Western Sussex Hospitals NHS
NHS Trust

DRAFT Action Plan for Gap Analysis against BCSH pre-transfusion compatibility procedures in Blood Transfusion Laboratories (New guidelines)

BCSH Recommendation.	NOMINATED LEAD	ACTION TOWARDS COMPLIANCE	DEADLINE	RAG	COMMENTS/PROGRESS NOTES
1. The laboratory must identify all critical control points in pre-transfusion testing and build in security at these points. See Appendix 1 for examples.		**Critical Control points identified:** 1. Line Clearance 2. Barcode labelling of samples and request forms 3. Testing samples and entering results 4. Reservation of red cells 5. Barcode labelling of samples and request forms 6. De-reservation of red cells 7. Lone working 8. Competent & trained personnel only able to perform specific tasks. **Risk Assessment performed**.			Risk Assessment number on Q Pulse. Z:\malcolm\My Documents\MHRA\GA
2. Laboratories must have contingency plans for action to be taken when normal systems are not available.		Action Cards (Laboratory Instructions; printed and laminated) available to cover tasks: 1. Loss of Power 2. Loss of LIMS 3. Loss of Lighting 4. Loss of Automation/interfaces			Action Cards Z:\malcolm\My Documents\TAG\2012 Z:\malcolm\My Documents\TAG\2012 Z:\malcolm\My Documents\TAG\2012

R	No action has been taken to address the action
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					E:\November 2012\ Action Cards\MP-BTR
3. The laboratory should have a policy with respect to the manual editing and authorisation of test results.		Laboratory procedure to cover this within normal hours and out of hours (Lone working): (Standard Operating procedure: LP-BTR-			LP-BTR-

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4. Serological studies should be performed using blood collected no more than 3 days in advance of the actual transfusion when the patient has been transfused or pregnant within the preceding 3 months		LIMS validated to ensure sample validity rules are correct			LIMS audit number on Q Pulse:
5. A pre-transfusion sample should be retained for at least 3 days post transfusion, to ensure that repeat ABO grouping of the pre-transfusion sample can be performed in the event of an acute transfusion reaction.		Check laboratory procedures and perform simple regular audit (at least annually)to ensure sufficient sample storage space available after sample processing completed (in the correct temperature storage conditions) for at least 3 days post transfusion; e.g. if sample available for transfusion for 7 days then sample storage space for 10 days at 2^{o} – 6^{o} C.			SOP numbers; LP-BTR
6. ABO grouping is the single most important serological test performed on pre-transfusion samples and the sensitivity and security of testing		Full validation automation in use 24/7. Laboratory procedures in place and follow Action cards when Automation/interface are not available.			LIMS audit number on Q Pulse:

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systems must not be compromised.					
7. Fully automated systems should be used where possible to reduce the risks of interpretation and transcription errors.		Full validation automation in use 24/7. Laboratory procedures in place and follow Action cards when Automation/interface are not available.			LIMS audit number on Q Pulse:
8. Any abbreviation of the ABO group must be fully risk assessed.		Risk Assessment on using Check Group cards			Risk Assessment number on Q Pulse
9. The patient demographics on the sample should be checked against the computer record prior to validation of results (preferably prior to testing) to ensure that they match and that no errors have been made during data entry onto the Laboratory Information Management System (LIMS).		Sample demographics must be validated against LIMS against the bar-coded sample number.			LIMS audit number on Q Pulse:

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10. If the patient is known to have formed a red cell alloantibody, each new sample should be fully tested to exclude the presence of further alloantibodies.		Full validation automation in use 24/7. Blood Group and full antibody screen on all new patient' samples.			LIMS audit number on Q Pulse:
11. When one antibody specificity has been identified, it is essential that the presence or absence of additional clinically significant antibodies is established.		Full antibody identification end exclusion must be carried out using available antibody identification panels and antigen identification sera. Where this is not possible the sample must be referred to a suitable laboratory to perform this; e.g. NHSBT RCI testing facility			SOP numbers; LP-BTR
12. Unless secure electronic patient identification systems are in place, a second sample should be requested for confirmation of the ABO group of a first time patient prior to transfusion, where this does not impede the delivery of urgent red		All patients within the Trust must have a second sample requested and tested for ABO and Rh grouping and antibody screening. Prior to the delivery of urgent red cells or other components; If this is not possible use blood Group O red cells only, AB FFP or A Cryo (both negative for HT)			Trust Blood Transfusion Policy: Laboratory User manual: LINK:

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cells or other components.					
13. The indirect antiglobulin test (IAT) crossmatch is the default technique which should be used in the absence of functioning, validated IT or when electronic issue is contra-indicated.		Where a crossmatch is required an IAT using IgG IAT is used. Full validated automation in use 24/7. Laboratory procedures in place and follow Action cards when Automation/interface/LIMS are not available.			SOP numbers; LP-BTR
14. An IAT crossmatch must be used if the patient's plasma contains or has been known to contain, red cell alloantibodies of likely clinical significance.		Where a crossmatch is required an IAT crossmatch using IgG IAT is used. Antigen negative red cells must be selected for crossmatching where indicated for Clinically significant antibodies.			SOP numbers; LP-BTR
15. The overall process for determining eligibility for electronic issue (EI) must be controlled by the LIMS and not rely on manual intervention or decision making.		Full validation of LIMS and automation in use 24/7. This must control selection of patients eligible for E. I. Laboratory procedures in place and follow Action cards when Automation/interface/LIMS are not available and E. I. must NOT be performed at these times.			LIMS audit number on Q Pulse:

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16. Laboratories should have written protocols in place which define the responsibilities of all staff in dealing with urgent requests.		Laboratory and Clinical procedures policies in place and within their review period.			SOP numbers; LP-BTR Clinical Policies number:
17. For genuinely unknown patients, the minimum identifiers are gender and a unique number.		Unknown Criteria are M/F and unique hospital number/ A & E number of Major Incident number. This must also be present on the patient wristband attached to the patient. (This wristband must stay in place until full patient details are known, the PAS and LIMS have been updated and the laboratory have fully completed testing a new patient sample with the new full demographics).			Trust Blood Transfusion Policy: Laboratory User manual: LINK
18. Following an emergency rapid group, a second test to detect ABO incompatibility should be undertaken prior to release of group specific red cells.		This Trust ensures that a patient must have a second sample fully tested before the release of Group Specific blood (other than group O). Full validation automation in use 24/7. Laboratory procedures in place and follow Action cards when Automation/interface/LIMS are not available. Perform rapid ABO and Rh. Group and Automated Full group.			Trust Blood Transfusion Policy: Laboratory User manual: LINK SOP numbers; LP-BTR

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19. If the direct antiglobulin test (DAT) is positive in a patient transfused within the previous month, an eluate made from the patient's red cells should be prepared and tested for the presence of specific alloantibodies.		Laboratory procedure for DAT includes the referral of a sample for an eluate where the DAT has become positive since the patients previous blood transfusion. E.g. referral to NHSBT RCI laboratory for Eluate testing.			SOP numbers; LP-BTR

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