

Emergency release of blood before full compatibility

Standard operating procedure (SOP) | BLD-SOP-006

Document type	Standard operating procedure (SOP)
Title	Emergency release of blood before full compatibility
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Prepared by	{{roles.quality_lead.name}}, Quality lead
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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 5.9
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. Emergency release is authorised only by a named senior clinician.
2. The checks still made are written and are done before release.
3. The release is recorded for the patient, with the reason.
4. Unused units are returned and tested as the procedure sets.

Stop and get help straight away if: blood is released urgently with no named authoriser or no record for the patient.

1. Purpose

To release blood in an emergency safely, with every decision recorded (5.9).

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 release blood in an emergency safely, with every decision recorded (5.9).

5. Responsibilities

Role	Duties in this SOP	Competence needed
Named senior clinician	Authorises the release	Clinician
Blood bank technician	Makes the checks still required and records them	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	Authorise.	The named senior clinician authorises in writing or by the set route, with the reason (BLD-FRM-004).	Named, and recorded.
2	Check.	Make the checks still required, such as group and sample checks, and record them.	Some checks still happen.
3	Record and return.	Record the release for the patient, and return and test any unused unit as the procedure sets.	Every unit is accounted for.

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
Emergency releases with authoriser and reason recorded	100%	Quarterly	Blood bank director	Escalate to governing body
Emergency releases reviewed	100%	Quarterly	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-004	Emergency release record	Record
MED-01	Medical emergency protocol development	Course

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