BLOOD TRANSFUSION POLICY

POLICY

Reference	CPG-TW-TRANSFUSION		
Approving Body	Hospital Transfusion Committee		
Date Approved	11/12/2024		
For publication to external SFH website	**Positive confirmation received from the approving body that the content does not risk the safety of patients or the public:**		
	YES	**NO**	**N/A**
	X		
Issue Date	2nd January 2025		
Version	V10.0		
Summary of Changes from Previous Version	• Updated training, competency and APEL requirements • Added role of IV blood assessor, changed Blood link to blood Champion • Inclusion of Acute Care Practitioners under staff group section and scope of practice in terms of non-medical authorisation • Additional clarity to the scope of practice for agency staff • Updated the monitoring and compliance • Links added to relevant policies		
Supersedes	Version 9.1, Issued 31st January 2023 to Review Date January 2024		
Document Category	• Clinical		
Consultation Undertaken	Hospital Transfusion Committee members		
Date of Completion of Equality Impact Assessment	26.11.2024		
Date of Environmental Impact Assessment (if applicable)	Not Applicable		
Legal and/or Accreditation Implications	Blood Safety and Quality Regulations 2002 UKAS Accreditation to standard ISO 15189:2012		
Target Audience	All staff involved in the blood transfusion process		
Review Date	January 2028		
Sponsor (Position)	Medical Director		
Author (Position & Name)	Specialist Transfusion Practitioner, Leanne Hostler		
Lead Division/ Directorate	Clinical Support, Therapies and Outpatients (CSTO)		
Lead Specialty/ Service/ Department	Haematology (Transfusion Services)		
Position of Person able to provide Further Guidance/Information	Clinical lead for transfusion Head of Haematology Services		

Associated Documents/ Information	**Date Associated Documents/ Information was reviewed**
1. Consent and Authorisation of a Blood Transfusion Procedure	September 2024
2. Sample Collection and Requests for Blood Transfusion Procedure	February 2024
3. Issue, Collection and Return of Blood Components Procedure	March 2024

4. Administration and Traceability of Blood Components Procedure	May 2024
5. Management of Massive Haemorrhage (blood loss) in Adults Procedure	May 2024
6. Recognition and Management of Blood Transfusion Reactions or Adverse Events in Adults Procedure	November 2024 March 2024
9. Maximum blood ordering schedule (MBOS) SOP	April 2024
10. Blood Transfusion Reaction Investigation Form (clinical)	September 2024
11. Use of Anti-D Prophylaxis for D Negative Women Guideline	October 2024
12. Emergency planning for the management of Blood Shortages Policy	November 2024
14. Use of Red Cells in Adult Patients Guideline	September 2024
16. Transfusion of Blood Components in Acute Upper Gastrointestinal Bleeding Guideline	November 2024
17. Transfusion of Blood Components in Neonates Guideline	March 2021
18. Platelet Transfusion In Adult Patients Guideline	March 2024
19. Management of urgent red cell transfusion in situations when serological compatible red cells are not available guideline	November 2024
20. Use of Plasma Transfusion in Adult Patients Guideline	March 2024
21. Blood Transfusion at Newark Hospital Guideline	November 2024
• Reference guide and audit form for Administration of Octaplex	October 2024
• Patient information-Advice for Patient Following a Blood Transfusion	September 2024
Template control	June 2020

CONTENTS

1.0 INTRODUCTION

A blood transfusion is a potentially hazardous procedure which should be given only when the clinical benefits to the patient outweigh the potential risks: the most important of these being acute haemolytic reactions and transfusion–transmitted infections.

Until staff have accessed training, completed, and returned any associated competencies or APEL documentation to the transfusion practitioners, staff should not take part in the transfusion process unless under the direct supervision of a competent Sherwood Forest Hospital staff member.

2.0 POLICY STATEMENT

This policy aims to promote and support safe and appropriate transfusion practice and provide patients with information about transfusion therapy and its alternatives.

The policy covers all stages of the transfusion process and is supported by clinical guidelines and detailed procedures, all of which comply with national guidelines and statutory requirements.

3.0 DEFINITIONS/ ABBREVIATIONS

Trust:	Sherwood Forest Hospitals NHS Foundation Trust.
Staff:	All employees of the Trust including those managed by a third-party organisation on behalf of the Trust.
Patient:	All patients of Sherwood Forest Hospitals Foundation Trust and those of any organisation which commissions transfusion services from the Trust.
Blood champion/IV blood assessor	Designated staff members within a clinical area who have received appropriate training and are subsequently responsible for the delivery of basic blood transfusion training to all clinical staff working within their own clinical environment.
Blood Product:	Any therapeutic product derived from human blood or plasma donations.
Blood Component:	A therapeutic primary constituent of human blood (red cells, white cells platelets, plasma and cryoprecipitate).

4.0 ROLES AND RESPONSIBILITIES

ALL STAFF involved in any aspect of blood transfusion are responsible for:-

- Adhering to this policy and any attached transfusion procedures and guidelines,
- Maintaining and updating their knowledge and practice.
- Meeting the National Blood Transfusion Committee requirements for training and assessments in blood transfusion. applicable to their role
  - Sample and administration, a one-off practical assessment Annual updates for sample labeling and administration maintained by completing the Trusts Mandatory training booklet (Nurses, ODPs, Midwives) and for medical staff the National eLearning package on e-LFH
  - Collection competency completed via face to face every two years.
  - Annual updates maintained by completing the Trusts Mandatory training booklet (Nurses, ODPs, Midwives)
- Reporting transfusion reactions or other incidents related to transfusion on DATIX and to blood bank.
- Gaining the appropriate lawful consent prior to undertaking any care or treatment for patients requiring the transfusion services. If capacity is in doubt, it must be assessed using the two-stage test and where necessary care planned in a patient's best interest. Staff must also document the consent gained.

Hospital Transfusion Committee

- On behalf of the Trust, Patient Safety Committee have delegated responsibility to oversee, develop and implement Trust policies, procedures and guidelines relating to blood transfusion
- Audit the practice of blood transfusion against the Trust policy and national guidelines, focusing on critical points for patient safety and the appropriate use of blood.
- The chair or deputy chair to provide an annual report on behalf of the HTC to the Patient Safety Committee
- Review the transfusion policy, related procedures and guidelines as required to ascertain changes, additions or deletions deemed necessary due to changes in local, national, or international guidance

Hospital Transfusion Team

- Assists in the implementation of the Hospital Transfusion Committee's objectives
- Identify and manage themes/ risks associated with blood transfusion by reporting quarterly to the Hospital Transfusion Committee

Service Directors and Heads of Nursing

- Ensure that the policy and attached procedures are available to staff and adhered to.

Line Managers

- Ensure that staff involved in the blood transfusion process are informed of the transfusion policy, related procedures, and guidelines
- Ensure staff are competent through appropriate training to follow guidelines and procedures to ensure that the right blood is given to the right patient at the right time.
- Time facilitation for the delivery of transfusion training by the designated Blood Champions(s) within their area.
- Investigate clinical incidents relating to transfusion which occur in their clinical area or involve a member of their staff according to the Trusts Incident Reporting policy

Medical Staff

- Ensure that they are aware of the policy and associated procedures and guidelines
- Complete the Trust E-Learning induction package when joining the Trust

- Completion every three years of the required modules on the national E-Learning package applicable to their practice.
- The authorisation of blood, blood components and blood products.
- Requesting blood components and blood products from Blood Bank.
- Documentation of the transfusion episode in the medical notes (i.e., indication, quantity, consent, and outcome).
- Explaining the risks and benefits of transfusion to the patient using a patient information leaflet.
- Taking blood samples for group and screen and/or pre-transfusion testing.
- Taking appropriate action in the event of adverse reactions or events.
- Completing in full all accompanying paperwork associated with the transfusion.
- In addition, front line staff expected to give blood as part of their role e.g., anaesthetists, intensivists, emergency department doctors, the administration of blood components and blood products which includes monitoring and responding to adverse events during transfusion.

Acute Care Practitioners (ACPs)

- Ensure that they are aware of the policy and associated procedures and guidelines
- Completion of all competency-based training package applicable to their role upon Induction and thereafter completion of the Trusts mandatory workbook
- The monitoring and care of patients during transfusion.
- Taking appropriate action in the event of adverse events or reactions.
- Completing in full all accompanying paperwork associated with the transfusion.
- The authorisation of blood, blood components and blood products is outside the scope of practice of an ACP unless a case of need has been presented and accepted by the HTC and all relevant training and competencies completed

Registered Nursing or Midwifery Staff

- Ensure that they are aware of the policy and associated procedures and guidelines
- Completion of all competency-based training package applicable to their role upon Induction and thereafter completion of the Trusts mandatory workbook
- The monitoring and care of patients during transfusion.
- Taking appropriate action in the event of adverse events or reactions.
- Completing in full all accompanying paperwork associated with the transfusion.
- In addition, for **Designated Specialist Nurses**: Requesting blood components from Blood Bank in accordance with the Maximum Blood Ordering Schedule (MBOS).
- In addition, ONLY for those nurses that have completed their specialist nurse development pack for the authorisation of blood components for adult patients: authorising the transfusion of red cells and platelets within their own clinical area

Nurse/Midwives under Preceptorship

- Duties as for a registered nurse or midwife, however blood pre-administration checks and administration of blood components/ products restricted until fully signed as competent by the transfusion Practitioner team

Associate Nurses (Band 4)

- Duties as for a registered nurse or midwife except for the blood pre-administration checks and administration.

- Nurse associates can collect blood components, once deemed competent and support with the monitoring and care of a patient having a blood transfusion.

Operating Department Practitioners

- Ensure that they are aware of the policy and associated procedures and guidelines
- On behalf of a named Anaesthetist verbally request blood components from Blood Bank
- The collection of blood components and blood products.
- For ODPs without IV administration evidence, administration duties are restricted to the pre-administration checks and the monitoring of patients during transfusion. They must not be the person responsible for administering the unit.
- Taking appropriate action in the event of adverse reaction or event.

Health Care Assistants /Maternity support workers

- Ensure that they are aware of the policy and associated procedures and guidelines
- Taking blood samples for group and screen if applicable to role
- Collection of blood components and blood products
- Undertaking observations of patients pre, during and post transfusion under the direct supervision of a registered practitioner
- Informing the qualified nurse/midwife/medic should a person exhibits signs of a reaction

Phlebotomists and Emergency Support Workers

- Responsibilities are restricted within this policy to the taking of blood samples for group and save

Porters

- Responsibilities are restricted within this policy to the collection of Anti D injections and Massive Haemorrhage Packs from Blood Bank to Sherwood Birthing Unit

Student Nurses, Medical Students

- Shadowing/observing qualified colleagues. No involvement in any aspect of blood transfusion unless under strict supervision by fully qualified staff.

Agency Staff – Nursing, Midwifery, ODPs

- No involvement in any aspect of blood transfusion collection or pre-administration checks. Duties restricted to supporting with the monitoring and care of a patient having a blood transfusion. Unless they have received appropriate training and are deemed competent for that procedure by one of the Transfusion Practitioners.

Bank Staff – Nursing

- If a SFH NHS Trust employee, then duties as above for their role.
- If a NON SFH NHS Trust employee–no involvement in any aspect of blood transfusion. Duties restricted to supporting with the monitoring of a patient having a blood transfusion unless they have received appropriate training and are deemed competent for that procedure by one of the Transfusion Practitioners.

Locum Medical Staff:

- If a SFH NHS Trust employee, then duties as above for their role.
- If a non-SFH NHS Trust employee, can be involved in blood transfusion if they can

show evidence of completion, within the last three years of: -

1. The Trusts Induction Package.
2. Completion of the applicable modules in the national e-Learning package https://portal.e-lfh.org.uk in accordance with their role

Biomedical Scientists.

- Screening the appropriateness of requests.
- Pre-transfusion testing.
- Issuing blood components and blood products.
- Investigating and reporting adverse events

.

Transfusion Practitioners

- The identification and provision of transfusion training and competency assessments within the Trust.
- In accordance with the Trust's incident reporting policy support investigations of any transfusion related adverse event or reaction or a breach in Trust policy/guideline/procedure
- Report any serious adverse transfusion events or reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) and/or the Serious Hazards of Transfusion (SHOT) reporting scheme.
- Duties as identified as a member of the Hospital Transfusion Committee and Team.

5.0 APPROVAL

Following consultation this revised policy has been approved by the Trust's Hospital Transfusion Committee.

6.0 DOCUMENT REQUIREMENTS

As per the roles and responsibilities, all staff caring for patients requiring transfusion services must refer to the relevant associated procedures and guidelines. If in doubt seek senior advice or support from the Transfusion Practitioners.

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
How the organisation trains staff, in line with the training needs analysis	Individuals responsible for their own training	Added to the staff ESR and reviewed by line managers	Monthly competency report is sent to line managers Blood transfusion part of annual mandatory compliance surveillance	Line Managers
How the organisation assesses the competency of all staff involved in the transfusion process	Individuals responsible for keeping up to date with their own competencies	Completed assessments are held by the individual or in the clinical area. Evidence of completion is sent to the Transfusion Practitioner Recorded on the staff ESR	On -going. Recorded on the transfusion team database and sent to blood champions and ward leaders on a monthly basis. Transfusion Practitioners review database quarterly.	Line Managers Medical Education Hospital Transfusion Team Hospital Transfusion Committee

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
How the organisation monitors compliance to the policy	Clinical lead for Blood Transfusion and the Transfusion Practitioners	Incident reporting Audit – local, regional and national. Key areas of the transfusion process.	Quarterly Annual report to PSC	A report is completed and discussed at the HTC to identify any non-compliances with this requirement
How the organisation monitors compliance with the Blood Safety and Quality Regulations	Blood bank manager	Compliance report to MHRA	Annually	Chief Executive
How the organisations monitor compliance to achieve UKAS Accreditation to standard ISO 15189:2012	Pathology Quality Manager	Quality activities to comply with ISO 15189:2022 Medical laboratories – Requirements for quality and competence. Internal monitoring using an established Quality Management System	Monthly laboratory quality meetings, monthly BT Quality Board, quarterly Pathology quality meetings, monthly Pathology Governance meetings	Divisional General Manager

8.0 TRAINING AND IMPLEMENTATION

- All staff new to the Trust to complete the relevant Trust induction training
- A continuous programme of education exists in the Trust for all grades of staff. Any additional training will be provided by the Transfusion Practitioner based on individual or departmental need.
- Appropriate competency-based training will be provided to nominated Blood Champions/IV blood assessors in each clinical area by the Transfusion Practitioners so that they can facilitate cascade training and competency assessments.
- All training and assessments provided by the Blood Champions/IV blood assessors will be forwarded to the Transfusion Practitioner team who together with any additional training or assessments that he/she performs will be recorded on the training database held the Transfusion team

9.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at Appendix A
- This document is not subject to an Environmental Impact Assessment

10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:

Handbook of Transfusion Medicine 2013. 5th Edition. Blood Transfusion Services of the United Kingdom. Ed D Norfolk

Patient Blood Management 2012
(Available at:-www.transfusionguidelines.org/uk-transfusion-committees/national-blood-transfusion-committee/patient-blood-management)

The Blood Safety and Quality Regulations 2005 (SI 2005/50) and amending regulations

Serious Hazards of Transfusion Annual Report. www.shotuk.org

National Institute for clinical excellence. (NICE) guideline 24. 2015.
www.nice.org.uk/guidance/ng24

ISO 15189:2012 Medical Laboratories – Requirements for Quality and Competence

British Society for Haematology guidelines BSH Guidelines

Related SFHFT Documents:

- Intravenous (IV) Medication and Fluid Therapy Administration Through a Peripheral Venous Cannula Policy link to policy

- Allergy and anaphylaxis identification and management policy link to policy
- The Observations and Escalation Policy for Adult In-Patients link to policy
- Hand Hygiene policy link to policy
- Incident reporting policy link to policy
- Policy and procedure for the positive identification of patients link to policy
- Policy for consent to examination, treatment or care link to policy
- Refusal of Transfusion of Blood and Blood Components link to policy
- Provision of Intraoperative Cell Salvage Policy link to policy
- Cell Salvage in Maternity SOP link to SOP
- Guidelines for the Authorisation of Red cell and Platelet Transfusions by Non- Medical Practitioners for Adult Patients. link

11.0 KEYWORDS

Procedures and guidelines

APPENDIX A - EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed: BLOOD TRANSFUSION POLICY			
New or existing service/policy/procedure: EXISITNG POLICY			
Date of Assessment:26.11.2024			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	**a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?**	**b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?**	**c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality**
The area of policy or its implementation being assessed:			
Race and Ethnicity	None	N/A	None
Gender	None	N/A	None
Age	None	N/A	None
Religion	None	N/A	None
Disability	None	N/A	None
Sexuality	None	N/A	None
Pregnancy and Maternity	None	N/A	None
Gender Reassignment	None	N/A	None
Marriage and Civil Partnership	None	N/A	None
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	None	N/A	None

What consultation with protected characteristic groups including patient groups have you carried out? • None
What data or information did you use in support of this EqIA? • This policy is based on the BSQR 2002, and BSH national guidelines
As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments? • No
Level of impact From the information provided above and following EQIA guidance document Guidance on how to complete an EIA (click here), please indicate the perceived level of impact: High Level of Impact/Medium Level of Impact/**Low Level of Impact** *(Delete as appropriate)* For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.
Name of Responsible Person undertaking this assessment: Leanne Hostler
Signature:
Date: 26.11.2024