PROCEDURE FOR THE TRANSFER OF BLOOD AND BLOOD COMPONENTS BETWEEN HOSPITALS

VERSION 1.5

WRITTEN BY
Peter Parker, Peter Armstrong, Sue Barnes, Richard Gray

Reviewed by C Troy and R Woods

AUTHORISED FOR USE BY
NEWCASTLE CENTRE BLOOD BANK MANAGERS FORUM
NORTH EAST REGIONAL TRANSFUSION COMMITTEE

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1.0 INTRODUCTION

The Blood Safety and Quality Regulations 2005 require protocols to be in place within all hospitals to trace unambiguously the fate of all units from donor to patient, or if not transfused the final fate of each unit.

This document seeks to standardise the procedures for the transfer of blood and components between hospitals in the Northern Region. It is intended as a general guide to encompass practices for all users. Hospitals are encouraged to add local protocols to the policy where appropriate but not to detract from the practices outlined in this document.

It is accepted that transport of blood is optimally managed by transfer from one blood transfusion laboratory to another blood transfusion laboratory. However, in clinical practice this is not always possible. Blood may be required for transfusion immediately on arrival by the patient due to urgent clinical need. In this clinical scenario the receiving hospitals blood transfusion laboratory must be given the accompanying paperwork and details of all units transfused as soon as possible.

Blood should not be transferred between hospitals by clinical staff without the prior knowledge of the sending hospital's blood transfusion laboratory.

All clinical personnel who may potentially be involved in the decision to transfuse or administration of emergency blood transferred with patients should be aware of their responsibilities in relation to the policy and procedure. A clinician who makes the decision to use transferred blood (which has not been re-issued by the receiving hospital's blood transfusion laboratory), should assume accountability for that decision. Clinical staff who may be involved in decision making process should be aware of the clinical scenario's where the use of transferred blood may result in transfusion related morbidity; e.g. inappropriate storage during transfer / incorrect component issued by hospital transferring patient. It is imperative that the local process for transferring blood is included in the Trust Blood Transfusion policy.

2.0 Principle

Blood and components are often transferred between hospitals either with a patient, or as an efficient use of blood stocks. It is essential for legal reasons Blood Safety and Quality Regulation 2005 (BSQR 2005) to ensure the audit trail is maintained when blood is transferred and to ensure patient transfusion records are updated accordingly HSC 2002/2009 Better Blood Transfusion. The BSQR requires adequate systems to be in place to ensure traceability of blood and blood components. As such it is essential for laboratories to ensure the cold chain and traceability audit trails are maintained and records updated accordingly when blood is transferred between hospitals.

Blood and components may be transferred for the following reasons:

1. Blood allocated to a specific patient may be needed urgently for resuscitation en route or on arrival at the receiving hospital. (Recommended a maximum of 2 units)
2. Routinely, blood allocated to a specific patient may requiring transfer to a blood fridge located in a satellite hospital/unit of the dispatching hospital.

3. Agreed transfer of stock between hospital blood transfusion laboratories including cover for Contingency Planning for a blood shortage.

3.0 PROCEDURE FOR THE DISPATCHING HOSPITAL

3.1 Blood/Component Selection & Preliminary Documentation

For Blood/Components Accompanying the Patient

It should only be on rare occasions that transfer of blood with a patient is undertaken – See Appendix 5.5 - Advice for staff when transferring blood with a patient.

1. Document the telephone call from the ward or unit requesting the transfer of the blood.

2. Ensure the patient identification is obtained including the unique identification number, name and date of birth if available.

3. Identify the component type and the number of units required for transfer. A maximum of 2 Units is recommended.

4. Document the details of the receiving hospital (and ward/department if known) including the approximate time of departure.

5. Identify the blood issued to the patient, maximum of 2 Units.

6. Within the Laboratory Information System the units must be marked as transferred and the destination hospital recorded.

For Blood issued for a specific patient; when blood is to be located in an off site Satellite Blood Fridge

1. Identify the blood issued to the patient and agreed for transfer.

2. Updating the LIMS system
   
   Appropriate update needs to be made which may include
   
   - Updating the transfer between stock and/or issue fridges if a common LIMS is used
   
   - Noting the blood as transferred and then received at the destination site if different LIMS are in place.
For Stock Transfer of Blood/Components between Hospital Blood Banks and Contingency Planning for a blood shortage

1. Identify the Blood/Components agreed for stock transfer.

2. Within the Laboratory Information System (LIS) the units must be marked as transferred and the destination hospital recorded once issued. This may not be necessary in all Trusts if the LIS is common to all sites. It will be necessary if there are different LIS on each hospital site.

In all cases, prior to packaging the blood/components, ensure suitable transport arrangements are in place.

The new Technical Agreement for transfer of blood in times of shortage (in draft) sets out minimum standards. www.transfusionguidelines.org.uk/docs/pdfs/oig

It is the responsibility of the hospital blood bank to
- store components correctly
- comply with traceability requirements for audit trail
- transport products correctly
- all airspace’s should be filled with thermal insulated packs stored at correct temperature for 24hrs prior to use
- platelets should be packaged to ensure that there is always 2 layers of thermal insulation packs below product in box

3.2 Blood/Component Packaging and Final Documentation

1. Locate the blood/components to be dispatched.

2. Complete transfer documentation including a record of the unit donation numbers and make a copy of this document. Return the units to suitable storage conditions whilst preparing the transport box, packing materials and labels.

3. **Immediately** before sending, place the blood in a validated blood transport box appropriate for the number of units being transferred. Cover with approved refrigerated gel packs where appropriate for component; (the number / size of refrigerated gel packs used should be in line with the validation procedures for transport box). If possible blood should be packaged inside a polythene bag and secured with an elastic band.

4. Ensure there is no free air space in the transport box by packing out the box with more gel packs as necessary. (Gel packs must be at the same temperature as the transferred components)

5. Pack to current specification for the transit box ensuring that the product is transported within the current red book guidelines. Frozen products should be transported to current frozen products guidelines
Technical agreement 3.1.2 states that transfer packs should be stored at the required temperature for 24 hours prior to use to maintain product temperature. Air space should be filled with insulated packs not paper towels.

6. Place all the appropriate documentation in the transport box, retaining a copy of the transfer document.

7. Replace the box lid and seal with a dispatch label.

8. Document in the LIS that the products have been transferred stating the name of the receiving hospital where possible.

3.3 Emergency dispatch of Blood/Components.

It has been agreed at the Newcastle Centre Blood Bank Managers Forum that when blood/products are transferred in an emergency situation the final fate of any transferred products is the responsibility of the receiving hospital. This responsibility is from when the blood/products are dispatched by the issuing hospital. It was agreed that this was the most logical solution as it follows the route of the patient's notes.

1. On dispatch of the blood/components, immediately contact the transfusion laboratory of the receiving hospital, and inform them of the dispatch. The transfer document should be faxed to the hospital transfusion laboratory and the original sent with the transferred products.
   NB The transfusion laboratory may not be on the same site as the receiving hospital. Contact details are listed in Appendix - 5.1 Hospital Contact Numbers

2. Inform the receiving blood bank as to the time of dispatch, mode of transport, estimated time of arrival, the number and type of units and any special antibodies or special requirements If the blood is accompanying or allocated to a patient, the patient identification details are also required and the ward or department expected to receive the patient. If the receiving hospital does not have a transfusion laboratory on site it is imperative that copies of the documentation are sent directly to the appropriate transfusion laboratory.

3. Fax a copy of the transfer documentation to the receiving blood transfusion laboratory. Ensure receiving fax machine is SECURE/SAFE HAVEN

4. It is necessary for the receiving hospital to record the final fate of the units. If transfused prior to entry into the receiving hospital transfusion laboratory LIMS, for traceability requirements the receiving hospital should record receipt, arrival time and final designation of component(s) on their own computer system.

4.0 PROCEDURE FOR THE RECEIVING HOSPITAL

In an emergency situation the final fate of any transferred products is the responsibility of the receiving hospital. This responsibility is from when the blood/products are dispatched by the issuing hospital. It was agreed that this was the most logical solution as it follows the route of the patient's notes.
1. The receiving transfusion laboratory will be informed by the dispatching laboratory of the expected delivery.

2. The laboratory staff of the receiving blood bank should document the expected delivery and where applicable inform the ward or department receiving the patient that blood will be accompanying the patient.

3. Local policies should be in place to ensure received blood and components are transferred to suitable storage facilities as soon as possible.

4. On arrival, blood bank staff should check the integrity of the box and complete the transfer document to verify the units are still under correct storage conditions.

5. Any blood or components received in the transfusion laboratory, including any which will be disposed of due to poor storage conditions, must be entered into stock and have their fate recorded.

6. The receiving laboratory must ensure that all transferred units are accounted for and their final fate recorded in the appropriate laboratory information system.

7. Any products not transported correctly should be notified to the referring hospital and the issue taken up as soon as possible with the BMS in charge.

8. The receiving hospital must confirm receipt of any units by returning a copy of the completed transfer document back to the originating hospital. This is to conform to BSQR.

9. Final fate of transferred components will be recorded by the receiving hospital including any transfused en route.
5.0 APPENDICES

Transfer of Blood Component Labels can be obtained from Hospital Liaison or the Issue Department

5.1 Hospital Contact Numbers

Newcastle Hospital Contact Numbers

National Contact Numbers

5.2 Transfer documentation

5.3 Driver documentation

5.4 Temperature storage for Clinimed boxes

More information can be found at www.hospital.blood.co.uk – Clinimed boxes

5.5 Advice for staff when transferring blood with a patient.

5.6 Author Information

WRITTEN BY
Peter Parker, Peter Armstrong, Sue Barnes, Richard Gray
Reviewed by C Troy and R Woods – June 2009

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C B Troy