



Irish Blood Transfusion Service

Seirbhís Fuilaeistriúcháin na hÉireann

Document Detail

Type: DSP IBTS POL
Document No.: IBTS/DSP/POL/0001[2]
Title: **HOSPITAL BLOOD BANK RETURNS POLICY**
Owner: QA DOC CON QA DOC CONTROL
Status: CURRENT
Effective Date: 04-Jul-2018
Expiration Date: 10-Sep-2026

Review

Review: IBTS DOC PERIODIC REVIEW

<u>Level</u>	<u>Owner Role</u>	<u>Actor</u>	<u>Sign-off By</u>
1	DESPATCH WRITER IBTS	HILARY MOLONEY	HILARY MOLONEY
2	DESPATCH/HOSP SVC HEAD OF DEPT MRTC	EMILY HICKEY	EMILY HICKEY
2	DESPATCH/HOSP SVC HEAD OF DEPT NBC	HILARY MOLONEY	HILARY MOLONEY
3	LABS PHS DIR IBTS	BARRY DOYLE	BARRY DOYLE
4	QUALITY ASSURANCE REVIEWER IBTS	COLIN JOHNS	COLIN JOHNS
4	QUALITY ASSURANCE REVIEWER IBTS	BERNADETTE CASEY	BERNADETTE CASEY

Review: IBTS DOC REVIEW AND APPROVAL

<u>Level</u>	<u>Owner Role</u>	<u>Actor</u>	<u>Sign-off By</u>
1	DESPATCH WRITER IBTS	HILARY MOLONEY	HILARY MOLONEY
2	DESPATCH/HOSP SVC HEAD OF DEPT NBC	HILARY MOLONEY	HILARY MOLONEY
2	DESPATCH/HOSP SVC HEAD OF DEPT MRTC	EMILY HICKEY	EMILY HICKEY
3	LABS PHS DIR IBTS	GERARD DEVIN	GERARD DEVIN
4	QUALITY ASSURANCE REVIEWER IBTS	COLIN JOHNS	SMARTCOMM
4	QUALITY ASSURANCE REVIEWER IBTS	CRAIG SPALDING	CRAIG SPALDING
4	QUALITY ASSURANCE REVIEWER IBTS	BERNADETTE CASEY	BERNADETTE CASEY

Review: IBTS DOC PERIODIC REVIEW

<u>Level</u>	<u>Owner Role</u>	<u>Actor</u>	<u>Sign-off By</u>
1	DOCUMENT CONTROLLER	BECKY WHITE	BECKY WHITE
2	DESPATCH WRITER IBTS	SARAH QUINLAN	SARAH QUINLAN
3	LABS PHS DIR IBTS	BARRY DOYLE	BARRY DOYLE
3	DESPATCH/HOSP SVC HEAD OF DEPT NBC	AILEEN FARRELLY	AILEEN FARRELLY
3	DESPATCH/HOSP SVC HEAD OF DEPT MRTC	AINE FITZPATRICK	AINE FITZPATRICK
4	QUALITY ASSURANCE REVIEWER IBTS	BERNADETTE CASEY	BERNADETTE CASEY
4	QUALITY ASSURANCE REVIEWER IBTS	BERNADETTE CASEY	BERNADETTE CASEY

Document Detail

Change Orders

Changes as described on Change Order:

Change Order No.

IBTS/CO/0234/24

Change Orders - Incorporated

Changes as described on Change Order:

Change Order No.

IBTS/CO/0080/18

TITLE: HOSPITAL BLOOD BANK RETURNS POLICY**Change Description:**

Revise IBTS/DSP/POL/0001 [1] to include the following: (a) Reference to Medicinal Products, (b) To include up to date version of FDM Delivery Manifest. Remove reference to IBTS/QA/SOP/0008 which is expired and replace with IBTS/QA/SOP/0149.

Reason for Change:

HSD audit 31/08/17 highlighted the fact that Medicinal Product not referenced (also highlighted during GDP audit 2017). FDM delivery manifest updated.

Change order No.:

IBTS/CO/0080/18

Referenced Procedures

IBTS/DSP/SOP/0059

IBTS/QA/SOP/0063

IBTS/QA/SOP/0149

SmartTrain Roles

ADMIN MRTC	DSP THOD MRTC	LM HPHS IBTS	QC SMS MRTC
DSP AS NBC	FAC SGRD NBC	HL MS IBTS	QC MS NBC
DSP SO NBC	FAC SOFF NBC	QABA SMS NBC	QC SMS NBC
DSP THOD NBC	FAC SPVR NBC	QABA MS NBC	QCEM MS NBC
DSP USR MRTC	FAC THOD NBC	QC QS MRTC	QCEM SMS NBC

SmartSolve Document Category

Category	Mobile	Cryobiology	Website	GDP
Yes / No	No	No	Yes	No

TITLE: HOSPITAL BLOOD BANK RETURNS POLICY**1. INTRODUCTION**

This policy sets out the procedure for the safe return of product, collected nationally from Hospital Blood Transfusion Laboratories and returned to the NBC and MRTC.

2. HEALTH AND SAFETY

Proper care should be taken when handling Blood Products to prevent cross contamination or injury to personnel and to avoid damage to product.

3. MATERIALS

- IBTS/DSP/SOP/0059-SOP to cover handling of all orders being delivered 24/7 via selected courier company acting on behalf of HSE
- FDM Delivery Manifest
- White returns Bag.
- White returns tag.

4. RESPONSIBILITIES

- Medical Scientist Hospital blood transfusion laboratory - see below.
- HSE approved transport provider – see below.
- Security Staff NBC – see below.

5. PROCEDURE**5.1 Medical Scientist Hospital blood transfusion laboratory**

It is the responsibility of the Hospital Medical Scientist (Blood Transfusion Laboratory) to follow the procedure set out below.

- 5.1.1 Record the number of every return in the IBTS returns book. Indicate if there are returns other than expired product included e.g. complaint defect, transfusion reaction included.
- 5.1.2 Hospital Medical Scientist to ensure that returns note relating to the returns is inserted in the white bag prior to sealing.
- 5.1.3 If you are returning a complaint/defective product you must also complete a Complaint defect form. These are available on the IBTS website. Select Clinical Services-Quality-Complaint Defect form .Ref IBTS/QA/SOP/0063 Att.6.2

- 5.1.4 If you are returning a recalled product IBTS will have supplied you with a recall instruction ref IBTS/QA/SOP/ 0149 Att 6.11. Please make a copy of Att 6.11.
- 5.1.5 Place complaint/defects in a separate bag and put form IBTS/QA/SOP/0063 Att 6.2 in with the return.
- 5.1.6 Please place any recalled products or complaint defects in separate bags.
- 5.1.7 Place two units only (or the amount deemed appropriate to allow bag to be fully sealed) in the white returns bag, only place one product type in the returns bag.
- 5.1.8 If the product is leaking, double wrap, at a minimum, and use a separate white return bag for the documentation.
- 5.1.9 The white transport bag must be fully sealed to comply with Health and Safety.
- 5.1.10 Place Red Cells / Medicinal products in the 8L box
- 5.1.11 Place platelets in the 5.5L box.
- 5.1.12 Place plasma / Octaplas to return in the 5.5Lbox.
- 5.1.13 Advise FDM driver of your intent to return package to IBTS.
- 5.1.14 Hospital Medical Scientist will sign and date section 3 of the manifest to confirm same.

5.2 HSE approved transport provider First Direct Medical

It is the responsibility of the First Direct Medical Driver to follow the procedure set out by FDM in relation to the handling of returns to the IBTS with reference to the FDM manifest below.

- 5.2.1 In general record the hospital lab name and the number of bags / boxes collected on the manifest. Record returns yes where applicable. Record white tags yes / no where applicable. Record temperature. Record IBTS returns document received. Record FD driver name and date and any comments where applicable. Request that Lab personnel sign accordingly at collection and date.
- 5.2.2 Hospital Medical Scientist will sign and date section 3 of the manifest to confirm same.
- 5.2.3 FDM driver must ensure when handed the box that he can see the white returns bag.

- 5.2.4 FDM driver will place 2 white tags on either corner of the box.
- 5.2.5 The 8L box will be transported in the 4°C chamber. The 5.5L box will be transported to the IBTS in the 22°C chamber.
- 5.2.6 FDM driver must ensure he has signed and dated the manifest.

NOTE: for **replacement returns books/ white returns bags** contact IBTS Hospital Services Dept. for issue on next FDM scheduled run.

Upon return to IBTS, FDM should proceed as follows

5.2.7 NBC Returns

- Contact security. When driver returns to IBTS the returns are put into returns refrigerator.
- FDM staff will have supervised access to the returns fridge which is located near security in NBC.
- All returns documentation to be left in the fridge with the returns.
- Security staff will co-sign and date “IBTS security” signature in section 3 of FDM delivery manifest (Att 6.1).

5.2.8 MRTC

- Contact Despatch.
- Despatch will take all returns and documentation from the FDM driver.

6. Attachments

6.1 FDM Delivery Manifest.

FDM DELIVERY MANIFEST



1.0 COLLECTION:

*Note: The following information will be filled in by the FDM Driver at the time of **collection***

Route Identification: _____

Hospital: _____

Number of Boxes collected: _____

Actual Time of Collection: _____

Temperature reading of Vehicle Thermo Units checked at time of collection: _____

Red Cells	Platelets	Plasma	Medicinal Products
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
+4°C	+22°C	<-18°C	+4°C

FD Driver Name: _____ Date: ____/____/____ FDM Driver received Documents: Yes ☐

Comments: _____

Please note any issues relating to receipt/delivery of visually damaged product. If there are no comments n/a

2.0 DELIVERY

*Note: The following information will be filled in by the FDM Driver at the time of **delivery***

- Hospital Name: _____
- Product "Delivery Time": _____
- Print out of van cool unit temperature at time of delivery - detail provided: Yes ☐
- Number of full boxes delivered: _____ (If there are none write "N/A")
- Request Lab Staff to check box labels to ensure correct delivery: Yes ☐
- Delivery Documentation provided by FDM Driver with the product delivery: Yes ☐

Signed by (Lab Personnel): _____ Date: ____/____/____

SAMPLES COLLECTED: Yes ☐ No ☐

How Many:

Temperature: _____

<input type="text"/>	<input type="text"/>	<input type="text"/>
+4°C	+22°C	<-18°C

All the above collection details are correct: Signed by (Lab Personnel): _____ Date: ____/____/____

Delivery signed by IBTS Security: _____ Date: ____/____/____

3.0 RETURNS to IBTS AND/OR TRANSFERS:

*Note: The following information will be filled in by the FDM Driver at the time of receiving **Returns** or **Transfers***

Hospital Lab Name: _____ Hospital Lab Destination: _____

Returns Yes ☐ No ☐ White Tags Yes ☐ No ☐ Number of bags/boxes collected: _____

Transfers Yes ☐ No ☐ White Tags Yes ☐ No ☐

Temperature reading of Vehicle Thermo Units checked at time of collection: _____

Red Cells	Platelets	Plasma
<input type="text"/>	<input type="text"/>	<input type="text"/>
+4°C	+22°C	<-18°C

IBTS Returns Documents Received: Yes ☐

FD Driver Name: _____ Date: ____/____/____

Comments: _____

Please note any issues relating to receipt/delivery of visually damaged product. If there are no comments write n/a

Signed for at **collection** by Lab Personnel: _____ Date: ____/____/____

Signed for at **delivery** by Lab Personnel / IBTS Security: _____ Date: ____/____/____

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