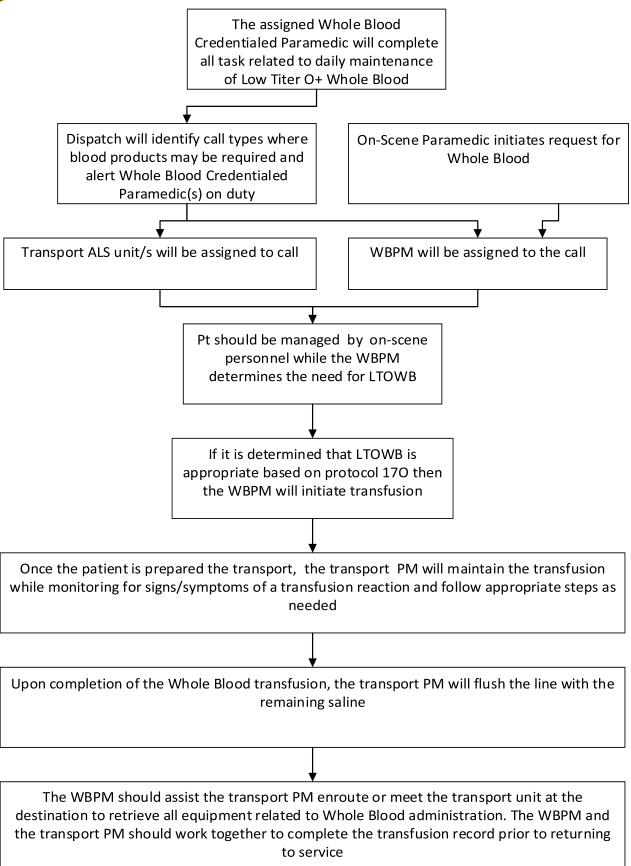


MCB/OMD LOW TITER O+ WHOLE BLOOD

SCENE COORDINATION

DRAFT for Approval 9/14/22, Effective 10/1/22, new policy issuance





MCB/OMD LTOWB Whole Blood Program Draft for Approval 9/14/22, Effective 10/1/22, new policy issuance Daily Responsibilities

Daily Responsibilities

- 1. At shift trade, remove empty black/white TIC box from station freezer. When the TIC is removed it should be frozen and should not "slosh around" or sound like water or slush. If this occurs check freezer operation and leave whole blood in cooler used by the previous shift until the problem, can be remedied. If no remedy is established take appropriate steps to return Whole Blood back to OBI. Inform your chain of command and OMD of these events.
- 2. Let the empty black/white TIC box sit at room temp for approximately 20 minutes (bench time) to achieve optimal temperature.
- 3. After 20-minute bench time has passed, remove the whole blood and Temp Stick from the TIC box that had been in the unit.
- 4. Review temperature log on Temp Stick to ensure temp range remained within 1-10 degrees Celsius. If temp was outside of this range, contact OMD for further steps.
- 5. Place Whole Blood and Temp Stick in black/white TIC box that had been in the freezer. Ensure that the TIC box had been in the freezer for a minimum of 8 hours prior to use and has had approximately 20 minutes bench time.
- 6. Place the new black/white TIC box that now contains the Whole Blood Unit and Temp Stick into the tan pelican case and secure the case in the designated storage area/Unit.
- 7. Place the black/white TIC box that was removed from the tan pelican case into the freezer, sitting upright. (do not place the lid on the top of the TIC box.)
- 8. Complete the Whole Blood Daily Check-off form.



WHOLE BLOOD DAILY CHECK-OFF FORM

DRAFT FOR APPROVAL 9/14/22, Effective 10/1/22, new policy issuance

OBI#	Date Received from OBI	
	Date Returned to OBI	
Expiration Date Listed on Blood	Date Administered to Patient	

*Each unit of whole blood will be documented on its own individual daily check-off form and inspected daily while in storage/Possession by OMD credentialled agency. Return and exchange this unit of whole blood to OBI or administer to a patient, on or before the day 7 possession date.

Agency/Unit	Possession Day	TIC Box Exchanged	Temperature Checked	Photo Sent	Date	Signature	Time
	Day 1						
	Day 2						
	Day 3						
	Day 4						
	Day 5						
	Day 6						
	Day 7						

^{*}Complete a Whole Blood variance form for any issues or concerns



Prehospital Whole Blood (LTOWB) Product Transfusion Record Draft for Approval 9/14/22, Effective 10/1/22, new policy issuance

Patient Name:	Agency/Unit or		Receiving Facility:						
	□ EMSA□ OCFD□ TFD□ Other		 □ OUMC/MR # □ St John/MR # □ St Francis/MR # 						
				□ Other					
Product Unit Number	Transfusion	Transfusion	Transfusion	Transporting					
(Affix sticker below or write	Date & Start	Complete*	Reaction**	Medic Initials					
unit number)	Time	(Check one)	(Check one)						
	Date:	□ Yes	☐ Yes-Describe						
	T	0	in comments						
	Time:	□ Ongoing	□ No						
	Date:	□ Yes	☐ Yes-Describe						
		1	in comments						
	Time:	□ Ongoing	□ No						
	Date:	□ Yes	☐ Yes-Describe						
			in comments						
	Time:	□ Ongoing	□ No						
Type of Call (check one)									
□ Scene call									
☐ Interfacility Transfer									
Comments:									
*16									
*If blood product transfusion is a **Document actions taken in Co			•						
Document actions taken in co	illillents section	at the time of pat	ient drop-on at re	ceiving nospital.					
Actions to take for suspected tra	nsfusion reaction	:							
STOP TRANSFUSION									
- Disconnect tubing from infusio	- Disconnect tubing from infusion site, flush site with normal saline								
- Keep line open with normal sal	- Keep line open with normal saline								
- Re-initiate new transfusion if it	·								
	- Transfer all remaining blood products to receiving hospital clinical personnel								
- Document actions taken in Con	nments Section								
COPY 1 (White) EMSA/Fire Dep	artment								
COPY 2 (Yellow) Hospital									
COPY 3 (Pink) Blood Bank									



MCB/OMD WHOLE BLOOD (LTOWB) PRODUCT LIST DRAFT for Approval 9/14/22, Effective 10/1/22, new policy issuance

1. <u>BLOOD COOLER</u> that has been independently validated by South Texas Regional Advisory Council (STARAC).

The Crēdo ProMed™ carry bag is available in three sizes and two temperature ranges. TIC™ coolants filled with phase change material and vacuum insulated panels (VIP) keep medical materials at the required temperature for up to 72 hours.

Pelican Credo Cube w/Thermal isolation Chamber System(TIC)

Will need extra TIC to exchange out each shift.





ProMed part # (GH02A4248PMT)

2. FREEZER:

Of the shelf compact freezer to condition (i.e.: freeze) TIC packs. (Agency Choice)





MCB/OMD WHOLE BLOOD (LTOWB) PRODUCT LIST DRAFT for Approval 9/14/22, Effective 10/1/22, new policy issuance

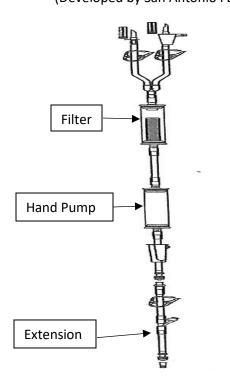
3. BLOOD WARMER:

The Qinflow Warrior is a 3-part system composed of a controller (or Base Unit), battery, and perpatient warmer (i.e., disposable unit). Warrior unit Part #: Q1110S0000, CDU Part #: QPORT0500U Battery Part#: QPORT1180U, Extension Cable#: QIF-CBL00019



4. FILTERED BLOOD TUBING & PRESSURE BAG:

CodanY-type Blood/Solution Set with standard blood filter w/ hand pump built into tubing (these spike into blood bag and connects into proprietary warmer tubing).
 Tubing Part #: Codan; Cat# B8021-TF Pressure Infuser Part #: 301-MTM310EA (Developed by San Antonio FD) (Curaplex Brand)







MCB/OMD WHOLE BLOOD (LTOWB) PRODUCT LIST DRAFT for Approval 9/14/22, Effective 10/1/22, new policy issuance

5. <u>CONTINOUS TEMPERATURE MONITORING:</u>

Temp Stick (Wifi based option) Temperature monitoring (-40 F to 140 F) 24/7 monitoring and alerts
Data-logger + unlimited history
Web-based, access remotely
No fees or subscriptions





TempStick.com