

Guideline			
Title: BloodHound Trouble Shooting			
Ref No: 2309 Blood Hound Troubleshooting			
Document Author:	Transfusion Practitioner	Date	20 February 2018
Ratified by:	Patient Blood Management Group	Date:	24 May 2018
Review date:	1 June 2021		
Links to policies: 0219 Blood Transfusion Policy 2074 Adult Blood Transfusions in Acute Medical Unit (AMU) 2144 Agency Staff and Blood Transfusions (Addendum to 0219 - Blood Transfusion Policy) 1723 Assistant Practitioner and Adult Blood Transfusions 1722 Blood components, Use of in Children 1195 Blood Transfusions in TAIRU 1422 Major Haemorrhage			

Purpose of this document

This document is intended to provide detailed trouble-shooting information on the BloodHound System for hospital managers, the hospital at night team, transfusion laboratory staff and any other relevant staff member to enable basic trouble-shooting of problems with the PDAs and to clarify the meaning of any alert or error messages received by the user.

Please note ALL transfusions of blood components (except Emergency Group O red blood cells) MUST be carried out using BloodHound.
 Spare handsets are available from the Blood Transfusion Laboratory in the event of complete handset failure; or can be borrowed from an adjacent ward.

Quick Links:

- [How to reboot the handset](#)
- [Handset is in Windows not BloodHound](#)
- [Unable to log on to system](#)
- [Scanner not working](#)
- [Start transfusion button not lit up](#)
- Error Messages when starting a transfusion
 - [Invalid location](#)
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Handset Troubleshooting:

The majority of handset issues can be solved by a simple REBOOT of the system

REBOOT

Press and hold the red button until screen goes white with message 'please release power key'
Wait for handset to go through start up routine

Common Problems

Handset is in WINDOWS

- Method 1
 - Press the 'X' in bottom right hand corner
- Method 2
 - Scroll to bottom of screen
 - Double click Blood Tracking Icon
- Method 3
 - Reboot

Unable to log on

Message at bottom of the screen

- Invalid username/ password combination
 - They have entered the wrong pin or wrong username
 - Forgotten PIN number
 - § Contact htt.tsdf@nhs.net
 - § The PIN will be reset on the next working day
- Invalid user
 - This user doesn't have a current BloodHound account
 - Mandatory training has expired - account has been disabled
 - POCT barcode used BloodHound account not been set up

Scanned or typed details do not go into user name/PIN box

- Ensure cursor is flashing in the box

Scanner is not working

Reboot – if this does not solve the problem then exchange handset for one from Transfusion laboratory or follow the instructions below

- Press the bottom grey button on the left side of the hand set
- Press the windows symbol on the screen (bottom left)
- Press 'settings'
- Press 'system'
- Press 'DataWedge' (the one that looks like a barcode)

- If running = no press to turn on
- Press 'ok'
- Press 'X' to return to the BloodHound

Start transfusion button not lit up

The staff member logged on has HCA level access

- Press 'options '
- Press 'logoff '
- Log on with their own details

If this doesn't work the account may have been set up incorrectly

Contact: htt.tsdf@nhs.net

Error Messages

It is vital to read the message and action accordingly – the majority of error messages are detailed below

Error Messages during the Start Transfusion Process

Error Message at Ward Receipt

- These messages relate either to the current LOCATION or FATE of the unit

Invalid Location:

Please note there are 4 reasons BloodHound will give error messages at Ward Receipt relating to the current location of the unit. It is vital that you check the locations stated in the message as per below:

1. Cannot Continue The Blood Unit that has been scanned for Ward Receipt has an Invalid location type of **FRIDGE**. Location: **ISSUE**. G052 517 532 993 Y/04333
 - a. Not scanned out of storage - red cells/FFP
 - b. return to fridge and scan unit out properly
2. Cannot Continue The Blood Unit that has been scanned for Ward Receipt has an Invalid location type of **FRIDGE**. Location: **ROOMSTORE**. G052 517 532 993 Y/04334
 - a. Not scanned out of storage - platelets
 - b. return to lab and scan unit out properly
3. Cannot Continue The Blood Unit that has been scanned for Ward Receipt has an Invalid location type of **FRIDGE**. Location: **WARD**. G052 517 532 993 Y/04335
 - a. Incorrect issue by laboratory
 - b. return to lab for correction
4. Cannot Continue The Blood Unit that has been scanned for Ward Receipt has an Invalid location type of **WARD**. Location: **A&E**. G052 517 532 993 Y/04337
 - a. Start Transfusion process half completed, unit already logged onto Ward
 - b. this message comes with a 'continue?' press **YES**

Invalid Fate:

Please note there are 2 reasons BloodHound will give error messages at Ward Receipt relating to the current fate of the unit. It is vital that you check the fate stated in the message as per below:

1. Invalid Fate The Fate of this Blood Unit is not correct for Ward Receipt You cannot continue. Only Blood Units that have a Fate of Unused (Fate Code NONE) can be used for Ward Receipt. This Unit has Fate: **IN_USE**
 - a. The unit has already been started
2. Invalid Fate The Fate of this Blood Unit is not correct for Ward Receipt You cannot continue. Only Blood Units that have a Fate of Unused (Fate Code NONE) can be used for Ward Receipt. This Unit has Fate: **USED**
 - a. The unit has already been ended

Expired Blood Messages:

Please note there are 3 reasons BloodHound will give a message stating unit has expired

1. Unit is Out of Date – the laboratory must be contacted and the unit of blood discarded
2. Unit has been out of temperature control for too long – the laboratory must be contacted, if it can then be confirmed that the unit can be fully transfused within the 4 hour time limit, the laboratory are able to adjust BloodHound to allow the transfusion to commence. Please note this message may not relate to the current transport - the laboratory will need to check the whole audit trail for the unit. If a previous transport has caused the problem the unit must be quarantined and not used.

22/Oct/2017 10:26	Moved To	[STOCK]	Current transport
22/Oct/2017 10:10	Transport	Hand Transport	
22/Oct/2017 10:07	Moved To	SDH11160 [ISSUE]	
22/Oct/2017 10:07	Reserved For	[REDACTED]	
22/Oct/2017 09:48	Moved To	[STOCK]	
20/Oct/2017 15:48	Moved To	SDH11160 [ISSUE]	
20/Oct/2017 15:48	Reserved For	[REDACTED]	
20/Oct/2017 11:36	Moved To	[STOCK]	Problem transport
19/Oct/2017 11:21	Transport	BRDXHAM HOSPITAL [Brxham ColdBox]	
19/Oct/2017 09:41	Moved To	SDH11160 [ISSUE]	
19/Oct/2017 09:41	Reserved For	[REDACTED]	
19/Oct/2017 09:30	Moved To	[STOCK]	
16/Oct/2017 14:54	Moved To	SDH11160 [ISSUE]	
16/Oct/2017 14:54	Reserved For	[REDACTED]	

3. Unit has reached its dereservation time – the laboratory must be contacted, the laboratory will check the patient’s transfusion history and confirm whether the unit can be transfused or whether a fresh crossmatch sample is required. If the sample is still valid for use the dereservation time will be extended allowing BloodHound to commence the transfusion.

It is possible to distinguish between the second two error messages:

- Out of Temperature Control
Expired Unit Incident The expiry date for this Blood Unit has been reached You cannot continue G0525174299271/04335

- Past dereservation Time
Expired Unit Incident The cross-match for this Blood Unit has expired You cannot continue
G052 517 537 660 X/04335

Wrong unit:

Please note there are 3 reasons BloodHound will give a message stating unit is not correct for the patient

1. Incorrect Blood Unit Incident User confirmed that Blood Unit scanned was not correct for this Patient Patient: 123456 Unit: G052 516 394 269 B/44333
 - a. user pressed no instead of yes cancelling the transfusion
 - b. repeat
2. STOP The Transfusion MUST be STOPPED Immediately The Blood Unit that you have scanned is not valid for patient: JOHN SMITH [123459]
 - a. wrong blood incident; investigation required
3. Patient Verification Incident There is a mismatch with the Patient Details that have been scanned. Reason: Failed to retrieve the Patient
 - a. Wireless Dip
 - b. repeat

Error Message during the End Transfusion Process:

STOP The Blood Unit you have scanned (G052 517 221 393 Q/44333) has an invalid Fate Only Units that have a Fate of IN_USE can be used as part of the End Transfusion Process You MUST Stop Immediately

Please note there are 3 reasons BloodHound will give this error message during the End Transfusion Process

1. The unit has already been ended
2. The unit has been ward receipted but the start Transfusion Process not completed correctly
3. The unit was not started on BloodHound

Please complete the returnable traceability tag and send it back to the laboratory - Ensure that the date and time is clearly entered on the tag

Further Information

NB. Although it is possible to access Windows from the handsets this is not necessary for the running of BloodHound. Once in Windows it appears as though internet access is available THIS IS NOT the case. All internet access is locked out, and attempting to access these programs often locks up the handset.

Any other problems arising with the BloodHound system – please contact the Blood Transfusion laboratory for advice or to borrow a spare handset.

It is not acceptable to set up units manually unless this has been specifically agreed by a member of laboratory staff. Please ensure that if this occurs the returnable tag is completed and the notation – **Non-BH usage agreed with (name of laboratory staff member).**

All cases of non-compliance with the use of the BloodHound system will be raised as clinical incidents via the DATIX system.

5. Equality and Diversity

5.1 This document complies with Torbay and South Devon NHS Foundation Trust's Equality and Diversity statement

Amendment History

Issue	Status	Date	Reason for Change	Authorised
1	Ratified	1 June 2018	New	Patient Blood Management Group

The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/default.aspx

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

Rapid (E)quality Impact Assessment (EqIA) (for use when writing policies)

Policy Title (and number)		Version and Date	
Policy Author			
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.			
Who may be affected by this document?			
Patients/ Service Users	<input type="checkbox"/>	Staff	<input type="checkbox"/>
Other, please state...		<input type="checkbox"/>	
Could the policy treat people from protected groups less favorably than the general population? <i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>			
Age	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gender Reassignment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gender	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pregnancy/Maternity	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sexual Orientation		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Religion/Belief (non)		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Marriage/ Civil Partnership		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is it likely that the policy could affect particular 'Inclusion Health' groups less favourably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'.			
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion			
Is inclusive language ⁵ used throughout?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are the services outlined in the policy fully accessible ⁶ ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Does the policy encourage individualised and person-centred care?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
EXTERNAL FACTORS			
Is the policy a result of national legislation which cannot be modified in any way?			Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)			
Who was consulted when drafting this policy?			
Patients/ Service Users	<input type="checkbox"/>	Trade Unions	<input type="checkbox"/>
Protected Groups (including Trust Equality Groups)		<input type="checkbox"/>	
Staff	<input type="checkbox"/>	General Public	<input type="checkbox"/>
Other, please state...		<input type="checkbox"/>	
What were the recommendations/suggestions?			
Does this document require a service redesign or substantial amendments to an existing process? <i>PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>
ACTION PLAN: Please list all actions identified to address any impacts			
Action	Person responsible	Completion date	
AUTHORISATION:			
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them			
Name of person completing the form		Signature	
Validated by (line manager)		Signature	

Please contact the Equalities team for guidance:

For South Devon & Torbay CCG, please call 01803 652476 or email marisa.cockfield@nhs.net

For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pfid.sdhtc@nhs.net

This form should be published with the policy and a signed copy sent to your relevant organisation.

¹ Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user

² Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them

³ Consider any provisions for those with no fixed abode, particularly relating to impact on discharge

⁴ Consider how someone will be aware of (or access) a service if socially or geographically isolated

⁵ Language must be relevant and appropriate, for example referring to partners, not husbands or wives

⁶ Consider both physical access to services and how information/ communication is available in an accessible format

⁷ Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy

Clinical and Non-Clinical Policies – New Data Protection Regulation (NDPR)

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the EU New Data Protection Regulation (NDPR) in mind and therefore provides the reader with assurance of effective information governance practice.

NDPR intends to strengthen and unify data protection for all persons; consequently, the rights of individuals have changed. It is assured that these rights have been considered throughout the development of this policy.

Furthermore, NDPR requires that the Trust is open and transparent with its personal identifiable processing activities and this has a considerable effect on the way TSDFT holds, uses, and shares personal identifiable data. The most effective way of being open is through data mapping. Data mapping for NDPR was initially undertaken in November 2017 and must be completed on a triannual (every 3 years) basis to maintain compliance. This policy supports the data mapping requirement of the NDPR.

For more information:

- Contact the Data Access and Disclosure Office on dataprotection.tsdf@nhs.net,
- See TSDFT's [Data Protection & Access Policy](#),
- Visit our [GDPR](#) page on ICON.