

POLICY CONTROL SHEET
(updated August 2011)

Policy Title and ID number:	CC4.6 Transfusion Policy			
Sponsoring Director:	Medical Director			
Implementation Lead:	Hospital Transfusion Practitioner			
Impact:	(a) To patients	Yes		
	(b) To Staff	Yes		
	(c) Financial	Yes		
	(d) Equality Impact Assessment (EIA)	Completed: Yes		
	(e) Counter Fraud assessed	Completed: Yes / No		
	(e) Other			
Training implications:	To be incorporated into induction: Yes			
Date of consultation:	Approval Process	Date	Local Consultation	Date
	Executive Team		Joint Partnership Forum	
	Board Committee:		Local Negotiating Committee	
	• Clinical Governance	05/12/11	Infection Control Committee:	
	• Non Clinical Governance & Risk		Health & Safety Committee	
	• Audit Committee		Quality Safety Improvements & Effectiveness Board	
	• Finance Committee		Investment Board	
	• RATS		Patients Experience Board	
	Trust Board Approval / Ratification		Other:	
	Other:			
Approval/Ratification at Trust Board:		Version Number:	3	
Date on Policy Warehouse:		Team Brief Date:		
Circulation Date:		Date of next review:	November 2013	

For completion by ET for new policies only:				
Additional Costs			Budget Code:	Revenue or Non Revenue
	(a) Training	£		
	(b) Implementation	£		
	(c) Capital	£		
	(d) Other	£		

BLOOD TRANSFUSION POLICY

DOCUMENT ID: CC 4.6

ISSUED 2007

(AMENDED: JUNE 2009 AND NOVEMBER 2011)

SPONSORING DIRECTOR: MEDICAL DIRECTOR

Appendices:

Appendix 1: Associated Policies, Procedures and Guidelines

Appendix 2: Monitoring Matrix

BLOOD TRANSFUSION POLICY

1. Statement of intent

The Trust is committed to reducing errors in the administration of blood and blood components and fully support the guidelines set out by the British Committee for Standards in Haematology (BCSH) Better Blood Transfusion 3(HSC 2007/001) and the National Patient Safety Agency (NPSA Notice No. 14 2006)

The primary purpose of this policy is to:

- Ensure the Better Blood Transfusion is an integral part of NHS care.
- Make blood transfusion safer.
- Avoid unnecessary use of blood components in clinical practice.
- Provide better information to patients and the general public about blood transfusions.

2. Introduction

Transfusion of blood and blood products is a vital element of care for many patients providing clinical benefits including those that are life saving. However the procedure is not without risk, and errors can cause severe illness or even fatality.

The objective of this policy is to ensure the safe administration of blood and blood products by transfusion to a patient.

3. Implementation

The policy applies to:

- Medical staff and appropriately trained Advanced Nurse Practitioner, who assess the patient and prescribe and order/authorise blood components.
- Laboratory staff, who receive the order and prepare the product, ensuring that it is compatible with the patient
- Personnel, who collect and deliver samples to the blood bank or transfer the blood component to the patient.
- Nurses or other clinicians, who carry out the final check before blood is administered and observe the patient during the transfusion.
- Managers, who provide the facilities and resources to enable safe transfusion practice

4. Management arrangements

The Medical Director is responsible for the following:

- Ensure that there is senior management commitment to Better Blood Transfusion within the trust.
- Ensure appropriate membership and function of the Hospital Transfusion Committee. .
- Ensure appropriate blood transfusion policies are in place, implemented and monitored.

The Consultant Haematologist/Trust lead in transfusion is responsible for supporting and maintaining best practice, and disseminate guidance from the Department of Health, National Blood Service and the British Committee for Standards in Haematology (BCSH) and their published guidelines by:

- Provide advice on the diagnosis and management of haematological problems presenting to both their consultant colleagues in other specialties and to general practitioners.
- Providing support and advice on replacement therapy with both blood and blood products
- Oversee the function of the Transfusion committee. Provide an annual report on all issues related to transfusion practice that require action be the Trust management.
- Advise the Trust management on any matters relating to transfusion
- Supervise the work of the Transfusion Practitioner.

All Medical staff and appropriately trained Advanced Nurse Practitioner are responsible for the request and prescribing/authorising of blood, blood components and blood products and for ensuring adequate documentation is recorded in the medical notes. They are responsible for reporting of transfusion reactions or other incidents related to transfusion. In addition, they are responsible for informing the patient of:

- The indication for the blood transfusion.
- Its risks and benefits.
- His/her right to refuse the blood transfusion
- Alternatives to a blood transfusion

Medical staff, registered nurses and midwives are responsible for the following:

- Taking blood samples for compatibility testing
- Arranging or carry out the collection of blood and blood components prior to transfusion.
- Take responsibility of the component on arrival to the clinical area when transported by hand or in a cool box and take every action to prevent unnecessary wastage.
- Carry out the procedure for the pre-transfusion checks and administration of blood and blood components
- Monitor patients during the blood transfusion and carry out appropriate actions in the event of adverse events
- Maintain adequate documentation
- Report transfusion reactions or other incidents related to the transfusion

Nursing Ancillary staff are responsible for the following:

- Carrying out the collection of blood and blood components prior to transfusion under the direction of the registered nursing or medical staff

Phlebotomists are responsible for the following:

- Taking blood samples for blood grouping and compatibility testing provided they have been given formal training and have completed competency assessment

The Biomedical Scientists in hospital blood bank are responsible for the following:

- Ensure labelling of request forms and blood samples comply with guidelines.
- Blood grouping and compatibility testing.

- Check whether there are any special requirements when blood and blood components are requested.
- Ensure blood components are issued under local guidelines.
- Ensure blood and blood components are properly labelled.
- Ensure the identification details of the patient and the blood to be transfused are the same on the compatibility label attached to the pack and the blood transfusion checking form.
- The investigation and reporting of transfusion reactions and other incidents.

The Hospital Transfusion Practitioner is responsible for the following:

- Ensure quality improvement in transfusion.
- Review, implement and disseminate policies and procedures pertaining to transfusion.
- Minimise risk associated with transfusion.
- Education and development of staff involved in the transfusion process.
- Conduct clinical audit of transfusion practice.
- Assess appropriate use of blood and blood components.
- Act as clinical specialist as a member of the Hospital Transfusion Team to advise individuals, clinical teams, patients and outside agencies.

Practice facilitators and/or Lead Nurses are responsible for the following:

- Ensuring nursing staff in clinical areas receives timely information of available training schedules and that staff are released to attend.
- Maintaining records of staff competence in the administration of blood transfusion
- Ensuring that operational policies are available to all staff within their area.

Modern Matrons are responsible for the following:

- Providing support and guidance to lead nurses and acting as a resource and professional role model for nursing staff.
- Undertaking relevant risk assessments
- Auditing of clinical practice to ensure high standards of care.

Divisional Medical / Clinical Directors are responsible for:

- The provision of necessary resources to enable safe blood transfusion practice to be maintained in all clinical areas.
- Ensuring that operational policies and procedures are available to staff
- Ensure resources as available to allow staff time and flexibility to attend scheduled training
- Ensure resources are available to implement and achieve action plans set out by the Transfusion committee

The Hospital Transfusion Committee is responsible for the following:

- Promote best practice through local protocols based on national guidelines.
- Lead multi-professional audit of the use of blood components within the NHS trust, focusing on specialities where demand is high.
- Audit the practice of blood transfusion against the hospital policy and national guidelines, focusing on critical points.
- Provide feedback on audit of transfusion practice and the use of blood to all hospital staff involved in blood transfusion.
- Promote the education and training of all clinical, laboratory and support staff involved in blood transfusion, including the collection of specimens.

- Have the authority to modify and improve existing blood transfusion protocols and to introduce appropriate changes to practice.
- Be a focus for local contingency planning for and management of blood shortages.
- Report regularly to the Regional Transfusion Committee.
- Participate in the activities of the Regional Transfusion Committee.
- Consult with local patient representative groups where appropriate.
- Contribute to the development of clinical governance.

The Hospital Transfusion Team is responsible for the following:

- Assist in the implementation of the Hospital Transfusion Committee's objectives.
- Promote and provide advice and support to clinical teams on the appropriate and safe use of blood.
- Actively promote the implementation of good transfusion practice.
- Be a source for training of all hospital staff involved in the process of blood transfusion.

5. Staff training

- Training will be delivered to all relevant new starters as part of their induction.
- Mandatory annual transfusion up-date training will be made available to all relevant staff group. Priority for attendance will be in line with the hospital corporate curriculum and Trust training needs analysis.
- It is the responsibility of all staff associated with any part of the blood transfusion process, to access the training available. The Hospital Transfusion Practitioner will deliver training at the request of the departments nursing and/or medical leads. Alternatively, a selection of electronic learning material is available for all staff groups to access via the hospital intra net home page.
- It is also the responsibility of all staff associated with any part of the transfusion process to comply with, and maintain 3 yearly competency based assessment training as recommended by the National Patients Safety Agency (NPSA) notice 14. It is the aim of the Trust to maintain a minimum 90% compliance.

6. Associated Policies and Procedures

This policy is underpinned by a comprehensive selection of regularly reviewed documents endorsed by the Hospital Transfusion Committee, based on current national guidelines produced by the Blood Transfusion Taskforce of BCSH in collaboration with the Royal College of Nursing and the Royal College of Surgeons.
As appendix 1

7. Monitoring and Effectiveness

Audit will be carried out to ensure compliance with this policy. Specific areas for audit will include:

- Attendance/compliance to annual update training and three yearly competencies based assessments by all staff groups.
- Staff compliance to all aspects of the blood transfusion procedure.
- All associated documentation will be reviewed bi-annually or in the event of any procedural changes in compliance with NHSLA Risk Management Standards.

- Further participation in National comparative audits in conjunction with the National Blood Service or other external agencies.

8. Reporting adverse events

Any incident or near miss identified at any stage of the transfusion process must be reported on the Sentinel electronic reporting system and investigated accordingly. In the event of the transfusion of an ABO incompatible blood component, a serious incident (SI) investigation will be instigated in accordance with the Department Of Health 'never event' list 201/12

The Serious Hazards of Transfusion (SHOT) system is a national, confidential, voluntary Haemovigilance scheme for reporting serious adverse events relating to transfusion of blood components. Any incident or "near miss" should be reported to the Blood Bank who will then report the case to the Medicines and Healthcare products Regulatory Agency (MHRA) and SHOT where necessary.

All transfusion incidents/errors are reviewed by the Hospital Transfusion Committee and feed back to the patient safety board, with the objective of identifying any problems relating to procedures or training which can be quickly rectified to maintain patient safety .

References

British Committee for Standards in Haematology, Blood Transfusion Task Force. (2009) Guidelines for the administration of blood and blood components and the management of transfused patients.

<http://www.bcshguidelines.com>

HSC 2007/001: Better blood transfusion - safe and appropriate use of blood

http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Healthservicecirculars/DH_080613

NPSA Safer Practice Notice 14: Right patient, right blood

<http://npsa.nhs.uk>

Serious Hazards of transfusion Annual Report (2009) SHOT scheme, Manchester, UK

<http://www.shot-uk.org>

The Stationary Office. Handbook of Transfusion Medicine. forth Edition, 2007.

<http://www.tso.co.uk>

TRANSFUSION GUIDELINES CAN BE ACCESSED THROUGH THE LINKS BELOW:

Shortcut to

<http://svsharepoint/clinical/cp/Procedures/Forms/AllItems.aspx?RootFolder=%2fclinical%2fcp%2fProcedures%2fB%2fBlood%20Transfusion%20Service&FolderCTID=&View=%7bD8D6DD7B%2d8A23%2d4652%2dB4DD%2dBE846752DEF8%7d>

Shortcut to: <http://bdghnet/Departments/Pathology/--%20Old%20Site%20Files%20--/Master/SOP/Haematology/Blood%20Transfusion/TransfusionGuidelinesv5.pdf>

ASSOCIATED POLICIES, PROCEDURES AND GUIDELINES

Title	Author	Review date
Hospital Transfusion Guidelines	M Liversidge / K Gledhill	July 2012
BHNFT Guidelines for the use of Platelet Transfusions	M Liversidge / R Harding	Dec 2012
BHNFT Guidelines for the use of Fresh Frozen Plasma	M Liversidge / R Harding	Dec 2012
BHNFT Guidelines for the use of Human Albumin Solution (HAS)	M Liversidge / R Harding	Dec 2012
BHNFT Guidelines for the management of massive blood loss	M Liversidge / R Harding / Y Myint	Presently under review
Blood Transfusion Procedure	R Harding	Jan 2014
Blood Transfusion Care Pathway (BHNFT 0338)	R Harding	Sept 2013
Emergency/Rapid Blood Transfusion Care Pathway (BHNFT 0572)	R Harding	Sept 2013
Venepuncture Policy (V10)	JEW/2004	Nov 2014
Protocol for the use of Intra-operative cell salvage for Total Hip Surgery	R Harding	Jun 2012
Guidelines for the management of Jehovah's witness patients and others who refuse Blood Transfusions.	R Harding	Jun 2013
Emergency plan for the management of platelet shortages	M Liversidge / K Gledhill	Yearly
Emergency plan for the management of blood shortages	M Liversidge / K Gledhill	Yearly
Hospital Corporate Curriculum	A Earnshaw	Jan 2012
BHNFT / NPSA staff competency training packages	Modified by R Harding	Oct 2013
Blood Bank staff competency records	M Liversidge / K Gledhill	Yearly
Laboratory Standard Operation Policy Folder	M Liversidge / K Gledhill	Yearly

CC4.6 Transfusion Policy Monitoring Matrix

APPENDIX 2

Minimum requirement to be monitored	Process for monitoring e.g. audit	Responsible person/group/ committee	Frequency of monitoring	Responsible person/group/ Committee for review of results	Responsible person/group/ Committee for development of action plan	Responsible person/group/ Committee for monitoring of action plan
a. Duties	Hospital Transfusion Committee (HTC)	HTC	Quarterly at meetings	HTC	Clinical Director, Pathology	HTC
b. process for the request of blood samples for pre-transfusion compatibility testing	Trust Guidelines – staff compliance audited. Zero tolerance policy within Blood Bank Competency assessed venepuncture training	Hospital Transfusion Practitioner (HTP)/Hospital Transfusion team (HTT) Laboratory staff Clinical Skills Manager/Medical education Manger Pathology lead for phlebotomy services	Bi-annually Continuous Continuous Every 3 years	HTC HTC Blood Bank Quality Group	Hospital Transfusion Practitioner Blood Transfusion Manager & operations Manager	HTC HTP / Clinical Director, Pathology Blood Bank Manager/Pathology quality Manager/Blood sciences Manager
c. Process for the administration of all transfusions, including patient identification	Trust Guidelines, nursing procedure and Care Pathways regularly updated – staff compliance audited.	HTP/Blood Transfusion Manager & operations Manager HTP/HTT	Following any local or national procedural changes/recommendations Bi-annually	HTC	Blood Transfusion Manager & operations Manager /HTP HTP	HTC HTP/ Clinical Director, Pathology
d. care of patients receiving transfusion	Trust Guidelines, nursing procedure and Care Pathways regularly updated – staff compliance audited.	HTP/Blood Transfusion Manager & operations Manager HTP/HTT	Following any local or national procedural changes/recommendations Bi-annually	HTC	Blood Transfusion Manager & operations Manager/HTP HTP	HTC HTP/ Clinical Director, Pathology

CC4.6
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Matrix

4.6 - Blood Transfusion Policy - Version 3
Sponsoring Director: Medical Director
Issued: 2007 (Amended: June 2009 and November 2011)

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APPENDIX 2

<p>e. organisation's expectations in relation to staff training, as identified in the training needs analysis</p>	<p>Staff training as per corporate curriculum attendance logged/updated on ESR Minimum of every 2 years</p>	<p>HTP/Training and development dept/departmental managers</p>	<p>Monthly report produced by HR and distributed to directorate leads Reports on-going</p>	<p>HTC/corporate curriculum steering group</p>	<p>HTP/HTC</p>	<p>HTC</p>
<p>f. requirements for the competency assessment of all staff involved in the blood transfusion process</p>	<p>Staff training as per corporate curriculum attendance logged/updated on ESR Minimum of every 3 years</p>	<p>HTP/Training and development dept/departmental managers</p>	<p>Monthly report produced by HR and distributed to directorate leads Reports on-going</p>	<p>HTC/corporate curriculum steering group</p>	<p>HTP/HTC</p>	<p>HTC</p>

Equality Impact Assessment (EQIA)
Pro-Forma

The purpose of an Equality Impact Assessment (EQIA) is to ensure that we do not discriminate against any of the Equality Groups (Age, Disability, Gender, Sexual Orientation, Race, Religion or Belief) and ensure that we promote equality in the provision and take up of our services and employment practices at Barnsley NHS Foundation Trust.

Div/ Dept	Pathology / Trust Wide
Policy/ Service	BLOOD TRANSFUSION POLICY DOCUMENT ID: Critical Care 4.6
Is this policy service New/Existing	NEW (July 2007) Revised October 2011
Assessor(s)	R Harding
Date of Assessment.	11.10.11
Aims/Objectives/Purpose Of Policy/Service	Ensure the Better Blood Transfusion is an integral part of NHS care. Make blood transfusion safer. Avoid unnecessary use of blood components in clinical practice. Provide better information to patients and the general public about blood transfusions.
Associated Objectives for this Service e.g.	British Committee for Standards in Haematology (BCSH) Better Blood Transfusion 3 <i>Safe and Appropriate</i>

CC4.6 Transfusion Policy Monitoring Matrix

APPENDIX 2

NSF's National Targets, References	<i>use of Blood</i> (HSC 2007/001) National Patient Safety Agency (NPSA Notice No. 14 2006)	
Who Does this policy Affect?	Any patient presenting with a clinical need for the administration of donor (allogenic) blood components Staff responsible for any aspect of the transfusion process	
What outcomes do you want to achieve from this service delivery?	To ensure blood components are used appropriately To maintain patient safety throughout the blood transfusion process	
What factors could contribute/detract from effective delivery of this service?	Contribute	Detract Donor blood component availability Patients choice to consent to the administration of blood or blood components
Could this service/policy have a different impact on different groups	If Yes please circle which groups Race Age Disability Gender Religion Class Sexual Orientation	Y N N N Y N N
Explain any reasons/evidence to support the above question relevant to this impact (e.g. language barriers, consultation,	Some patients for religious or other personal reasons may choose not to receive allogenic blood or blood components Race - Language/communication could be a potential issue	

complaints, surveys, mystery shopper, evaluations)	
<p>If you have answered yes to the above, please describe any current/planned actions, (SMART), agreed workstreams relevant to your EIA which will:</p> <ul style="list-style-type: none"> • Eliminate discrimination • Promote equal opportunities • Promote good race relations 	
Following the above actions, will there be a need for a further impact assessment?	<p>No</p> <ul style="list-style-type: none"> • If yes please complete partial assessment. • If no this assessment needs to be completed, recorded and sent electronically to your Equality & Diversity Advisor
How will this EQIA be communicated/shared?	<ul style="list-style-type: none"> • Sent to Trust Equality and Diversity Advisor for sign off. • Uploaded on Trusts public webpage. • HR intranet. • Communicated to relevant Div/Dept at team meeting. • Members of the Jehovah Witness liaison group
When is the next review (please note review should be immediate on	2 year

CC4.6 Transfusion Policy Monitoring Matrix

APPENDIX 2

any amendments to your policy etc.)	
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