Health and Social Care Board

Public Health Agency

SAFETY AND QUALITY LEARNING LETTER

Subject	Know the Massive Haemorrhage Protocol
HSCB reference number	**LL/SAI/2013/019 (AS)**
Programme of care	**Acute**

LEARNING SOURCE			
SAI/Early Alert/Adverse incident	✓	Complaint	
Audit or other review		Coroner's inquest	
Other (Please specify)			

SUMMARY OF EVENT

A serious incident occurred during a diagnostic laparoscopic procedure in a stand-alone surgical day procedure unit remote from the main hospital site. The patient's common iliac vein was accidentally perforated during trocar introduction, creating the potential for massive blood loss.

The patient underwent laparotomy and successful surgery, but this incident was a near miss as the response was not as quick as it could have been because:

- The protocol for responding to massive blood loss emergencies was not followed correctly and communication of the request for blood was therefore confused;
- Additional instruments to deal with the emergency were not available on site;

In addition, the Regional Haemovigilance Team were not informed of the incident and were not therefore involved in the investigation.

TRANSFERABLE LEARNING

For medical, nursing, and administrative staff in theatres, day procedure/surgery units and other areas where major blood loss is a possible event:

- You should ensure that you know your Trust's policies and procedures for how to respond in massive blood loss situations. Most importantly, you should know how to request blood products in an emergency – it could be life-saving for your patient.

- You should participate in practice drills and debriefing sessions on the massive blood loss protocol every 12 months. Ask your service manager to arrange these if they are not already in place.

For service managers in theatres, day procedure/surgery units and other areas where major blood loss is a possible event:

- You should check that the massive blood transfusion emergency contact

numbers are clearly displayed in your relevant clinical areas.

- If not already in place, you should arrange major blood loss protocol drills with debriefing sessions every 12 months in clinical units where major blood loss is a possible event. This should include reviewing and testing agreed protocols for contacting emergency assistance from other teams. You should check that relevant staff have participated in a test drill within the last 12 months.

- You should ensure that your Trust's policies and procedures for dealing with massive blood loss in free-standing units remote from main hospital sites are reviewed regularly, and disseminated to relevant staff. These should comply with Circular HSS(MD) 17/2011Better blood transfusion 3 Northern Ireland http://www.dhsspsni.gov.uk/hss-md-17-2011.pdf

- You inform a member of Haemovigilance staff when blood components are considered to be a key factor in an incident, and you should involve them in the incident investigation. Regulations regarding mandatory external reporting should be followed (UK Blood Safety and Quality Regulation) http://www.transfusionguidelines.org.uk/index.aspx?Publication=REGS

ACTION REQUIRED

Action by HSC Trusts

1. Please confirm that this letter has been disseminated to the staff groups named in the Transferable Learning Section, and other relevant staff – timescale – **immediate.**

2. Please confirm that staff in areas where major blood loss is a possible event, participate annually in drills of your Trust's protocol(s) for massive blood transfusion.

3. Please reply by **30 August 2013** to **alerts.hscb@hscni.net**

Action by RQIA

1. Please disseminate to Independent Sector Providers.

Date issued:	9 July 2013
Signed:	
Issued by:	Dr Carolyn Harper Executive Medical Director/Director of Public Health

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RE: Massive Haemorrhage in a Day Procedure Unit – Distribution List

	To – for Action	Copy		To – for Action	Copy
HSC Trusts			**PHA**		
CEXs	✓		CEX		✓
Medical Director		✓	Medical Director/Director of Public Health		
Directors of Nursing		✓	Director of Nursing/AHPs		
Directors of Social Services			PHA Duty Room		
Governance Leads		✓	AD Health Protection		
Directors of Acute Services		✓	AD Service Development/Screening		✓
Directors of Community/Elderly Services			AD Health Improvement		
NIAS			AD Nursing		✓
CEX		✓	AD Allied Health Professionals		
Medical Director		✓	Clinical Director Safety Forum		✓
RQIA			**HSCB**		
CEX	✓		CEX		✓
Medical Director		✓	Director of Integrated Care		
Director of Nursing		✓	Director of Social Services		
Director for Social Care			Director of Commissioning		✓
NIMDTA			Alerts Office		✓
CEX / PG Dean		✓	Dir PMSI & Corporate Services		✓
QUB			**Primary Care (through Integrated Care)**		
Dean of Medical School		✓	GPs		
Head of Nursing School		✓	Community Pharmacists		
Head of Social Work School			Community Dentists		
Head of Pharmacy School			**Open University**		
Head of Dentistry School			Head of Nursing Branch		✓
UU			**DHSSPS**		
Head of Nursing School		✓	CMO office		✓
Head of Social Work School			CNO office		✓
Clinical Education Centre		✓	CPO office		
NI Social Care Council			CSSO office		
Safeguarding Board NI			**NIPEC**		✓