

New York State Council on Human Blood and Transfusion Services

***ELECTIVE OUT-OF-HOSPITAL TRANSFUSION:
RECOMMENDED CRITERIA AND GUIDELINES
FOR TRANSFUSION OF BLOOD COMPONENTS***

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For additional information, this and the Council's other blood services guidelines are available at:
<https://www.wadsworth.org/regulatory/blood-program/blood-services-guidelines>.

NEW YORK STATE COUNCIL ON HUMAN BLOOD AND TRANSFUSION SERVICES

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NEW YORK STATE COUNCIL ON HUMAN BLOOD AND TRANSFUSION SERVICES

ELECTIVE OUT-OF-HOSPITAL TRANSFUSION: RECOMMENDED CRITERIA AND GUIDELINES FOR TRANSFUSION OF BLOOD COMPONENTS

Out-of-hospital transfusions may be performed in sites such as dialysis centers, ambulatory surgery centers, physician offices, other diagnostic and treatment centers, and patient homes, provided the facility or agency is approved by the Department as a Limited Transfusion Service. Limited Transfusion Service registrations are intended for the planned, non-emergent administration of cross-matched blood. These locations may not store uncross-matched blood. Transfusion of blood components by a Limited Transfusion Service must comply with 10 NYCRR, Subpart 58-2 (Blood Banks), specifically Section 58-2.21

Out-of-hospital transfusions may also be performed in a stand-alone emergency department or other ancillary health care sites provided the facility holds a Transfusion – Storage Only blood bank permit. Such facilities must with comply with 10 NYCRR, Subparts 58-1 (Clinical Laboratories) and 58-2 (Blood Banks). Facilities with a Transfusion – Storage Only blood bank permit must have a director who holds a Certificate of Qualification and have their own or be part of a Transfusion Committee within the same healthcare network.

Note: This guideline applies only to blood components.

I. PATIENT CRITERIA

- A. Informed consent must be obtained from the patient or a legally authorized representative and documented. The Issuing Blood Bank Director and the Limited Transfusion Service Director should develop a policy which describes how a patient's consent is obtained and the length of time that such consent will be considered valid. See the New York State Council on Human Blood and Transfusion Services' *Recommendations for Consent for Transfusion* (<https://www.wadsworth.org/regulatory/blood-program/blood-services-guidelines>)
- B. For transfusions outside an ambulatory surgery center, the patient must be cooperative and able to communicate during the transfusion.
- C. For transfusions outside an ambulatory surgery center, patients should have a history of previous uncomplicated transfusion, including absence of hemolytic or severe allergic reactions, unless otherwise approved by the issuing facility.
- D. Stable cardiorespiratory status is important. Patients with unstable angina or congestive heart failure are not suitable candidates for out-of-hospital transfusion.
- E. Patients must meet the transfusion therapy guidelines of the issuing facility. Each transfusing facility should evaluate their ability to transfuse patients safely at that site, specifically their ability to handle adverse events that may arise during or after the transfusion.

II. STAFFING

- A. Only qualified, licensed health care professionals meeting New York State Department

of Health (NYSDOH) regulatory requirements may initiate, administer and monitor transfusions. [At least two competent adults other than the recipient] At least one qualified, licensed health care professional and another trained professional, one of whom must be authorized to initiate transfusions, as specified by NYSDOH and the Limited Transfusion Service's policies and procedures, must be present at all times during a transfusion and for thirty minutes afterward. The healthcare professionals should remain in close physical proximity at the bedside for the first 15 to 30 minutes and within audible range for the remainder of the transfusion. The physician supervising the Limited Transfusion Service must certify and document that the health care professionals administering the transfusion have adequate training and experience.

- B. If a physician, nurse practitioner, or physician assistant is not present on site during a transfusion, the personnel administering transfusions must be registered nurses and meet the following requirements for training and experience:
 - 1. experience with acute patient care in a hospital setting;
 - 2. demonstrated skills in venipuncture and IV therapy; and
 - 3. completion of an educational program covering all aspects of blood transfusion therapy and cardiopulmonary resuscitation (CPR) training.
- C. If not present on site, a physician, nurse practitioner, or physician assistant must be immediately available by telephone during the transfusion and for thirty minutes afterward. In an office setting, it is preferable that a physician be present.
- D. In all cases, staff must also be available for 24-hour follow-up coverage.

III. EQUIPMENT & SUPPLIES

- A. All medications, equipment, and supplies necessary for management of adverse reactions must be immediately available.
- B. Disposal of regulated medical waste must comply with applicable regulations.
- C. An accessible working telephone must be available at the transfusion site to permit ready communication with the supervising physician.
- D. Blood components must be transported in suitable labeled containers that maintain required storage conditions.

IV. STORAGE

If blood is not to be administered immediately upon receipt, the unit(s) should be returned to the issuing facility within 24 hours. While at the transfusing facility, the blood should be maintained properly in a monitored refrigerator or a validated cooler. The transfusing facility should attest to the proper storage, so that the issuing facility can determine appropriate disposition of the unit, which may include disposal. Please also see the New York State Council on Human Blood and Transfusion Services' *Guidelines for Remote Blood Storage*. (<https://www.wadsworth.org/regulatory/blood-program/blood-services-guidelines>)

V. TRANSFUSION PROCEDURES

- A. Standard procedures for blood administration should be followed in out-of-hospital settings.
- B. At the conclusion of the transfusion, patients should be given written post-transfusion instructions that can be understood by the average lay person. The instructions should include the symptoms that should be reported to medical staff and a 24-hour telephone number to contact should a reaction occur after leaving the facility. The instructions should be written in a language and in terminology that can be understood by the patient.