

Blood - Fresh Components - Management

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Summary Provides guidance in areas central to the provision of transfusion therapy and covers the commonly used fresh blood components including red blood cells, platelets, fresh frozen plasma and cryoprecipitate.

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Applies to Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations, Dental Schools and Clinics, Divisions of General Practice, Government Medical Officers, NSW Ambulance Service, NSW Dept of Health, Private Hospitals and Day Procedure Centres, Private Nursing Homes, Public Health Units, Public Hospitals

Distributed to Public Health System, Dental Schools and Clinics, Divisions of General Practice, Government Medical Officers, Health Professional Associations and Related Organisations, NSW Ambulance Service, NSW Department of Health, Public Health Units, Public Hospitals, Private Hospitals and Day Procedure Centres, Private Nursing Homes, Tertiary Education Institutes

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Director-General

Compliance with this policy directive is mandatory.

CIRCULAR

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MANAGEMENT OF FRESH BLOOD COMPONENTS

This circular supercedes Circulars 82/319, 84/130, 85/230, 86/177, 86/234, 89/90, 90/29, 91/9, 91/64 and 97/128.

This circular provides guidance in areas central to the provision of transfusion therapy and covers the commonly used fresh blood components including red blood cells, platelets, fresh frozen plasma and cryoprecipitate.

PURPOSE OF THIS CIRCULAR

This circular has been developed for use by clinicians, hospital transfusion service staff and health service managers in Area and Statewide Health Services that are involved in the collection, storage and transfusion of fresh blood and blood components.

It sets out the mandatory requirements for those health care facilities providing transfusion therapy. The accompanying guideline includes the mandatory requirements and additional information on better practice for the management of fresh blood components.

Transfusion therapy is an integral part of health care throughout NSW. Transfusion is a vital function of the health system and adherence to certain procedures is required to ensure the safety of blood recipients. Fatal and severe transfusion reactions can occur if the correct procedures are not followed. In addition, as blood is a precious resource it should be used appropriately according to established clinical guidelines.

OBLIGATIONS OF A CLINICIAN

A clinician (medical practitioner or nurse) must be aware of the requirements for the safe and appropriate use of fresh blood components.

Transfusion Verification Procedure

In the presence of the patient **two people** must independently check the details of the patient's identity, the blood pack and the accompanying documentation when the transfusion is being set

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In accordance with the provisions incorporated in the Accounts and Audit Determination, the Board of Directors, Chief Executive Officers and their equivalents, within a public health organisation, shall be held responsible for ensuring the observance of Departmental policy (including circulars and procedure manuals) as issued by the Minister and the Director-General of the Department of Health.

up. The two people must have knowledge of the transfusion verification procedure and the patient must be involved, if appropriate.

OBLIGATIONS OF THE HOSPITAL TRANSFUSION SERVICE

The hospital transfusion service must be aware of the appropriate procedures for the storage and transportation of fresh blood components.

Collecting and Labelling of Specimens

Double checking of the specimen and the patient at the time of sample collection by either one staff member and the patient, if appropriate, or two staff members. At least one staff member must be trained in specimen collection procedures. The staff member must label the specimen at the time of its collection from the patient.

Labelling procedures in the laboratory must ensure that the correct sample is being tested. All blood tubes must be adequately labelled and laboratory staff must check the label each time the tube is handled.

O Rh Negative Blood

Small health care facilities must not store O Rh negative blood. If local clinicians believe that blood is warranted at these sites, O Rh positive blood must be stored instead.

In this circular a small health care facility is defined in the public health system as a facility that is member of one of the following groups - Community acute, Community non-acute facilities; Multi-purpose services; and Hospices.

If usage of O Rh negative blood is very low at **any** health care facility the Australian Red Cross Blood Service (ARCBS) may consider providing O Rh positive blood in place of O Rh negative blood to that facility.

OBLIGATIONS UNDER CLINICAL GOVERNANCE

Each health care facility that has transfusion therapy must establish a process for the review of transfusion issues. This may be through an existing committee or through the establishment of a specific committee such as a hospital transfusion committee. The committee must be responsible for education (including training for the transfusion verification procedure), monitoring and quality improvement in the care of blood and transfusion practices.

Robyn Kruk
Director-General