

## **Guidance for Administering Blood Transfusions to Patients with Suspected or Confirmed COVID-19 Infection (QHB/SJH)**

When transfusing a patient with suspected or confirmed COVID-19 infection, the usual practices of transfusion apply as per the Blood Transfusion Policy (QHB). The usual practices of infection prevention and ensuring good hand hygiene apply.

### **DELIVERY OF BLOOD TO THE CLINICAL AREA:**

1. The person collecting the blood must be provided with three patient identifiers. Typed full name, date of birth and hospital B number (or NHS number). This can be sent to print on the HAEM11 printer next to the blood issue fridge (remember to enter the zeros when selecting the patient from the “print identification sheet” menu. Usual checking procedures will take place.
2. When checking the blood, remove the bag of blood from the plastic bag, but put it back into the plastic bag before putting it into the transport box.
3. The usual blood transport boxes can be used.
4. Hand over the blood transport box/bag to a clinician the clinical area.
5. If transport boxes do become soiled, or they have to be taken into an isolation area, clean the box with sanitising cleansing wipes available in the clinical area.
6. Blood transfusion transport boxes are not to be used for transporting microbiology or blood samples to the laboratory.

### **ADMINISTRATION:**

7. Patient information leaflets are still to be given to patients as per the Blood Transfusion Policy (QHB)
8. Final positive patient identification checks are undertaken at the bed-side by two qualified health care professionals (independently) who have been trained and competency assessed to administer blood transfusions as per the Blood Transfusion Policy (QHB).
9. On exiting the clinical area/room, the two checkers complete the required documentation on the transfusion care pathway (observation chart). They can sign the form retrospectively outside the room when they have ‘doffed off’.
10. Recording physiological observations during transfusion will continue as per the Blood Transfusion Policy (QHB).
11. The blood compatibility tag MUST remain attached to the bag of blood until the transfusion is complete.
12. On completion of the transfusion, ensure all documentation has been completed on the blood compatibility tag, including the end time.
13. Return the blood compatibility tag to blood bank.
14. If the bag of blood has been collected and is no-longer required, please return it to the blood bank scientist. The blood must still be in its plastic bag.
15. In the event of loss of the blood compatibility tag, ensure blood bank is informed that the transfusion has been completed. To complete traceability (legal requirement) e-mail the following information to [uhdb.bloodbank@nhs.net](mailto:uhdb.bloodbank@nhs.net). Patient name, date of birth, B number, date of the transfusion, start time, end time, name of the nurse who administered it, and any other relevant information you feel is important for blood bank to know.