

COVID-19 Infection Prevention and Control

Frequently asked questions – Blood Transfusions

Introduction

National, state and local health services are meeting the challenge of increasing rates of COVID-19 (SARS-CoV-2) infection. As the situation is rapidly evolving, advice and resources for clinicians and the public are also changing to meet needs. Health workers should check the [NSW Health COVID-19](#) and the [Clinical Excellence Commission \(CEC\) Infection Prevention and Control COVID-19](#) web pages for the most up-to-date information.

The CEC Blood Watch team developed this resource for clinicians in consultation with the CEC Infection Prevention and Control Team and NSW Health Pathology due to concerns raised about the safety of blood and blood products during the COVID-19 pandemic.

To maintain supply and prevent wastage of blood products, the principles of Patient Blood Management (particularly [single unit policy](#)) should be adhered to in the first instance in conjunction with [Standard Precautions](#).

Principles for clinical areas

- Do not request blood products until both the clinical area and patient are ready for transfusion.
- Blood components should only be taken to potentially contaminated bedsides or COVID-19 restricted areas immediately prior to transfusion.
- Blood components should be kept on surfaces that have been cleaned and are not at risk of respiratory droplet contamination (including satellite refrigerators, platelet incubators/agitators, transport containers or other cleaned surfaces).
- All blood products should continue to be handled with Standard Precautions i.e. using gloves as routinely required along with hand hygiene.
- Blood component use for patients with confirmed COVID-19 who are acutely unwell is generally low, except for those receiving ECMO who may also have an increased need for platelets/plasma¹.

Frequently Asked Questions

1. What is the risk of contamination if a blood pack is taken to potentially contaminated bedsides or clinical areas and not used?

There is no evidence that the virus causing COVID-19 can permeate a blood pack¹.

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2. Is there any way of wiping a blood bag to clean or disinfect it?

No. Lifeblood have advised they are unable to recommend any product to clean or disinfect blood component bags. There is no validated or approved product or method for this purpose².

3. Where a blood product enters a COVID-19 specific area can it be accepted back into laboratory inventory?

Where Standard Precautions have been applied, blood products should not pose a risk to health workers upon return to the laboratory. Single use plastic transport bags may be used.

4. Should blood products from any clinical area be accepted back into the inventory?

Blood components should only go to the clinical area and the patient bedside when the transfusion is ready to commence.

If a blood component has been out of controlled storage, has breached the cold chain requirements and is no longer required, the laboratory should be contacted.

If a blood component has been correctly stored and is no longer required, it can be returned safely from clinical areas containing patients infected with COVID-19 with no special precautions. Local infection prevention and control teams can confirm local policy¹.

Ensure Standard Precautions are used when blood components are returned and follow guidance about personal protection.

5. Should there be a quarantine box to keep in cases where particular groups/ product stock levels are low?

A quarantine box should not be needed if the blood bag is taken to the patient bedside or into a COVID restricted area when it is ready to transfuse.

References

1. NHS Blood and Transplant *COVID-19 and information for hospital transfusion laboratories - 6.4.20*, <https://nhsbt.dbe.blob.core.windows.net/umbraco-assets-corp/18211/faqs-part-2-060420.pdf> (accessed 21 April 2020)
2. Australian Red Cross Lifeblood Communication, AHP Coronavirus update 8 April 2020