stored only in designated refrigerators or validated (as to their ability to maintain temperature range) storage coolers which are monitored by the Blood Bank. Storage in other refrigerators, on ice, or in any cooling devices that are not monitored and approved by the Blood Bank is not permitted.
   a. For certain surgical procedures in which there is a potentially urgent need for blood, but the timing of the need for blood cannot be predicted, blood products may be dispensed in a storage cooler which maintain them at a temperature adequate for storage for up to 4 hours. Issuing blood in a cooler requires Blood Bank physician approval.

7. Transfusion Medicine Consultation: Consultation by the Transfusion Medicine service is available daily, 24-hours a day. The Blood Bank resident pager number is 310-501-3840.
8. Therapeutic apheresis (plasma exchange, red blood cell exchange, leukapheresis) is available daily, 24 hours a day, via consultation with the Transfusion Medicine service.
9. Tissue Dispensing Service: The Blood Bank serves as the central tissue allograft dispensing service for the hospital. Tissue allograft inventory is ordered and managed by the Operating Room's Materials Manager. Tissues are received, stored, and issued by the Blood Bank. All activities related to the tissue allograft implantation program are designed to ensure tissues are handled in accordance to manufacturers' specifications and are documented to maintain bidirectional traceability. Processes are also in place to investigate, manage, document, and report adverse events secondary (or potentially secondary) to tissue allograft implantation.
10. Blood and Tissue Utilization Committee: The Medical Director of Transfusion Medicine is the Chair of the BTUC. This interdisciplinary committee includes membership from the Laboratory, Clinical Departments, Pharmacy, Nursing, and Administration. This committee meets regularly to review transfusion related performance indicators (such as Crossmatch: Transfusion ratio, wastage, utilization), transfusion reactions, quality audits, transfusion-related safety events, coagulation factor utilization, Blood Donor Center activities, performance improvement projects, and any other transfusion-related issues.

Revised and Approved by:
Medical Executive Committee – 8-2020

Janine R. E. Vintch, M.D.
President, Professional Staff Association

ATTACHMENT I

HARBOR-UCLA MEDICAL CENTER

RELEASE FOR UNCROSSMATCHED/UNPROCESSED BLOOD

Date: _____

I, _____ M.D. Signature _____ M.D.

Print name *(EVEN IF BLOOD IS NOT USED)*

certify that the medical condition of my patient

PATIENT NAME_____ MRUN _____ is sufficiently grave as to warrant the use of **UNCROSSMATCHED UNPROCESSED BLOOD** (see reversed side for definitions)

I am aware of the relative consequences of transfusing uncrossmatched/unprocessed blood, which may include, but are not limited to, delayed hemolysis or disease transmission. I feel the condition of my patient is sufficiently serious that waiting for crossmatched/processed blood will have significant negative consequences. I therefore request the Blood Bank personnel to provide blood or components immediately and without complete testing. I further understand that as soon as a sample is submitted, the Blood Bank will retrospectively crossmatch/test the units issued and I will be notified immediately of any positive disease testing or incompatibility.

Staff Receiving Units, (name/employee #) _____

	PRD CODE	Donor Number	GRP RH	EXP DATE	ISSUE TIME	ISSUE DATE	ISSUE TECH		PRD CODE	Donor Number	GRP RH	EXP DATE	ISSUE TIME	ISSUE DATE	ISSUE TECH
1								7							
2								8							
3								9							
4								10							
5								11							
6								12							

5/15

RETURN TO BLOOD BANK 2S-7