**Reporting Blood Products for Redistribution**

1. **Policy**
	1. Hospitals will endeavor to redistribute their near to expiring plasma protein and related products

1. **PURPOSE**
	1. To provide a standardized process for monitoring and tracking plasma protein and related products requiring redistribution in Ontario hospitals
2. **RELEVANT REQUIRMENTS – N/A**

1. **RELATED POLICIES/PROCEDURES *(POLICIES IN OTTRM)***
	1. [Glossary of Terms and Abbreviations](https://orbcon1.sharepoint.com/%3Aw%3A/s/Goal2/EXQIO0FaXtxGjJ3ZUyEONuQBvYmlPZcjkguZRSZmouJNsw?e=qkKcUn)
	2. [Plasma Protein and Related Products Redistribution Hospital User Guide](https://transfusionontario.org/wp-content/uploads/2021/09/Plasma-Protein-and-Related-Products-PPRP-Redistribution-Hospital-User-Guide_Sept2021.pdf)
	3. [Redistribution Online Training Video](https://transfusionontario.org/en/redistribution-online-training/)
2. **MATERIALS – N/a**

1. **QUALITY CONTROL – N/A**
2. **PROCEDURE**

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| **STEPS** | **WORK INSTRUCTIONS**  |
| 7.1 Hospitals Receive Expiry Report from ORBCoN      | * + 1. All hospitals that have agreed to participate in the redistribution of plasma protein and related products will receive a Monthly online Survey generated by ORBCoN on the 15th ± 3 days every other month by email to designated contacts
		2. Hospitals are expected to check their inventory for any products that are short dated (less than 6 months) against those listed on the report as well as any they have in stock but don’t anticipate using.

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| *If* | *then* |
| There are products in inventory with less than 6 months expiry date listed on the survey  | * Hospitals are instructed to indicate how many vials are on hand that need to be considered for redistribution.
* Go to step 7.2

*Note: products that can be utilized prior to expiry do not need to be reported* |
| There are no products in inventory with less than 6 months expiry date  | * mark the check box on the first page of the report to indicate that there are no products to be redistributed
* Go to step 7.2
 |
| There are other products in inventory that are expiring within a 6-month time frame but not listed on the survey | * Hospitals are instructed to send an email to their ORBCoN regional project coordinator for follow up
* Go to step 7.2

*Note: products that can be utilized prior to expiry do not need to be reported*  |
| There are products in inventory received for a patient but not required anymore | * Hospitals are instructed to indicate how many vials are on hand that need to be considered for redistribution to humanitarian contacts
* Go to step 7.2
 |
| Products were shipped or ordered in error from blood supplier   | * Contact your local blood supplier for follow up action.
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| 7.2Completing the expiry report  | 7.2.1 Refer to the [User Manual](https://transfusionontario.org/wp-content/uploads/2021/09/Plasma-Protein-and-Related-Products-PPRP-Redistribution-Hospital-User-Guide_Sept2021.pdf) and [training video](https://transfusionontario.org/en/redistribution-online-training/) for further instructions on submitting the Bi-Monthly Survey  |
| 7.3 Review of submitted reports  | 7.3.1 ORBCoN and FCRP review the data that is submitted by the hospitals.

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| ***If*** | ***then*** |
| Products are expiring in 6 months or sooner  | ORBCoN and FCRP will contact the hospital that has the product to verify that it’s still in inventory and make arrangements to have the product redistributed to another facility.  |

7.3.2 The information is entered into the database to indicate where the product is going and what date the shipment occurred. |

1. **REFERENCES**
	1. CSTM/SCTM Standards for Hospital Transfusion Services v5 December 2021 CSTM.Markham;2021
	2. Institute for Quality Management in Healthcare Medical Laboratory Accreditation Requirements and Guidance Information, Version 8, Toronto, ON: Institute for Quality Management in Healthcare, 2019:II.F.12. TM 183

1. **REVISION HISTORY**

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| --- | --- |
| **Revision Date** | **Summary of Revision** |
| 2021-07-**27** | * Update references
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