Blood collection and Transfer to Satellite sites

Department / Service:	Blood Transfusion, Pathology.
Originator:	Gill Godding, Lead Transfusion Practitioner
Accountable Director:	Dr Thomas Skibbe, Consultant Haematologist
Approved by:	Trust Transfusion Committee 2nd July 2021, Clinical Governance Group
Date of approval:	24th September 2021
Review date: This is the most up to date document and should be used until a revised version is in place:	29th May 2025
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust Worcestershire Health & Care Trust
Target Departments	All
Target staff categories	All staff involved in the transfusion process

Introduction

This document details the process of blood, blood component and product collection, transfer and return.

The process must be adhered to in order to maintain the integrity of the units and maintain compliance with the Blood Safety & Quality Regulations 2005.

This guideline is for use by the following staff groups :

Staff trained in blood collection

Key amendments to this guideline

Date	Amendment	Approved by:
June 2018	Addition of instructions on packing a cool box for transportation	Trust Transfusion Committee
July 2019	Minor amendment to sample acceptance criteria for neonates and minor grammatical corrections.	Trust Transfusion Committee
July 2020	Document extended for six months whilst review and approval process takes places	Trust Transfusion Committee
February 2021	Document extended for 6 months as per Trust agreement 11/02/2021	Trust agreement
June 2021	Minor amendments to sample validity and A&E identification of an unknown patient. Change of title from Sample Collection and Blood Transfusion requests	Trust Transfusion Committee
02/06/2021	Amendments to documentation and new collection box usage and packing.	Trust Transfusion Committee
29th Nov 2024	Document extended for 6 months whilst roll out of BloodTrack is completed	Laura Walters

Contents Page

16. Packing a cool box for blood/platelets

1. Introduction

All staff responsible for collecting blood from the transfusion laboratory or satellite refrigerators must be trained and competency assessed according to local policies. Training is available from the Transfusion Practitioners.

Before ordering or collecting blood components from the blood bank, ensure the pre-transfusion check list on the Documentation for the transfusion of blood components (care pathway and prescription) WR2151 has been correctly completed. Only one unit should be collected at a time unless rapid transfusion of large quantities is required (e.g. major haemorrhage).

Errors in collection are a frequent cause of "Never event – incompatible blood component transfused."

Staff collecting blood must carry a blood collection slip, which contains the minimum patient identifiers.
The minimum identifiers are:

- First name
- Last name
- Date of birth
- NHS number

These details must be checked against the details on the laboratory-generated label attached to the blood component pack.

The Blood Safety and Quality Regulations (BSQR) require that the time a component is out of a controlled temperature environment is recorded and 'cold chain' data must be kept for 15 years. Red cells that have been out of controlled refrigeration for more than 30 minutes cannot be reissued for transfusion.

2. Arranging Collection

Check on ICE Order-coms to see if the blood/ blood component is ready for collection.

<u>Blood collection;</u>

- For Worcester Royal Hospital;
  Contact helpdesk and request blood collection using the prescription to provide patient details.
- For Alexandra Hospital Redditch:
  Contact the helpdesk and request blood collection using the prescription to provide patient details or contact the blood porter via bleep 0208
- For Kidderminster Treatment Centre contact porter via 3530
- Community Hospitals blood collection is carried out by trained drivers

All staff collecting and transporting blood by car or taxi must have undertaken GDP (Good Distribution Practice) training. This training is available on request in the transfusion laboratories.

3. Where to collect blood/ components/ products

	Worcester	Redditch	Kidderminster	Community
Red Cells	Blood issue room Fridge	Issue Fridge	Issue Fridge	Satellite fridge or cool box
FFP/Octoplas	Issue room Fridge	Issue Fridge	Issue Fridge	Cool box
Cryoprecipitate	Blood issue room bench	Collection bench	N/A	N/A
Platelets	Issue room agitator	Agitator	Cool box	Cool box
Albumin	Issue Cupboard	Collection bench	Issue fridge	N/A
Anti-D	Issue Fridge	Issue Fridge	Issue Fridge	N/A
Beriplex & Factors	Blood issue room fridge or bench	Collection bench	Issue fridge	N/A

4. Unit checks at collection

Using the collection slip, locate the blood, blood component or product for the identified patient.

Check compatibility label matches all details on the collection slip (first name, surname, date of birth and NHS number) If these do not match alert a member of the laboratory staff. DO NOT TAKE UNITS.

Sign collection slip and place in tray on the bench next to the register.

Complete the collection register.
The following details are compulsory:

- Surname
- First name
- NHS Number
- Clinical area
- Donation number/ Batch number
- Component/product type
- Date
- Time
- Signature

5. Red Cells

Collection of single units of red cells

- Single units are transported within the acute trust in a red bag found on the bench
- Complete patient details on red bag including collection date and time
- Take unit straight to clinical area without delay and give to the trained nurse looking after the patient

Collection of Multiple units of red cells within the hospital

- Multiple units of red cells should be transported in a cool box
- Select multiple units from the issue fridge, checking the patient details against the collection slip against every unit
- Take the checked units to the laboratory.
- The laboratory staff will pack the cool box and complete the Blood/Blood product Transit form with patient, date and time, this form is then placed in the top pocket of the box.
- The lab staff will then seal the box with a numbered cable tag
- Take box to clinical area and give to the trained member of staff that has ordered the blood. The box should not be opened at this point. The clinician should sign the Blood/Blood product Transit form, taking responsibility for the box and its contents.
- The person delivering is then free to leave

The red cells can remain in the box for 4 hours providing that the box remains sealed. . The laboratory will monitor this time and alert the clinical area to return the box 30 minutes before the 4 hours is reached.

Collection of multiple units of red cells for transfer to satellite hospitals

The blood collection slip should be given to a member of the laboratory staff.
The laboratory staff will check the units and pack the cool box and complete the Blood/Blood product Transit form and seal the box. The cool box and the form should be transported directly to the community hospital.
On arrival the form should be signed and the date and time of receipt recorded on the transit form.

Transfer of blood with the patient to other hospitals

This should be avoided if possible.
Blood can only be given “in transit” when the patient is accompanied by a transfusion trained registered practitioner.

To transfer the blood with the patient the blood bank must be informed.
The laboratory will pack and seal the cool box and complete the LF-U- TRA Inter Hospital Blood Component / Product Transfer Form.
The cool box should not be opened until the patient is ready to be transfused.

On arrival at the other hospital, the cool box should be taken to the transfusion laboratory unless blood is being given or required in theatre

6. Emergency O negative Red Cells

Location

Emergency O negative units are located in the following areas:

· Stock fridge WRH Blood Bank
· Stock fridge AHR Blood bank
· Issue fridge KTC theatre
· South bank blood fridge

Collection of emergency O negative units

If emergency O negative red cells are required then the porter should go to the blood bank with a collection slip and request them directly from the laboratory staff

Emergency O negative red cells should be transported in the same way as multiple red cells units.

As the blood is not cross matched there are no patient details on the compatibility labels. The details to be entered on the Blood/Blood products transit form are entered using the collection slip.

Ensure traceability slips are accurately completed to allow correct allocation of units to patients.

7. Fresh Frozen Plasma (FFP)

FFP needs to be defrosted prior to being placed in the issue fridge for collection. Once defrosted, this component must be used within 5 days. Once issued to a patient it must be used within 24 hours and discarded if not used.

Follow the instructions for red cell removal as above. Multiple units of FFP can be carried in a red transportation bag in an emergency or if not urgent then must be transported in a cool box.

FFP can be placed in the same box as red cells proving it is at the same temperature. If the FFP has only just been defrosted and is still warm, it should be in a separate cool box.

Octoplas (Solvent detergent plasma)
Octoplas should be transported in the same manner as FFP.
Octoplas requires defrosting prior to use. Once defrosted this must be used within 24 hours.

Follow the instructions for red cell and FFP removal as above. Multiple units of Octoplas can be carried in a red transportation bag in an emergency or if not urgent then must be transported in a cool box.

8. Cryoprecipitate

Cryoprecipitate needs to be defrosted before being placed on the bench by the register in the issue areas for collection. Once defrosted, this component must be used within 4 hours.

Complete the unit checks and collection register as for red cells.

All units are transported in a red transportation bag found on the bench.
DO NOT PUT CRYOPRECIPTATE IN A COOL BOX OR FRIDGE.

Complete patient details on the red bag including collection date and time. Take unit straight to clinical area without delay

9. Platelets

Platelets must NOT be placed in a fridge or cool box with cold cool packs.

- Issued units are listed by patient, on the notice on the front of the platelet agitator.
- Complete the unit checks and collection register as for red cells.
- Remove patients name from the notice on the front of the device.
- Check unit against collection slip
- Complete register
- Single units are transported in a red transportation bag
- Complete patient details on red bag including collection date and time
- Take unit straight to clinical area without delay and give to the nurse looking after the patient

External transfer of platelets
Give the blood collection slip to a member of the laboratory staff and ask them for the unit. They will pack the transportation box and complete the Blood/Blood Product Transit Form. Take the cool box and the form directly to the community hospital.

10. Blood Products

All blood products are issued on a named patient basis. The collection of blood products follows the same checking and recording process as that of red cells.
All blood products (apart from Anti-D) are transported in a red transportation bag.

11. Internal Clinical Area/Ward Receipt

The blood, blood component, blood products should be handed to a trained nurse/doctor only.

For individual units the nurse/doctor should check that the correct unit has been collected. The nurse/doctor should then sign the transportation bag and the person delivering the unit is then free to leave.
If delivering a cool box, hand to a trained member of staff, the member of staff should sign the Blood/Blood Product Transit form but not attempt to open the box as this would compromise the cold chain.

12. Satellite Hospital Receipt

The driver deliver the box to a trained member of staff. The trained member should sign for receipt on the Blood/Blood Product Transit form

Platelets must be kept in the box until they are ready to be transfused.

For FFP, Octoplas and Red cells the box is unpacked and contents placed in the satellite fridge. Where there is no satellite fridge the FFP or Octoplas and Red cells must remain in the box until they are ready to transfuse. This must not exceed 4 hours.

When the blood components are placed in the satellite fridge the form is then placed in the relevant documentation folder.

13. Blood, component or product return from clinical area

Internal single unit return
The unit in the collection bag should be returned directly to the blood bank.

Internal Cool Box Return
Return the cool box directly to the blood bank. Laboratory staff are responsible for unpacking the box and returning the units to appropriate storage locations.

If the form is incomplete and the cold chain cannot be established, the units will be wasted.

14. Satellite Returns

O negative units
The laboratory will telephone the satellite site to request return of the O Rh D negative units. The responsible person must complete the Blood/Blood Product Transit in the “Blood return from External areas” section. The O Rh D Negative units are packed into the transportation box as specified below. Place the form in the plastic pocket on the box. Seal the box.

Units issued to patients
The responsible person will check the fridge for any units no longer required. Follow the O Rh D negative unit return as above

15. Quarantine Units

In the event of fridge failure or unit recall the laboratory may ask the responsible person to quarantine units in the satellite fridge. The responsible person must locate the units and arrange for their immediate return to the laboratory.
When completing the transfer form, please indicate that these units are quarantined.

16. Packing a cool box for blood/plasma

Only boxes supplied by the transfusion laboratories at Worcestershire Acute Hospitals NHS should be used.

Up to 6 units of Red cells or Plasma can be transported in a cold box.
If both Red cells and Plasma are required, use 1 box for each.
The cold packs should be taken from an area of the fridge where it has been stored for at least 24 hours.

1. Place 2 pre-conditioned BLUE PCMs on the bottom of the box side by side - picture 1

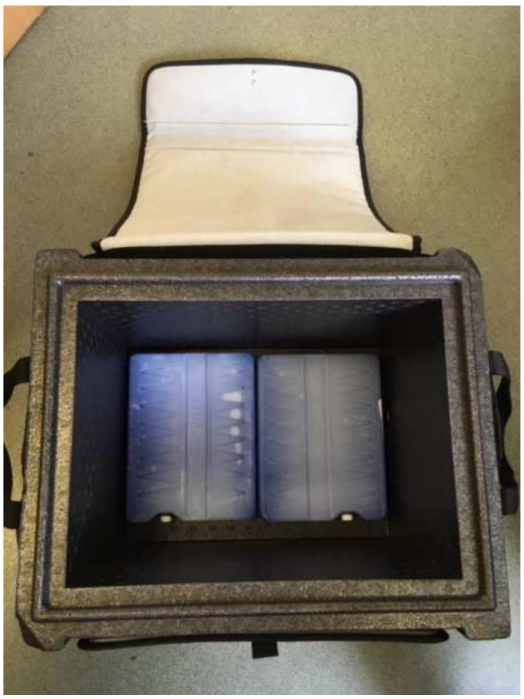
2. Place the blood/plasma units in a plastic bag and lay on top of the PCMs

3. Place 2 further BLUE PCMs side by side on top and use paper towel to fill any remaining space- picture 2

4. Place the lid on and close by placing large loop over the hook. Put a cable tie into small loop, attach a “blood in transit notice” and secure to provide evidence of tampering.

5. Put the transit forms (white & yellow copy) in the clear wallet on top of the container.

Picture 1



Picture 2

Packing a cold box for platelets
Up to 2 units of platelets can be transferred in a cool box. ROOM TEMPERATURE cool packs must be used.

.

1. Place 2 pre-conditioned GREEN PCMs on the bottom of the box sided by side – as in picture 1 (using GREEN PCMs)

2. Place the units in a plastic bag and lay on top of PCMs Place 2 further GREEN PCMs side by side on top and paper towel to fill any remaining space – picture 2

3. Place the lid on and close by placing large loop over the hook. Put a cable tie into small loop, attach the blood in transit notice and secure to provide evidence of tampering.

4. Put the transit forms (white & yellow copy) in the clear wallet on top of the container

Monitoring

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: *(Responsible for also ensuring actions are developed to address any areas of non-compliance)*	Frequency of reporting:
	WHAT?	**HOW?**	**WHEN?**	**WHO?**	**WHERE?**	**WHEN?**
	Collection and delivery of blood components	Audit will be completed to establish if the key parts of the process are being followed	yearly	Transfusion practitioners/Blood bank	Trust Transfusion committee	4 times a year

References

Blood Safety & Quality Regulations 2005
https://www.legislation.gov.uk/uksi/2005/50/contents/made accessed 2/7/21

Contribution List

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
Consultant Haematologist
Consultant Urgent care
Consultant Specialised medicine
Consultants Women's and Children's
Consultant SCSD
Consultant Surgery
Blood Bank Manager
Community IV team lead
Private Hospital lead
Deputy Chief Nurse
Transfusion practitioner

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee
Trust Transfusion Committee
Clinical Governance Group

Supporting Document 1 - Equality Impact Assessment Tool

. To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;

Worcestershire Acute Hospitals NHS Trust

Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	✓	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust	✓	Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	**Dr Thomas Skibbe**

Details of individuals completing this assessment	**Name**	**Job title**	**e-mail contact**
	Gill Godding	**Lead transfusion practitioner**	**gilliangodding@nhs.net**
Date assessment completed	**16/07/21**		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: **Blood collection and Transfer to Satellite sites**			
What is the aim, purpose and/or intended outcomes of this Activity?	Safe Transfusion practice			
Who will be affected by the development & implementation of this activity?	✓ ✓ ❑ ❑	Service User Patient Carers Visitors	✓ ✓ ❑ ❑	Staff Communities Other _____

Is this:	✓ Review of an existing activity ❑ New activity ❑ Planning to withdraw or reduce a service, activity or presence?
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	NHS BT British Society for haematology guidelines Blood safety and Quality regulations NPSA safer practice notice No:14 MHRA Serious hazards of transfusion Serious adverse blood reactions and events
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	
Summary of relevant findings	

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale**. Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		✓		This policy will have neutral impact on all equality groups.
Disability		✓		
Gender Reassignment		✓		
Marriage & Civil Partnerships		✓		
Pregnancy & Maternity		✓		
Race including Traveling Communities		✓		
Religion & Belief		✓		
Sex		✓		
Sexual		✓		

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Orientation				
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		✓		
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		✓		

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
	none	.		
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)				

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the

diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	Gill Godding
Date signed	13/07/21
Comments:	
Signature of person the Leader Person for this activity	Thomas Skibbe
Date signed	13/07/21
Comments:	none

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	no
2.	Does the implementation of this document require additional revenue	no
3.	Does the implementation of this document require additional manpower	no
4.	Does the implementation of this document release any manpower costs through a change in practice	no
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	no
	Other comments:	none

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.