

Issue of blood against a valid request

Policy | BLD-POL-002

Document type	Policy
Title	Issue of blood against a valid request
Document ID	{{facility.code}}-BLD-POL-002
Version and status	1.0 Issued for use. Pending ASF Expert Committee ratification
Prepared by	{{roles.quality_lead.name}}, Quality lead
Reviewed by	{{roles.clinical_director.name}}, Clinical director Date: _____
Approver and signature	{{roles.clinical_director.name}}, Clinical director Signature: _____ Date: _____
Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months, or sooner after any incident or change)
Replaces	None (new document)
Standards and criteria supported	Standard 5 (Blood Bank), criterion 5.5
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

At a glance: what to do

1. Blood is issued only against a valid, signed request.
2. The patient's identity and the request are checked before issue.
3. Compatibility is checked and recorded before issue.
4. Every issue is recorded with its time and the person who received it.

Stop and get help straight away if: blood is issued with no valid request, or to a patient whose identity has not been checked.

1. Purpose

To make sure blood goes only to the right patient, against a valid request (5.5).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of {{facility.legal_name}}
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions and abbreviations

Term	Meaning in this SOP
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background and rationale

To make sure blood goes only to the right patient, against a valid request (5.5).

5. Responsibilities

Role	Duties in this SOP	Competence needed
Blood bank director	Owns the issue rule	Clinician
Blood bank technician	Checks request and issues	Technician

6. Equipment, materials and resources

Item	Specification or standard	Check before use
Records and forms named in this document	Current version	Checked before use

7. Safety and infection prevention

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Follow the steps in order. Where a step says "If", take the action for the case that applies. Do not skip a step. If a step cannot be done, use section 11 and section 12.

Step	Action	How to do it	Key point
1	Request.	• Check the request is valid, signed and has the patient's identity (BLD-FRM-002).	No request, no issue.
2	Compatibility.	• Complete the compatibility check and record it before issue.	Checked before issue.
3	Issue.	• Issue the unit, record the time and the person who received it, and check the bedside check at the ward (HOS-FRM-007).	Two checks, two records.

Decision points

- No decision points in this procedure.

10. Special situations

Situation	What to do
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

11. Problems and escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

12. Monitoring and compliance

What is checked	Target	How often	Who	If the target is missed
Issues against a valid request	100%	Monthly	Blood bank director	Escalate to governing body
Issues with compatibility recorded	100%	Monthly	Blood bank director	Escalate to governing body

13. Records

Record	Where it is kept	Kept for
Record named in this document	Patient record or the area file	{{facility.records_retention_years}} years

14. Training and competence

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

15. Related documents

ID	Title	Relationship
BLD-FRM-002	Blood request and issue record	Record
HOS-SOP-008	Blood transfusion	Procedure

16. Evidence

ID	Source and status
E-009	Based on the Council of Europe Guide to the Preparation, Use and Quality Assurance of Blood Components.
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus. Items marked EC are reviewed by the Committee each year.

17. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval