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Jeddah Branch - فرع جدة

Laboratory Chapter

LB.51 (ESR):

Q1- What is the process of testing blood donor blood?

A1- All blood donors specimens will be collected during the donation, and tested for the following: HBs Ag, Anti-HB, Anti-HCV, Anti-HIV-1/2, Anti-HTLV-I/II, HIV-1 RNA, HCV RNA, HBV DNA, syphilis and supplemental test (Malaria Ab)

Q2- How to limit bacterial contamination in platelet components?

A2- following two measures:

- Disinfect the collection arm with gentle motion (back and forthmtion) cleanse the area of 1"-1 ½" area (4cm) for at least 30 seconds and allow to air dry for another 30seconds
- Use of the TERUFLEX Blood bag system with a pre-donation diversion blood sampling arm (diversion pouch) is a measure to minimize the risk of bacterial contamination.

Q3- How to detect bacterial contamination in platelet components?

A3- Microbiology use Platelet culture method which is sensitive enough to detect significant bacterial contamination in platelet components

References:

- CIPP 8444 Processing of Samples from Donor Services
- CIPP Phlebotomy site Preparation
- CIPP Bacterial Detection in Platelet Components

LB.15

Q4- Where you can find/keep work instructions and procedures manuals?

A4- Work instructions and procedures manuals are written as per hospital policy and all users have readily accessible at the work areas through NAVEX application

Work instructions and procedures manuals have been prepared in accordance with instrument operating manual, reagent inserts and/or manufacturer's instructions.

References:

- CIPP3927 Document Control System
- APP5113 - The Development and Review of Clinical Internal Policy and/or Procedure (CIPP) and Non-Clinical Internal Policy and/or Procedure (NCIPP)

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Laboratory Chapter

LB.5.1

Q5- *Did you received training on your assigned area?*

A5- All staff receive training program on their assigned area, they have to successfully complete it before they can handle and verifying patient testing and results independently

Q6- *What are tools used for staff competency assessments?*

A6- Direct observations, Monitoring, Reviewing previous results, Direct observation of performance, Assessment of test performance and Evaluation of problem solving skills

References:
CIPP 3950 LABORATORY STAFF ORIENTATION AND ANNUAL REVIEW
CIPP-3917 COMPETENCY PROGRAM

LB.6.

Q7- *What are the proper receiving and accepting new delivered critical materials/supplies?*

A7- The department has policies and procedure for documenting the receipt, inspection, and testing (as applicable) of incoming critical material or service.
The inventory management and tracking the use of critical materials, supplies, and reagents to ensure:
1- used within their expiration dates,
2- New reagents lot numbers are tested against old lots or suitable reference materials before use,
3- Kit components are used within the kit lot number and
4- Lot number use is traceable to patient/blood donors or inclusive dates of use.

References:
CIPP 8529 CRITICAL LAB MATERIAL , SUPPLIES AND REAGENTS MANAGEMENT

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Laboratory Chapter

LB.7

Q8- How you label prepared or reconstituted reagents?

A8- Prepared/reconstituted reagents and solutions must be labelled with the following information:

a. Content
b. Concentration/Titer
c. Preparation or Constitution date
d. Expiration Date
e. Storage Requirement
f. NFPA Safety label
g. Prepared by

References:

CIPP 8529 CRITICAL LAB MATERIAL , SUPPLIES AND REAGENTS MANAGEMENT

LB.12

Q9- How often you check thermometers?

A9- If a thermometer has a calibration certificate supplied with it, it does not need to be re-calibrated prior to being put into use.

Thermometers that are not NIST-calibrated must be calibrated against standardized certified thermometer prior to being put into service.

Thermometers must be re-checked annually thereafter

Q10- How often you check Pipettes?

A10- All pipettes either fixed volume or adjustable must be checked for precision and accuracy prior to being put into use.

All pipettes must be re-calibrated every six (6) months and records maintained.

Q11- How often you check Timers/Stop watches?

A11- All timers and stop watches must be checked against a reference stopwatch prior to being put into use and must be checked every six months thereafter.

Laboratory Chapter

Q12- How often you re-check Balances?

A12- Electronic balances must be calibrated upon receipt, after major repair, and as indicated by daily Quality Control and must be checked every six months thereafter.

References:

- CIPP-3987 THERMOMETERS, PIPETTES, BALANCES AND TIMER POLICY
- CIPP-3125 CALIBRATION OF TIMER

LB.17

Q13- How you handle chemicals in the Laboratory department?

A13- Only necessary quantities will be stored in the laboratory, chemical containers must be labeled and stored in a well-ventilated room, List of chemicals used in the Laboratory must be always updated and available to all laboratory employees more details are accessible through Chemical Safety and Chemical Hygiene Plan and MSDS

References:

- CIPP 8924 Chemical Safety and Chemical Hygiene Plan

LB.24

Q14- What are the content of patient' lab reports?

A14- Essential Elements of laboratory reports are:

- Name and address of testing laboratory
- Patient's full name, identification number (MRN), age, gender and accession number
- Name of physician of record, or legally authorized person ordering test, as appropriate
- Date and time of specimen collection, when appropriate
- Date and time of release of report (if not on the report, this information should be readily accessible)
- Time of release of report, if applicable (if not on the report, this information should be readily accessible)
- Specimen source, when applicable
- Test result(s) (and units of measurement, when applicable)
- Reference intervals, as applicable
- Conditions of specimen that may limit adequacy of testing
- Identification of the authorized person releasing the report is traceable through the Laboratory Information System

References:

- CIPP 8924 Patients' Reports Integrity Validation and Verification

Laboratory Chapter

LB.30

Q15- What is the retention period for the anatomical pathology Glass slides?

A15- Retained for ten years

Q16- What is the retention period for the Outpatient specimens?

A16- Retained for 24 hours

Q17- What is the retention period for Segment/specimens from transfused RBC?

A17- Retained for seven days after transfusion

Q18- What is the retention period for Specimens for transfusion reaction investigation?

A18- Retained for seven days after transfusion

References:

- CIPP 3979 RETENTION OF LABORATORY RECORDS AND MATERIALS

PC.25

Q19- Who should order Blood?

A19- Only physicians must order blood and blood components.

Q20- Who should develop and approve blood and blood products handling and administration?

A20- Policies and procedures are collaboratively between Nursing, Physician and Blood bank, revised and approved by the blood utilization committee

Q21- Who must obtain informed consent for transfusion of blood and blood products?

A21- Physicians must obtain informed consent after clarification the following to the patient: Description of the transfusion process, Identification of the risks and benefits of the transfusion, identification of alternatives including the consequences of refusing the treatment, and giving the opportunity to ask questions.
The patient must be given the right to accept or refuse the transfusion

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Laboratory Chapter

Q22- How many specimens will be collected to confirm patient ABO and Rh typing?
A22- Two specimens must be collected by two different staff in two different time to identify and confirm patient blood group (ABO & Rh).

Q23- how many staff members must verify the patient's identity prior to the administration of blood?
A23- Two staff members must verify the patient identity prior to the administration of blood

Q24- How staff must monitor patient during transfusion?
A24- Staff will administer blood transfusion must stay at patient side for the first 15 minutes observing patient for any adverse reactions**.** Continue to monitor patient vital signs and record on the Cross Match Form

Q25- What are Transfusion Reaction symptoms?
Q26- When you activate Transfusion Reaction protocol?

A25/A26 - Immediately after occurrences of one of the following:

- Fever (increase of equal to or greater than 1°c or 2°f), with or without chills
- Chills (rigors), with or without fever
- Sepsis
- Circulatory overload
- Air embolism
- Chest pain or dyspnea
- Acute hypotension or acute hypertension
- Skin symptoms - hives (urticarial) or itching
- Nausea, vomiting
- Flushing
- Bleeding
- Hematuria
- Hemoglobinuria Anaphylaxis

References:

- CIPP 3959 Ordering of Blood and Blood Products for Transfusion
- CFO Blood Utilization Committee
- CIPP3738 Blood Transfusion –Adverse Reaction
- CIPP 3649 Informed Consent

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