

# East of England Regional Transfusion Committee

## Procedure for the Emergency Transfer of Blood and Components with Patients between Hospitals

**Adapted from:** Guidance for the Emergency Transfer of Blood and Components with Patients between Hospitals NHSBT Appropriate Use of Blood Group & National Laboratory Managers Group of the CMO's National Blood Transfusion Committee (Refer to this document for full background information)

### **Disclaimer**

While the advice and information in these recommendations is believed to be true and accurate, neither the East of England Regional Transfusion Committee, NHSBT Appropriate Use of Blood Group nor the National Laboratory Managers Group accept any legal responsibility for the content of these recommendations.

## **Purpose**

The purpose of this guideline is to help ensure that:

- 1 Blood is only transferred in the appropriate clinical scenario.
- 2 Blood is transported and packaged in accordance with validated procedures.
- 3 Cold chain audit is maintained.
- 4 Traceability is maintained.
- 5 Roles and responsibility of dispatching and receiving hospitals are defined.
- 6 Where practical, blood is transferred from one transfusion laboratory to another.
- 7 Wastage of blood is minimised.

## **Scope**

This document covers:

- Blood allocated to a specific patient who was actively bleeding and in whom the risk of transfer to a specialist unit was considered appropriate. Such patients would require a medical and/or nursing escort.
- Patients being transferred who have special transfusion requirements such as complex phenotyped blood, irradiated blood or HLA matched platelets. However, where practical, these blood components should be transferred directly to the laboratory in the receiving hospital.

This document does not cover:

- Agreed transfer of stock between hospital transfusion laboratories for management of blood stocks.
- Transfer of blood for a specific patient to a blood fridge located in a satellite hospital/unit of the dispatching hospital.
- Contingency planning for a blood shortage.

## **Guiding Principles**

Transfer of blood or components with a patient is required in exceptional circumstances only. This should be reserved for patients who will need transfusing during the journey. Two units of blood should be sufficient however there may be exceptions e.g. major trauma.

The transfusion laboratory should coordinate the transfer of blood and ideally this will occur from laboratory to laboratory. Blood should never be transferred without the knowledge of the transfusion laboratory.

If blood transfusion is required urgently in the receiving hospital, group O RhD negative or O RhD positive blood (according to local protocol) can be issued while the laboratory processes the patient's sample.

It is imperative that the sending laboratory inform the receiving laboratory of any antibodies or other special requirements by fax as soon as possible to provide advanced warning.

## **Procedure for the dispatching hospital**

Prior to packaging the blood, ensure suitable transport arrangements are in place.

Blood in excess of the 2 units accompanying the patient which was difficult to source e.g. irradiated, antigen negative, should be transferred by alternative means.

## **Blood Packaging and Final Documentation**

1. Complete form 1 (transfer document - Appendix 1) (note: the component detail section can be computer generated and attached).
2. Make a copy of this documentation for your records and fax to the receiving hospital.
3. Return the blood to suitable storage conditions whilst preparing the transport box, packing materials and labels.
4. Immediately before sending, place the blood in an appropriate transport box (follow local procedure)
5. Place documentation in transport box, retaining a copy of the transfer document.
6. Replace the transport box lid.
7. Complete form 2 (transport box label - Appendix 2) Ensure label is complete and attached to transport box.
8. Seal the box e.g. with a cable tie.
9. Staff accompanying patients with transport boxes should be advised regarding the temperature control of blood and given a copy of Appendices 3 (Blood transfer advice for clinical staff accompanying patient) and 4 (procedure for staff receiving blood).

## **Dispatch of Blood Components**

1. On dispatch of blood fax a copy of the transfer document (Appendix 1) to the receiving transfusion laboratory.
2. Telephone the transfusion laboratory of the receiving hospital to confirm:  
dispatch  
receipt of fax  
mode of transport  
destination ward/department
3. Record the transfer on the LIMS according to local procedure.

## **Procedure for the receiving hospital blood bank**

1. Review storage conditions of blood including storage time and integrity of the transport box.
2. Complete the receiving hospital section of the transfer documentation (form 1) if incomplete.
3. Enter blood on LIMS and fate as appropriate (this may include empty transfused packs).
4. Store or discard blood as appropriate.
5. Fax completed form 1 to sending hospital blood bank.