

Standard Intent:

All units of blood collected should be immediately placed in quarantine in a designated area until donor information and donation records have been reviewed, the current donor information has been compared against the previous information, the donor's previous deferrals have been examined, and all laboratory testing has been completed. WB units may be separated into components before all of the earlier processes have been completed. Separated components are quarantined at the appropriate temperature until all the suitability steps have been completed and reviewed.

All blood and blood components that are found unsuitable for transfusion must be stored in a separate quarantine area from blood and components for which testing has not been completed and from blood and components that are suitable for distribution. The blood bank must adopt a system to prevent labeling of components until before all donor information and the current test results are reviewed and found to be acceptable.

Note:

The sequence and the number of staff performing this task is not applicable if the lab uses a validated computer system and barcode readers.

LB.53 The blood bank develops a process for initial labeling of blood and blood components.

LB.53.1 There are policies and procedures to ensure that:

- LB.53.1.1 Blood and blood components are not labeled before completion of the donor testing.
- LB.53.1.2 Blood and blood components are not labeled before the discard of unacceptable units.

LB.53.2 Initial labeling requirements include:

- LB.53.2.1 Identification of the collecting facility.
- LB.53.2.2 Product name.
- LB.53.2.3 Unit number.
- LB.53.2.4 ABO/Rh.
- LB.53.2.5 Expiration date and time.

Standard Intent:

Blood component labeling should be performed in a quiet area to prevent disruption of the process and errors caused by distraction. A number of items must be reviewed at the time of labeling. Infectious disease tests should be nonreactive or negative; also, group/type should be completed and checked with historical records before labeling occurs. The process of applying labels to the components must include a second

verification step to ensure that the correct labels have been used (both, machine readable (Bar-coded) and eye-readable).

Note:

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LB.54 The blood bank has a process to confirm the ABO/Rh-D of donated blood.

LB.54.1 There is a process to confirm the ABO/Rh-D of donated blood which mandates that segment from RBC components is subjected to the following testing:

LB.54.1.1 Determination of the donor's forward ABO group (RBC grouping).

LB.54.1.2 Determination of the donor's Rh-D type.

LB.54.1.3 ABO/Rh-D conformation is performed after initial labeling.

LB.54.2 Discrepancies are solved before releasing any blood/blood components.

Standard Intent:

The blood bank must confirm that the ABO/Rh label affixed is correct by performing ABO/RhD testing using a sample from an attached segment. The documentation must show that the result was acceptable before the unit is made available or before releasing the blood/blood component for transfusion.

Note:

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LB.55 The blood bank establishes a process to prevent the release of units that are not suitable for transfusion to the available inventory.

LB.55.1 Policies, processes, and procedures ensure the accuracy and legibility of identification information.

LB.55.2 Policies, processes, and procedures ensure the agreement of the identification information (records and donor units).

LB.55.3 Policies, processes, and procedures ensure the performance of visual inspection for discoloration, clots, hemolysis, and adequacy of seal.

LB.55.4 Policies, processes, and procedures ensure two qualified staff members perform and document this activity.

Standard Intent:

The sequence of performing this task is not applicable is the lab use a validated computer system and barcode readers.
