Organisation name Site or unit		STANDARD OPERATING PROCEDURE **Blood transfusion**	
Document ID	HOS-SOP-008	**Version**	1.0
Status		**Issue date**	
Review date		**Replaces**	
Owner		**Approved by**	
Signature			

Standards › System S1 (Hospital) › Standard operating procedures (SOPs)

Standard operating procedure (SOP) · HOS-SOP-008 · Version 1.0 · Approved by the ASF Expert Committee

Supports: System S1 (Hospital), criterion S1.8

At a glance

- Check the patient identity against the blood product at the bedside, by two staff.
- Start the transfusion within the time set after the blood is issued.
- Watch for and record any reaction, and report it at once.
- Keep the blood cold until use, and log the temperature.
- Stop and get help straight away if: a transfusion is started without a two-person identity check.

1. Purpose

To make sure every transfusion goes to the right patient, is monitored, and that reactions are caught and reported (S1.8). Based on the WHO clinical use of blood guidance.

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 16

3. Definitions

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

4. Background

Transfusing the wrong blood is one of the most dangerous errors in hospitals. Two staff check the patient and the product at the bedside.

5. Responsibilities

Role	Responsibility	Competence
Two checking staff	Check identity together at the bedside	Trained in transfusion
Transfusion lead	Owns the procedure and reviews reactions	Senior clinician

6. Materials and equipment

Item	Requirement	Condition
Bedside check form (HOS-FRM-007)	Current	Attached to the blood bag
Blood storage temperature log	Current	Read each day

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. Verify.

- Two staff check the patient's name, number and date of birth against the bag label and the request.
- Both sign.

Key point: Two checks, at the bedside.

Step 2. Start.

- Start within the time set.
- Stay with the patient for the first 15 minutes.

Key point: Most reactions start early.

Step 3. Monitor.

- Check vital signs at the set times during the transfusion.

Key point: Watch, record, respond.

Step 4. React.

- If a reaction is suspected, stop the transfusion, keep the line open, and call the senior clinician.
- Report the reaction the same day.

Key point: Stop first, then decide.

10. Decision points

- No decision points in this procedure.

11. Special situations

Situation	Action
Out of hours	Follow the same steps.

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
Transfusions with two-person check recorded	100%	Monthly	Transfusion lead	Escalate to chief executive
Reactions reported the same day	100%	Monthly	Transfusion lead	Escalate to clinical director

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 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
HOS-FRM-007	Bedside transfusion check and reaction record	Record

17. Evidence

Reference	Note
E-009	WHO guidance on the clinical use of blood (developing a national policy and guidelines).
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

18. Change history

Version	Date	What changed	Approval
1.0	—	Initial release	Approved by the ASF Expert Committee

No e-learning course is linked to this document yet.

19. References

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

Accréditation Sans Frontières (2026). ASF Expert Committee consensus on System S1 (Hospital). (E-009)

Related standard

Standard 5: Blood Bank