



## **St Mary's Hospital: Implementation of emergency O D positive red cells**

In 2015 it was agreed that the St Mary's Hospital A+E department needed a satellite blood fridge. The business case was put together by both the transfusion and A+E teams. A Hemonine blood fridge was procured towards the end of 2015. There wasn't great difficulty in obtaining funding, given that the site is a Trauma centre.

One of the initial hurdles was location; this fridge wasn't massive but it is essential to ensure there is adequate room to access it and ventilation. Once the fridge was in situ we set out a target number of staff to be trained prior to putting it into use (80%). Once we achieved this, we had the A+E team check shifts over the coming weeks to ensure there was trained staff on hand to access the blood fridge. There was senior staff nominated to be trainers, which helped for the few staff we missed.

It was agreed that the blood fridge would store 6 x O Pos, 6 x O Neg and 3 x Octaplex. We had no issue in training staff, as the team were incredibly relieved to have blood component support so readily available. I have attached the competency assessment that was used at the time, we also used scenario-based training and had posters placed next to the blood fridge (example documents also attached). As things progressed the transfusion team procured emergency blue and red bags for emergency blood in other satellite fridges, which we also introduced to A+E.

We continually audited the use of the emergency stock which led to a reduction in the number of O Negative units stored in the fridge; from 6 to 4 and an increase in O Pos from 6 to 8. This was due 99% of trauma cases being male patients.

Last year we procured the 2 x Haemobank 80 fridges for A+E and theatres at SMH, both of which are stocked with O Pos and O neg emergency red cells. Again, we had no issues with the theatre teams in terms of training and understanding the rationale for giving O Pos to male bleeding patients. In the past few weeks, the theatre teams at HH and CXH have also procured Haemobank 80 and 20 respectively. So hopefully it will be smooth sailing!!

There has been very little pushback from the clinical teams regarding giving O Pos to bleeding male patients; we found it was the lab staff who needed the reassurance more than the clinical side.

For me it seemed like a very seamless project given we had a key stakeholder for A+E involved from the start at St Mary's Hospital; our Trauma lead who would feedback any issues about wastage, access etc at their weekly Trauma MDT.

Supporting documentation:



SMH London ED  
Blood fridge scenario



SMH London fridge  
info sheet.pdf



SMH London -  
competency assessm

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