

Guideline 4**Receipt of Blood, Blood Components, and/or Plasma Protein Products (Derivatives)****Purpose**

4.0 To provide best practice guidelines for nurses that align with the standards set forth by the American Association of Blood Banks (AABB), Accreditation Canada (AC) Transfusion Services, Canadian Standards Association (CSA) and the Canadian Society of Transfusion Medicine (CSTM) for the receipt of blood, blood components and/or plasma protein products.

4.1 The standards state that:

- Blood, blood components and plasma protein products must be visually inspected and that the inspection is documented. If abnormalities are present this should be documented in the health record.
- When an abnormality is detected the blood, blood component and/or plasma protein products shall be quarantined until appropriate disposition is determined.

- ✓ If the expiry date is day/month/year, the product expires at midnight on that day.
- ✓ If the expiry date is month/year, the product expires at midnight on the last day of the month.

Policy for Receipt of Blood, Blood Components, and or Plasma Protein Products

4.2 Inspection of products should occur upon receipt from the blood bank or another facility and in the event of a suspected transfusion reaction. This includes:

- Visual inspection of product
- Confirmation of expiry dates
- Product identifiers on label

4.3 For return of products failing visual inspection see:

Refer to Appendix 6 [Visual Inspection](#)

Failed Inspection

- ✓ If the blood, blood component or plasma protein product fails visual inspection contact blood bank for instruction on returning product.
- ✓ Notify physician if there is a delay in transfusion because of failed visual inspection.

4.4 Products shall be delivered to patient care areas by personnel trained in the transportation of blood. Refer to Appendix 16 [Shared Service policy 160-INV-17 regarding training](#) for transportation of blood products.

4.5 Products should not be delivered to an unattended area.

Procedure

One nurse does the first check

From the

1. Transfusion Medicine Results Report (TMRR) to the Patient Demographic sheet

Two nurses read aloud letter by letter

- First and last name (letter by letter)
- PHIN or unique identifier
- Blood group-ABO/Rh
- Donation Number

2. From the Record of Transfusion (ROT) to the TMRR
3. Then from the ROT to Blood Tag and the Blood Bag

Two nurses now go to the patient's bedside for the final set of checks; nurses read aloud letter by letter and if possible have the patient verbalize the following).

- First and last name (letter by letter)
- PHIN or unique identifier
- Patient Birthdate (optional but encouraged)

4. Blood TAG to the Patient arm band (if an inpatient.

OR
Blood TAG to the patients Identification (Manitoba Health Card or Military Card (if outpatient)

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Documentation

- 4.6** Two person verification is documented by each nurses initials on the Cumulative Blood Product record (CBPR).

Refer to Appendix 7 [Cumulative Blood Product Record Completion Guide](#)

Quality Control

- 4.7** A formal competency assessment program shall be in place for all personnel involved in the transfusion process.
- 4.8** Occurrences regarding blood products damaged in transport, failed visual inspection, or returned to blood bank if not transfused should be reported according to facility policy.