

Satellite Blood Fridges Policy



Title:

Satellite Blood Fridges Policy

Date effective from:	June 2023	Review date:	June 2026
Approved by:	NHS Lothian Policy Approval Group		
Approval Date:	6 June 2023		
Author/s:	Transfusion Practitioner, WGH & SJH Transfusion Practitioner, RIE & RHCYP		
Policy Owner:	Lothian Transfusion Committee		
Executive Lead:	Executive Medical Director, NHS Lothian		
Target Audience:	<p>All staff who collect blood from a satellite blood fridge or transfusion laboratory and all staff who place blood in a satellite blood fridge.</p> <p>This applies to RIE clinical staff and WGH clinical and portering staff.</p> <p>All NHS Lothian staff involved in this part of the transfusion process must have completed Learn Blood Transfusion online learning 'Safe Transfusion Practice' and been formally competency assessed for blood collection.</p>		
Supersedes:	Satellite Blood Fridges Operational Policy v7		
Keywords (min. 5):	Satellite fridges; blood transfusion safety; safe storage of red cells; blood transfusion; blood storage facilities; blood collection		

Satellite Blood Fridges Policy



Version Control

Date	Author	Version/Page	Reason for change
Oct 2020	Transfusion Practitioner, WGH & SJH Transfusion Practitioner, RIE & RHSC	v6.1	Review date due
Dec 2020	Transfusion Practitioner, WGH & SJH Transfusion Practitioner, RIE & RHSC	v6.2	Removal of procedural elements and moved to create a separate SBF Procedures document
Dec 2021	Transfusion Practitioner, WGH & SJH Transfusion Practitioner, RIE & RHSC	v7.0	Approved by Policy Approval Group
Mar 2023	Transfusion Practitioner, WGH & SJH Transfusion Practitioner, RIE & RHCYP	v7.1	Under review. Removal of reference to RHSC satellite blood fridge following site move to Little France
June 2023	Transfusion Practitioner, WGH & SJH Transfusion Practitioner, RIE & RHCYP	v8.0	Approved by the Policy Approval Group

Executive Summary

The Royal Infirmary of Edinburgh (RIE) and Western General Hospital (WGH) are the only NHS Lothian sites to have satellite blood fridges. This document sets forth the operational policy only for all relevant clinical issues relating to the satellite blood fridges on these above sites. The Blood Safety and Quality Regulations 2005 (BSQR) state that there must be guidelines, standard operating procedures, policies and training programmes in place to support safe blood banking and clinical transfusion practice. Managerial and technical issues relating to the satellite fridges are excluded and can be found in site specific Hospital Transfusion Laboratory procedures.

This policy must be read in conjunction with the [Satellite Blood Fridges Procedures](#).

Contents

	Page number
1.0 <u>Purpose</u>	4
2.0 <u>Policy statement</u>	4
3.0 <u>Scope</u>	4
4.0 <u>Definitions</u>	5
4.1 <u>Satellite Blood Fridges</u>	5
5.0 <u>Implementation roles and responsibilities</u>	5
5.1 <u>Designated Responsible Individual (DRI)</u>	5
5.2 <u>Technical/Managerial Responsibility</u>	6
5.3 <u>Satellite Blood Fridges Procedures</u>	6
6.0 <u>Associated materials</u>	6
7.0 <u>Evidence base</u>	7
8.0 <u>Stakeholder consultation</u>	7
9.0 <u>Monitoring and review</u>	7

1.0 Purpose

This purpose of this policy is to set out all relevant clinical issues relating to the use and management of satellite blood fridges on the Royal Infirmary Edinburgh (RIE) and Western General Hospital (WGH) sites. The associated [Satellite Blood Fridges Procedures](#) contains further details to guide decision making and operational practice to ensure that red blood cells stored in the NHS Lothian satellite blood fridges are maintained in a safe condition so that they are suitable for transfusion to a patient. The policy also exists to ensure best use of the donor's gift.

2.0 Policy statement

This policy sets out all relevant clinical issues relating to the safe use and management of satellite blood fridges on the RIE and WGH sites. WGH satellite blood fridges are owned by NHS Lothian. RIE satellite blood fridges are owned by the South East Blood Transfusion Service (SEBTS).

These are the only sites within NHS Lothian that have satellite blood fridges. This policy is consistent with the NHS Lothian Blood Transfusion Policy and Procedures, the British Society for Haematology Transfusion Guidelines and the UK Blood Safety and Quality Regulations (2005).

The Blood Safety and Quality Regulations (2005) state:

- There must be full traceability of all aspects of the transfusion process, from donor to recipient vein, maintained and available for 30 years, and
- There must be guidelines, standard operating procedures, policies and training programmes in place to support safe blood banking and clinical transfusion practice

Failure to comply with the Regulations is a criminal offence.

This policy must be read in conjunction with the [Satellite Blood Fridges Procedures](#).

Managerial and technical issues relating to the satellite fridges are detailed separately in the relevant Hospital Transfusion Laboratory (HTL) standard operating procedures (SOP). For further information and access to these SOPs, contact your local HTL.

This policy relates to the use of satellite fridges for the safe storage of red cells. NO other blood product or component must be stored in the satellite blood fridges unless authorised by the local HTL.

3.0 Scope

This policy applies to all staff that collect blood from a satellite blood fridge or transfusion laboratory and all staff who place blood into a satellite blood fridge, including:

- RIE clinical staff
- WGH clinical and portering staff

Only staff members who have completed the necessary training (relevant sections of Safe Transfusion Practice eLearning available at www.learnbloodtransfusion.org.uk or via LearnPro) can collect blood from the laboratory or satellite blood fridge. It is a legal requirement for any member of staff who collects blood from a laboratory or a satellite blood fridge to be formally competency assessed. Please contact local competency assessor/s or transfusion practitioner for advice.

4.0 Definitions

4.1 Satellite Blood Fridges

Satellite blood fridges are fridges dedicated to the safe storage of red cells in designated clinical areas outwith NHS Lothian and SEBTS HTLs. Satellite fridges across NHS Lothian are situated in the following sites and locations/departments. Each site has site specific procedures in place, which are detailed in the [Satellite Blood Fridges Procedures](#), and further associated materials listed at Section 6 of this policy.

Royal Infirmary of Edinburgh

Main Theatre Recovery
Obstetric Theatre
Emergency Department (ED)

Western General Hospital

Ward 7
Main Theatres

5.0 Implementation roles and responsibilities

5.1 Designated Responsible Individual (DRI)

An identified individual for the clinical area where the fridge is situated will be identified as the DRI and will be responsible for ensuring that the clinical use of the satellite fridge is in accordance with this policy. He/she is responsible for ensuring that all members of staff using the blood fridge have read this policy and have received the appropriate training in transfusion and related topics to ensure compliance with this policy, and its associated materials (section 6 of this policy), is achievable.

The DRI (or deputy) is responsible for ensuring there is 100% compliance with use of the In/Out register, for facilitating regular audit of compliance, and for putting corrective actions in place if compliance is found to be less than 100%.

The DRI for the clinical area served by the fridge is responsible for implementing an active audit programme to assess compliance with the policy.

5.2 Technical/Managerial Responsibility

The relevant local HTL is responsible for all managerial and technical aspects of the fridges including alarm activations.

5.3 Satellite Blood Fridges Procedures

The staff roles and responsibilities associated with the satellite blood fridges are detailed in the [Satellite Blood Fridges Procedures](#). The procedures document includes the following:

- Emergency O Negative Blood
- Transport of Blood from Local HTL and Receipt in Clinical Area
- Local Monitoring of Satellite Fridges
- Loading of Fridge by Clinical Staff
- Removal of Blood from Fridge for Clinical Use
- Return of Unused Blood to the Hospital Transfusion Laboratory
 - In/Out Register
 - Retention Time
- Power Failure/Breakdown Procedure
 - If there is a power failure affecting the fridge
 - If there is an obvious fault such as smoke or noise
 - Response to alarm
- Cleaning of Fridges
 - Blood spillages - all sites

6.0 Associated materials

The NHS Lothian Transfusion Committee is responsible for approving all NHS Lothian transfusion related documents.

- [Satellite Blood Fridges Procedures](#), approved March 2023
- [NHS Lothian Blood Transfusion Policy and Procedures 2016](#), approved June 2016
- [Cleaning Log for Satellite Blood Storage Fridges](#), approved March 2023
- [In/Out Register – Satellite Blood Fridges](#), approved March 2023
- [Troubleshooting Guide - RIE Satellite Blood Fridges Red Cells Only](#), approved March 2023
- [Troubleshooting Guide - WGH Satellite Blood Fridges Red Cells Only](#), approved March 2023

Managerial and technical issues relating to the satellite fridges are detailed separately in the:

- Maintenance and Monitoring of Satellite Blood Fridges Standard Operating Procedure (RIE) (obtained from RIE HTL)
- Storage of Blood Components, Blood Products and Temperature Monitoring of Blood Storage Facilities Standard Operating Procedure (WGH) (obtained from WGH HTL)
- Cleaning and Maintenance of Equipment, Blood Component, Reagent and Sample Storage Facilities Standard Operating Procedure (WGH) (obtained from WGH HTL)

This policy is consistent with the following documents:

- [The British Society for Haematology Transfusion Guidelines](#) [accessed October 2022]
- [The UK Blood Safety and Quality Regulations \(2005\)](#) [accessed October 2022]

7.0 Evidence base

[UK Blood Safety and Quality Regulations \(2005\) ISBN 0110990412](#) [accessed June 2022]

8.0 Stakeholder consultation

The following stakeholders were consulted on this policy revision:

- Clinical lead for each area where a satellite blood fridge is located
- HTL manager RIE (SEBTS)
- HTL manager WGH (NHS Lothian)
- Lothian Transfusion Committee
- Infection control team

9.0 Monitoring and review

The responsibility for ensuring this policy is reviewed sits with the Executive Lead identified on the covering page. This policy will be reviewed, as a minimum, every three years. However, it may be necessary to review this policy before the prescribed review date where:

- Issues are identified which indicate significant and ongoing risk to people or the organisation
- Other local directives may require immediate action or new requirements
- There is a change to existing national policies or guidelines which must be reflected in local policy