AGREEMENT FOR RELEASE OF BLOOD TO AN AMBULANCE TRANSFUSION SERVICE

The Hospital Blood Bank agrees to release blood components to the Ambulance Service for transfusion of a patient during transport to another hospital. The Ambulance Service will function as an Ambulance Transfusion Service (ATS) as defined in 10 NYCRR, Section 58-2.1 and the Hospital Blood Bank will function as an issuing facility.

The *NAME*Ambulance Service will:

1. Ensure that EMT-Critical Care technicians and EMT- Paramedics (EMT-CC/P) who will be authorized to administer blood components have received training regarding proper transfusion practices and procedures, according to a curriculum approved by the department including, but not limited to:
   • verification of patient and unit information with hospital staff, prior to departure;
   • verification of patient and unit information immediately prior to transfusion;
   • proper handling and storage;
   • use of filters;
   • use of isotonic saline;
   • blood administration procedures; and
   • the recognition, assessment and management of adverse reactions.

2. Maintain an inventory of normal saline and of medications, equipment, and supplies necessary for management of adverse blood transfusion reactions.

3. Administer blood component(s), as ordered, following established procedures and protocols.


5. Establish procedures for EMT-CC/P to contact Medical Control as soon as possible if any signs/symptoms suggestive of a transfusion reaction occur and provide details to the receiving physician and in the Prehospital Care Report (PCR). Report unexpected reactions and incidents to the receiving hospital blood bank.

6. Empty blood bags and used administration sets should be discarded as medical waste in accordance with protocol. Give transport container(s) and any unused blood component(s), pertinent records (e.g., manifest and Blood Transfusion Record) and blood specimens (if any) to the receiving hospital’s staff for delivery to the blood bank. Additionally, in the event of a transfusion reaction, give the PCR and all empty or partially filled blood bags and used administration sets to the receiving hospital’s staff for delivery to the blood bank.

7. Perform Quality Improvement review with agency’s Medical Director and the Hospital Blood Bank.
The *NAME* Hospital Blood Bank will:

1. Maintain an inventory of insulated, crush-resistant, puncture-resistant, and leak-resistant containers to transport blood components that are approved by the blood bank.

2. Provide suitable blood components, as ordered by the transferring physician, for patients requiring transfusion during transport by *NAME* Ambulance Service.

3. Complete pretransfusion testing necessary to determine compatibility between unit(s) and recipient.

4. Visually inspect each unit prior to issuance to confirm that the unit is not abnormal in color or physical appearance.

5. Pack components with suitable coolant, if needed, in an insulated container that has been validated by the blood bank and/or their designee, to maintain suitable temperature for the anticipated duration of the transport between *NAME* Hospital and the receiving hospital. Include in the container a pre-transfusion specimen. Apply, to the container, an external label or tag specifying patient’s name, destination and contact information, and the date and time by which blood components must be used or the container given to the receiving hospital’s staff for delivery to the blood bank. Include one appropriate administration set, including filter, for each unit packed.

6. Provide manifest or documentation that a pre-transfusion specimen is included and specify unit identification codes of components issued and results of antibody screening and compatibility testing with the patient’s transfusion history and known antibodies, if any, and the patient’s name, date of birth, diagnosis and blood type.

7. *NAME* Hospital must maintain records on each unit, including source, unit identification code, ABO/Rh, and expiration date; recipient identification information; results of pretransfusion testing; date and time of issue; and identification of the station code or person taking possession of the unit(s).

8. In the event of a possible transfusion reaction, assist staff at receiving hospital’s blood bank in transfusion reaction evaluation.

9. Include components released to *NAME* Ambulance Service in review by the *NAME* Hospital Transfusion Committee.

10. Provide *NAME* Ambulance Service all appropriate patient care records for safe transport of patient to another hospital.

The undersigned acknowledge and agree to the conditions of this agreement.

Director, *NAME* Ambulance Service

Director, *NAME* Hospital Blood Bank

__________________________________  __________________________________
Print Name       Print Name

__________________________________  __________________________________
Signature       Signature

_____________________________  ______________________________
Date        Date