Procedure for the Receipt of Blood Components at Mullinure, South Tyrone and Lurgan Hospitals

1. **Introduction**

1.1. The Blood Safety and Quality Regulations 2005 transpose the European Blood Directive into United Kingdom law. This new law imposes significant new requirements on hospital transfusion laboratories and the clinical transfusion process.

1.2. The Regulations require “unambiguous traceability” of all blood and blood components from donor to patient and vice versa or final fate if not transfused.

1.3. The law demands that evidence of the final fate of every blood component be retained and accessible for 30 years.

1.4. The procedure described in this Standard Operating Procedure (SOP) has been designed to allow a signed record of the staff that witnessed the transfusion to be returned to the blood transfusion laboratory that issued the blood component and for the laboratory to complete the computer audit record of the transfusion.

1.6. This SOP describes the basic use of the blood collection form and the Blood Traceability Record.

2. **Objective**

2.1. The initiation of a formalised and documented procedure, which allows the Blood Transfusion Laboratory to fully trace the movement of blood components from the blood bank storage refrigerator through to its final fate.

2.2. To ensure that all nursing and medical staff are aware of their responsibilities with regard to the receipt of blood components at Mullinure, South Tyrone and Lurgan Hospital.

3. **Procedure for the Receiving Hospital**

3.1. Staff should contact the Transfusion Laboratory to enquire if the requested blood is ready for collection.

3.2. Blood components when ready for issue must be transported in an approved and validated cool box, with fresh cool pack inserted. The
blood bank staff are responsible for the packing of the cool box and ensuring that the correct blood component as detailed on section A of the Blood Collection Form has been packed.

3.3 The staff at the requesting hospital are responsible for the transport arrangements.

3.4 On arrival, a Registered nurse or medical officer must check the integrity of the cool box and complete the blood collection form. Blood must not be accepted if the cool box seal (yellow tag) has been tampered with.

3.5 A blood collection form will accompany each unit of blood delivered to the satellite hospital. This form must be completed to ensure a complete audit trail.

- A member of the laboratory staff will have completed sections A, B and C

- Section D to be completed by a Registered Nurse or Doctor at the receiving hospital.

Staff completing the blood collection request form, section D, must verify that the correct blood component has been received by checking that the patient identification details on the unit of blood/blood component are identical to those on the blood collection request form.

3.6 Continue checking procedure as described in the Southern Health and Social Care Blood Transfusion Policy.

Any discrepancy must be investigated and resolved before proceeding.

3.7 When a cool box has been opened and the transfusion has not been started within the ‘30 minutes transfusion rule’ (as per Southern Health and Social Care Blood Transfusion Policy) the blood must be returned to the laboratory for disposal. The blood bank staff must be contacted and the completed blood collection form returned with the unused blood unit clearly marked 'Blood for Disposal out of temperature control'.

3.8 If blood is not required for a patient and the tamper proof seal is intact the blood bank staff must be contacted and the cool box returned directly to the hospital transfusion laboratory.

3.9 Following a successful transfusion the completed blood collection form, Blood Traceability Record and the used blood unit, that has had a spigot inserted to prevent any leakage, sealed in the returnable over-wrap bag, and returned to the blood bank.
4.0  **AUDIT Non Return of Collection Forms**

The Laboratory blood recording system (Plumtree) is checked for components that have been assigned for use but do not have an entry recording the final fate of the blood component. Non-return reports are produced and followed up by blood bank staff or the Haemovigilance Practitioners. An agreed corrective action plan will be developed with any department found to be non-compliant with this protocol. Offending departments that continue to be non-compliant will be referred on to the Trust Clinical Governance committee.