# WMAS Operational Guidelines

CG-OPS-##

| Guideline ID | CG – OPS - ## |
|---|---|
| **Version** | 1 |
| **Title** | **Provision of blood to scene** |
| **Approved by** | **Immediate Care Governance Group** |
| **Date Issued** | July 2018 |
| **Review Date** | June 2020 |
| **Directorate** | **Clinical and Quality** |

## Introduction:

There may be situations when clinical teams at scene may feel that the administration of blood components to patients may be more beneficial than waiting until they arrive at hospital.

This operational guideline describes how blood components may be obtained for use by WMAS enhanced clinical staff.

## Indications for requesting blood components to scene:

Blood components to scene can only be requested by a WMAS approved clinician (who has undergone suitable blood components training) who is present at scene. Components cannot be requested before arrival at scene by the clinician.

Whilst every scenario cannot be described, suitable indications for requesting blood components to scene are as follows;

- Prolonged entrapment with on-going haemorrhage with cardiovascular instability e.g. in a RTC
- Anticipated prolonged extrication and transfer to hospital in non-traumatic major haemorrhage e.g. severe post-partum haemorrhage with difficult domestic extrication

In all situations, senior on-call advice must be sought prior to activation of this guideline. This applies to all staff requesting blood components to scene including HEMS, MERIT and voluntary responder schemes. The HEMS/MERIT senior on-call advice may be used by voluntary schemes if suitable senior support is not immediately available.

## RePHILL trial:

WMAS is participating in the RePHILL blood components trial via the MERIT platforms. If one of these platforms attends a patient whom they think would benefit from blood components, then they should be entered into the trial as per the trail protocol. Once the trial products have

been administered, if blood components are still required at scene, then the team may make such a request via the RTD as detailed below.

At the discretion of the attending team, blood components to scene may be **requested** before the RePHILL trail fluids have been finished but may **not be administered** until all trail components have been given to the patient.

**Communication**:

All requests for blood componets to scene must be made via the Regional Trauma Desk on channel 282 or via 01384 215695

The first communication should be to request a conference call with the duty senior on-call advice (HEMS/MERIT senior or scheme senior). This conversation and the decisions made should be documented in the CAD.

Areas to be discussed should include;

- Indication for requesting blood components
- Current set of observations
- Types of components and quantity required
- Anticipated time before leaving scene
- Anticipated scene to hospital duration
- Planned receiving hospital
- Management options whilst waiting for blood components or instead of components

**Regional Trauma Desk actions:**

Once blood components to scene is approved by the senior on-call doctor, then the nearest blood supplying hospital should be contacted. Hospitals willing to supply blood components to scene are as follows;

  - University Hospital of North Midlands
  - University Hospital of Coventry and Warwickshire
  - University Hospital Birmingham
  - Royal Shrewsbury Hospital
  - Hereford County Hospital

In all cases the RTD should ring the alert line at the nominated hospital and ask to speak directly to the duty Trauma Team Leader.

The RTD should request that the TTL mobilise blood components to scene as per their hospital protocol.

The RTD should request the blood components type and quantity as agreed by the senior on-call doctor in consultation with the on-scene team. The nominated hospital should identify if they are able to supply all that has been requested or whether an additional hospital needs to be contacted.

The RTD should identify how long before the requested blood components will be ready. If necessary this may require further phone calls to the nominated hospital as directed by the TTL.

The RTD should clearly state to the nominated hospital whether the patient who is to receive the blood components will be coming to them or to an alternative receiving unit. This is particularly important in the case of Royal Shrewsbury and Hereford County as most major trauma patients will go to the nearest Major Trauma Centre.

The RTD should identify where and when the blood components will be available for collection by an ambulance service personnel.

The RTD, with the assistance of the Incident Command Desk, should contact an Operational Manager local to the hospital providing the blood components. The OM should be asked to identify someone to go to the providing hospital and to collect the blood components. Once the person is identified they should be allocated to the case formally to allow them to formally travel to the providing hospital and then onwards to the scene on blue lights.

If the distance to scene is more than 15 mins by road then the RTD, in discussion with the air desk, can consider requesting one of the air ambulances to attend the hospital and transport the blood components to scene. This decision must take into account any current Civil Aviation Restrictions on such flights to and from the scene of an incident and any restrictions at the providing hospital such as helipad opening hours etc.

**At scene**:

The on-scene team should continue to provide care to patients until the blood components arrive.

If at any point the patient is freed and/or no longer requires the blood components then the RTD should be notified immediately so that resources can be stood down.

If blood components do arrive on scene then they become the responsibility of the senior clinician at scene.

The components will arrive in suitable temperature controlled containers and should not be opened unless required (i.e. do not open purely to inspect the contents). If required the containers should be opened for the shortest time possible and one item removed at a time. This is to ensure that the components remain in an optimal condition as long as possible and so that unused components may be returned to the blood bank if at all possible.

All components should arrive with accompanying documentation and identification bands issued by the providing hospital. Documentation should be careful read and checked and any described processes followed to ensure correct haemovigilance.

Any components administered to a patient should be fully recorded in the electronic patient records for that patient.

Blood components should not be shared amongst patients. If required for more than one patient, then separate components should be requested.

If the supplied blood components containers are not used then the RTD should be informed and the containers returned to the providing hospital at the earliest opportunity.

If the supplied blood components containers are opened then they must remain with the patient until they arrive at their destination hospital (which may be different to the providing hospital) and handed over to the TTL who should liaise with their own Blood Bank as to the process of 'end-fating' or onward storage of the products.

**After the event**:

In all cases where blood components to scene is requested, an ER54 incident form should be completed. This is to allow a case review of the whole process to be undertaken (since a range of pre-hospital providers may be involved) rather than being seen as a fault process.

The RTD must contact all hospitals involved to ensure that any provided blood components have been safely tracked to their final destination. This is a legal requirement to ensure that every blood component to suitably traced to their final destination.

Change history:

| Date | Change | Authorised by |
|---|---|---|
| June 2018 | Draft version created for ICGG review | Dr M Nash.<br>Clinical lead MAA/MERIT |
| 27/6/18 | Approved by ICGG | ICGG |
| 2/10/18 | Feedback from RSH regarding blood issuing. Minor amendments to policy made as follows;<br>The RTD **should** contact all hospitals involved to ensure that any provided blood products have been safely tracked to their final destination" changed to "**must**" along with a statement about the legal requirement for the final fate of every blood component to be traceable.<br>Term blood products changed to blood components | Dr M Nash after consultation with ICGG |