Annual SHOT Report 2014 – Supplementary Information

Chapter 24: Handling and Storage Errors (HSE)

DATA SUMMARY
Total number of cases: n=188

Implicated components	
Red cells	**153**
Fresh Frozen Plasma	**13**
Platelets	**21**
Cryoprecipitate	**0**
Granulocytes	**0**
Anti-D Ig	**0**
Multiple components	**1**
Unknown	**0**

Mortality/morbidity	
Deaths *definitely* due to transfusion	**0**
Deaths *probably/likely* due to transfusion	**0**
Deaths *possibly* due to transfusion	**0**
Major morbidity	**0**
Potential for major morbidity *(Anti-D or K only)*	**0**

Gender	
Male	**89**
Female	**91**
Not known	**8**

Age	
≥ 18 years	**156**
16 years to <18 years	**1**
1 year to <16 years	**5**
>28 days to <1 year	**4**
Birth to ≤28 days	**5**
Not known	**17**

Emergency vs. routine and core hours vs. out of core hours	
Emergency	**23**
Urgent	**33**
Routine	**117**
Not known	**15**
In core hours	**87**
Out of core hours	**46**
Not known/Not applicable	**55**

Where transfusion took place	
Emergency Department	**6**
Theatre	**12**
ITU/NNU/HDU/Recovery	**21**
Wards	**93**
Delivery Ward	**9**
Postnatal	**3**
Medical Assessment Unit	**13**
Community	**5**
Outpatient/day unit	**5**
Hospice	**3**
Antenatal Clinic	**0**
Other	**17**
Unknown	**1**

(ITU=Intensive therapy unit; NNU=Neonatal unit; HDU=High dependency unit)

Handling and Storage Errors (HSE) - Previous Recommendations

Year first made	Action	Recommendation
2011	**Blood Services, Hospital Transfusion laboratory managers**	It is the requirement of all staff involved in the storage and transportation of blood components to make sure they are trained and competent to their local transfusion policy; this will ensure the correct temperature of each blood component is maintained and a clear documentation trail is available should the component be returned to storage
2011	**Transfusion Practitioners, Hospital Laboratory Managers, Hospital Transfusion Committees**	Laboratory and clinical staff should be familiar with the capability and capacity of their cold chain storage and monitoring equipment. Containers and or devices used to store and transport blood should be mapped and validated for purpose.
2009	**HTCs, HTTs**	Maintaining cold temperature storage conditions and guaranteeing the capture of valid and accurate monitoring data is the responsibility of all staff involved inthe storage, transportation and administration of blood components. Clear guidance should be provided regarding the removal (and return should it not be required) of every blood component from validated storage areas.
2009	**HTTs**	As part of the competency assessment process the importance of checking the expiry date during the collection / final patient identity checks must be emphasised to all practitioners.
2008	**HTCs**	Hospitals should review who collects and transports blood. Only appropriately trained, competent staff should participate in the collection and transport of blood components. All staff must have sufficient knowledge to appreciate the critical points in the task.