Organisation name Site or unit		STANDARD OPERATING PROCEDURE **Emergency release of blood before full compatibility**	
Document ID	BLD-SOP-006	**Version**	1.0
Status	Blank form, to adapt	**Issue date**	
Review date		**Replaces**	
Owner		**Approved by**	
Signature			

Standards › Standard 5 › Standard operating procedures (SOPs)

Standard operating procedure (SOP) · BLD-SOP-006 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 5.9

At a glance

- Emergency release is authorised only by a named senior clinician.
- The checks still made are written and are done before release.
- The release is recorded for the patient, with the reason.
- 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 the facility
When	Whenever the activity described is carried out

Does not apply to	Activities covered by another document listed in section 15

3. Definitions

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

4. Background

Blood sometimes must be released before every test is complete, because a patient is bleeding. This is safe only when a written procedure names who may authorise it and each release is recorded and reviewed.

5. Responsibilities

Role	Responsibility	Competence
Named senior clinician	Authorises the release	Clinician
Blood bank technician	Makes the checks still required and records them	Technician

6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. Safety

- 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

Step 1. Authorise.

- The named senior clinician authorises in writing or by the set route, with the reason (BLD-FRM-004).

Key point: Named, and recorded.

Step 2. Check.

- Make the checks still required, such as group and sample checks, and record them.

Key point: Some checks still happen.

Step 3. Record and return.

- Record the release for the patient, and return and test any unused unit as the procedure sets.

Key point: Every unit is accounted for.

10. Decision points

- No decision points in this procedure.

11. Special situations

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

12. Escalation

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

13. Monitoring

Measure	Target	Frequency	Owner	If not met
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

14. Records

Record	Kept in	Retention
Record named in this document	Patient record or the area file	the period set by the facility's records policy, in years

15. Training

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

16. Related documents

ID	Title	Use
BLD-FRM-004	Emergency release record	Record
MED-01	Medical emergency protocol development	Course

17. Evidence

Reference	Note
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.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

19. References

Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)

Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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