BLOOD TRANSFUSION POLICY

POLICY

Reference	CPG-TW-TRANSFUSION
Approving Body	v9.0, Hospital Transfusion Committee v9.1, formal approval not required
Date Approved	v9.0, 13th January 2021 v9.1, formal approval not required
Issue Date	v9.0, 25th March 2021 v9.1, 31st January 2023
Version	9.1
Summary of Changes from Previous Version	v9,1 • Document 13 for JEH removed as a separate/ associated document as only lab staff require the information and this is available via QPulse and JEH staff don't have access to SFH intranet. v9.0 • Reduced the number of references, now contained in associated documents • Addition of Associate nurse role
Supersedes	v9.0, CPG-TW-TRANS001, issued 25th March 2021 to Review Date January 2024
Document Category	• Clinical
Consultation Undertaken	• Haematology Consultants • Hospital Transfusion Committee
Date of Completion of Equality Impact Assessment	24.07.2020
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	August 2024 (ext[2])
Sponsor (Position)	Medical Director
Author (Position & Name)	Specialist Transfusion Practitioner, Jane Walden
Lead Division/ Directorate	Diagnostic and Outpatients
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 2. Sample Collection and Requests for Blood Transfusion Procedure 3. Issue, Collection and Return of Blood Components Procedure 4. Administration and Traceability of Blood Components Procedure 5. Management of Massive Haemorrhage (blood loss) in Adults Procedure 6. Recognition and Management of Blood Transfusion Reactions or Adverse Events in Adults Procedure 9. Maximum blood ordering schedule (MBOS) SOP	All except patient information

10. Blood Transfusion Reaction Investigation Form (clinical) 11. Use of Anti-D Prophylaxis for D Negative Women Guideline 12. Emergency planning for the management of Blood Shortages Policy 14. Use of Red Cells in Adult Patients Guideline 16. Transfusion of Blood Components in Acute Upper Gastrointestinal Bleeding Guideline 17. Transfusion of Blood Components in Neonates Guideline 18. Platelet Transfusion In Adult Patients Guideline 19. Management of urgent red cell transfusion in situations when serological compatible red cells are not available guideline 20. Use of Plasma Transfusion in Adult Patients Guideline 21. Blood Transfusion at Newark Hospital Guideline • Reference guide and audit form for Administration of Octaplex • Patient information-Advice for Patient Following a Blood Transfusion	reviewed/ updated March 2021 Oct 2020
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.

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.
Link Trainer:	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).
Autologous Blood Transfusion:	Transfusion to an individual of blood collected from him or herself.

4.0 ROLES AND RESPONSIBILITIES

4.1 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 practice by having a one off practical assessment for blood transfusion sample labeling and administration and every two years complete a face to face blood collection assessment. Competency for sample labeling and administration will be maintained by completing the Trusts Mandatory training booklet or for medical staff the e-learning pack

- Reporting transfusion reactions or other incidents related to transfusion.
- 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.

4.2 Hospital Transfusion Committee

- On behalf of the Trust, the Quality Assurance and Safety Cabinet 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.
- Identify and manage risk associated with blood transfusion by reporting quarterly to the Trust's Quality Assurance and Safety Cabinet
- 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

4.3 Hospital Transfusion team

- Assists in the implementation of the Hospital Transfusion Committee's objectives

4.4 Service Directors and Heads of Nursing

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

4.5 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

4.6 Medical Staff

- Ensure that they are aware of the policy and associated procedures and guidelines
- Completion every three years of the modules on the e-learning package applicable to their practice.
- The authorisation of blood (including autologous), 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 effects.
- 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 of patients during transfusion

4.7 Registered Nursing or Midwifery Staff

- Ensure that they are aware of the policy and associated procedures and guidelines
- Completion of a competency based training package applicable to their role upon Induction and thereafter completion of the Trusts mandatory workbook with the exception of blood collection (see point 4.1 above)
- The monitoring of patients during transfusion.
- Taking appropriate action in the event of adverse effects.
- 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 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

4.7.1 Nurses under Preceptorship

- Duties as for a registered nurse or midwife but for the administration of blood components and blood products work through the Blood Transfusion assessment pack (part A) before becoming the primary witness. To be a secondary witness must have completed the calculations test as part of the Trusts IVI study day

4.7.2 Associate Nurses (Band 4)

- Duties as for a registered nurse or midwife with the exception of Blood Administration

4.8 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 and administration of blood components and blood products.
- The monitoring of patients during transfusion.
- Taking appropriate action in the event of adverse effects.

4.9 Health Care Assistants /Health care 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 from Blood Bank.
- Undertaking observations of patients pre, during and post transfusion under the direct supervision of a registered practitioner

4.10 Phlebotomists and Emergency Support Workers

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

4.11 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

4.12 Student Nurses, Medical Students

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

4.13 Agency Staff – Nursing

- No involvement in any aspect of blood transfusion unless under strict supervision by fully qualified SFH NHS Trust staff or until they are deemed competent for that procedure.

4.14 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 unless under strict supervision by fully qualified SFH NHS Trust staff or until they are deemed competent for that procedure.

4.15 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 e-learning package www.learnbloodtransfusion.org.uk in accordance with their role

4.16 Biomedical Scientists.

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

4.17 Transfusion Practitioners

- The identification and provision of transfusion training 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	Records are kept by the Training Department of all transfusion related training courses who then report to staff line managers	Monthly	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 and this information is shared with the Training Department.	On -going	Line Managers Hospital Transfusion Committee
How the organisation monitors compliance to the policy	Clinical lead for Blood Transfusion and the Transfusion Practitioners	Incident reporting Audit	Quarterly	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 monitors compliance to achieve UKAS Accreditation to standard ISO 15189:2012	Laboratory Quality Manager	UKAS assessments	Annual Surveillance Assessments	Divisional General Manager

8.0 TRAINING AND IMPLEMENTATION

- 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 link trainers/Blood Champions 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 link trainers/Blood Champions will be forwarded to the Transfusion Practitioner who together with any additional training or assessments that he/she performs will be recorded on the training database held by the training, educational and developmental department

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

Related SFHFT Documents:

- Anaphylaxis Policy
- The Observations and Escalation Policy for Adult In-Patients
- Hand Hygiene policy
- Incident reporting policy and procedures
- Policy and procedure for the positive identification of patients

- Policy for consent to examination, treatment or care
- Refusal of Transfusion of Blood and Blood Components
- Provision of Intraoperative Cell Salvage Policy
- Guidelines for the Authorisation of Red cell and Platelet Transfusions by Non- Medical Practitioners for Adult Patients.

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:24.07.2020			
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 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: Low Level of Impact
Name of Responsible Person undertaking this assessment: Jane Walden
Signature:
Date: 24.07.2020