Blood transfusion policy

Staff Roles and Responsibilities

It is the shared responsibility of all Trust personnel (qualified or in training) to ensure safe and reliable requesting, prescribing, issuing, transporting and administering of blood components.

All parties must be aware of their responsibilities and adhere to the safe practices outlined in this policy relevant to their roles.

All parties involved in the process of transfusion must undertake a mandatory two yearly update, completing specific modules relevant to their role on e-Learning. **(Staff should not be involved in any transfusion procedures without completing this training).**

In addition, all parties involved in the process of transfusion must complete a face to face transfusion competency assessment. The compentency assessments are as follows,

- Blood collection
- Blood sampling
- Blood administration.

Competency assessments can be arranged via the Transfusion Link Nurse or Transfusion Nurse Practitioner.

Failure to comply at any point will decrease the effectiveness of the whole process and make errors more likely and could be detrimental or fatal to the patient.

Individuals implicated in an adverse event relating to blood components **cannot be involved** in the transfusion process until the investigation has been completed and appropriate remedial actions have been taken. The competency reassessment relevant to the incident may need to be repeated by the Transfusion Practitioner before the individual can resume these tasks.

The e-learning Administrator in the Trust is the Transfusion Nurse Practitioner.

Staff potentially involved with the transfusion process listed below.

The Chief Executive is responsible for:

- Ensuring Blood Safety and Quality Regulation mandatory requirements
- Ensuring the appointments of an identifiable member of staff to be responsible for setting local policies and procedures
- Ensuring the provision of adequate resources for transfusion training within the Trust
- Ensuring the Trust complies with legal requirements and national recommendations for the safe administration of blood and blood components
- Ensuring the provision of adequate resources for the implementation and monitoring of Patient Blood Management
- Ongoing support of the Hospital Transfusion Committee (HTC)/ Hospital Transfusion Team (HTT) in implementation of Patient Blood Management strategies within the Trust

Clinical Management Board is responsible for:

- Ratifying major changes to Transfusion policies and procedures across the Trust.
- Supporting the Hospital Transfusion Committee in the management of change processes within the Trust.
- Escalating potential issues that could affect the Trust.

Hospital Transfusion Committee is responsible for:

- Ratifying transfusion policies, procedures and guidelines

- Monitoring provision of staff training and competency assessments
- Reviewing trends relating to adverse events including 'near misses'
- Making recommendations regarding the appropriate use of blood components
- Reviewing alternatives to blood transfusion
- Cascading relevant information to colleagues and peers
- Monitoring the work undertaken by the Hospital Transfusion Team (HTT)
- Reporting to the Clinical Management Board
- Supporting implementation of Patient Blood Management Strategies across the Trust

Hospital Transfusion Team is responsible for:

- Reviewing adverse events including 'near misses' and initiating investigations
- Monitoring and trending of adverse events
- Reviewing and timely reporting of incidents to Serious Hazards Of Transfusion (SHOT) and Serious Adverse Blood Related Events (SABRE)
- Review of blood component wastage and associated action planning
- Reviewing transfusion policies and procedures to meet established and new guidelines
- Raising the awareness of Transfusion issues within the Trust via audit and education
- Monitoring and review of staff training within Salisbury NHS Foundation Trust
- Supporting laboratory and clinical staff to develop initiatives within the Trust and with external organisations.
- Developing transfusion related patient information
- Completing local, Regional and National audits relating to transfusion
- Implementation and audit of Patient Blood Management strategies within the Trust

Medical Staff (Contract and Locum) are responsible for:

- **Best practice -** is to manage patient transfusions of blood components within normal working hours (08.00-20.00) or wait until the following morning- if the patient's clinical condition allows. Any decision to transfuse overnight must have the decision to transfuse out of hours clearly documented in the medical records.

- **Prescribing of blood components**

    - **Don't Give 2 without Review- unless bleeding**

    - Ensuring the Transfusion Circulatory Overload Assessment (TACO) has been completed prior to each component prescribed.

    - The weight of each patient must be documented on the Transfusion Care Pathway when prescribing blood components.

    - All blood components should be prescribed on the appropriate SFT Transfusion Pathway Document (Adult, Paediatric or Neonatal).

    - Blood components must be prescribed for administration over a specific number of hours e.g.1, 2, and 3 (not 2-3 hours).

    - Any special requirement instructions, e.g. Irradiated, CMVneg and Apheresis must all be acknowledged YES/ NO on the Care Pathway

- **Consent For Administration of blood components is verbal except for Haematology / Oncology patients** (to be undertaken every 6 months) and must be filed in the patient's medical record http://mg.salisbury.nhs.uk/media/2165/regular-blood-transfusion-consent-and-information.pdf

Directorate Nurses and Ward Managers are responsible for:

- Ensuring staff (Contract and Bank) in the clinical areas have the necessary skills and training to perform blood transfusion procedures including the emergency treatment of transfusion reactions.
- Ensuring staff involved in the blood transfusion process undertake training on e-learning every 2 years and complete a face to face competency assessment relevant to their current role. Competency assessments can

be arranged via the Transfusion Link Nurse or Transfusion Nurse Practitioner.

- Ensuring at any time 85% of staff in each clinical area are trained and deemed competent in transfusion including blood collection via the blood tracking system by the Transfusion Link Nurse for their area.
- Ensuring all patients wear a Salisbury NHS Foundation Trust wristband for transfusion sampling and administration of components.
- Ensuring the traceability tags are returned to the transfusion laboratory, following completion of every transfusion episode via air tube system or to drop at Laboratory level 3 and locate for the orange box, to comply with Trust legal requirements.
- Ensuring staff who have not completed their transfusion related training are trained as a matter of urgency and, that element of the transfusion process will not be performed by the individual until completed.
- Supporting the Transfusion Link Nurses in their role, training and promotion of safe transfusion practice ensuring allocated time for Transfusion training
- Agency staff must not be involved in any Blood component administration as they are unable to complete the required competency training. In exceptional situations if an Agency Nurse is in charge the Directorate Senior Nurse must complete a risk assessment prior to the administration of the blood component.
- Ensure individuals involved in blood component adverse events **do not continue** to practice until the investigation has been completed and any remedial actions have been taken. The transfusion competency assessment/refesher training will need to be completed as a matter of urgency by the Transfusion Nurse Practitioner.

Transfusion Link -Trainers are responsible for:

- Completion of the Trust IT training within 4 weeks of induction.
- Completion of transfusion eLearning modules every 2 years.
- Attending a minimum of two Transfusion Link Nurse Meetings per year.
- Update the live Blood Transfusion compliance spreadsheet monthly.
- To send completed transfusion training documents to the Transfusion Nurse Practitioner.
- Complete Transfusion Opt out forms with new staff (Contract and Bank) in their clinical area to ensure staff are aware of their blood transfusion responsibilities / training requirements
- Ensuring face to face transfusion competency training relevant to role is updated following any blood related adverse event with the Transfusion Nurse Practitioner.
- Ensuring new clinical and medical staff are trained to use Transfusion Pathway Document and review Hb between units (unless the patient is bleeding or an MTP)
- Ensuring all staff are familiar with the Massive Transfusion Protocol relevant to their clinical role.
- Ensuring 85% of staff in their clinical area are compliant in the following:
  1. Transfusion Blood Sampling training - Bookable on MLE Included on the Venepuncture and Cannulation course
  2. Blood Collection Training- Mandatory for all clinical staff unless exemption confirmed by the Transfusion Nurse Practitioner.
  3. Blood Administration Training (Band 5 and above) bookable on MLE (this is sometimes accomodated in the IV adminstration training).
  4. Essential Transfusion Practice on eLearning, and additional mandatory eLearning modules depending on role.

- Dissemination of changes to transfusion policy / guidance / training in their clinical area
- Traceability - ensuring staff return the completed blood component tags via the air tube system or returned to orange tray in blood issue room.
- Where no tags have been returned, the Transfusion Link Nurse will be contacted to provide evidence.
- Be a source of reference for the clinical staff on Transfusion training, patient blood management and promoting safe transfusion practice.
- Monitoring transfusion practice in their clinical area.
- Completion of transfusion audits as required with support from the Transfusion Nurse Practitioner.

- Ensure Individuals involved in blood component related incidents **do not continue** to practice until the investigation has been completed and any remedial actions have been taken by the Transfusion Nurse Practitioner.

MANDATORY MEDICAL STAFF TRANSFUSION TRAINING REQUIREMENTS

Mandatory completion of the Trust IT training

Completion of transfusion eLearning on MLE within 4 weeks of induction with revalidation every 2 years

Minimum Requirements for E-Learning for Healthcare (e-lfh)

The e-learning for Healthcare (e-lfh) training must be completed prior to any involvement in the Transfusion process

E- learning for Healthcare (e-lfh) for Junior Medical Staff must complete within 4 weeks of Induction with revalidation every 2 years

- Essential Transfusion Transfusion Practice Adult/ Paediatric (relevant to role)
- Consent

E-learning for healthcare (e-lfh) for Medical Staff for Obstetrics and Gynaecology and Emergency Department within 4 weeks of induction with revalidation every 2 years

- Essential Transfusion Practice - Adult/Paediactric
- Consent
- Anti D Clinical

E-Learning for Healthcare (e-lfh) For Paediatric Medical Staff within 4 weeks of induction with revalidation every 2 years

- Essential Transfusion Practice Paediatric
- Consent

E-learning for Healthcare (e-lfh) for Anaesthetists within 4 weeks of induction with revalidation every 2 years

- Essential Transfusion Practice - Adult/Paediactric
- Consent
- Cell Salvage
- Transfusion Reaction

Practical Transfusion Competency Assessments

Completion of a face to face practical competency assessment in blood sampling for transfusion - once only training usually completed by the Transfusion Nurse Practitioner.

Blood Sampling Training includes:

- Positive patient identification.
- Remaining at the patient's bedside until the sample is fully labelled and the procedure is complete
- Requesting blood using the appropriate request forms
- Providing sufficient information on request forms as defined in Trust procedures including Special Requirements e.g. Irradiated/ CMV Negative
- Providing the relevant clinical indication code
- Providing sufficient information when making a telephone request

Blood Sampling training is completed on induction with the Transfusion Nurse Practitioner or on an ad hoc basis.

Two Sample Rule

Staff must not to take two transfusion samples at the same bleed.

If two samples are required they must be taken by two separate draws taken by different members of staff each completing their own positive patient identification.

When it is not possible for 2 separate members of staff to take samples, the requirement for separation of a minimum of 15minutes between draws is acceptable. The positive patient identification requirements remains.

Failure to adhere to this policy will lead to sample rejection and a delay in provision of blood components.

This is mandatory and non-compliance will trigger a formal investigation.

MANDATORY NURSING STAFF TRANSFUSION TRAINING REQUIREMENTS

PRACTICAL COMPETENCIES AND E-LEARNING

The e-Learning for Healthcare (e-lfh) training must be completed prior to any involvement in the Transfusion process (completion within 4 weeks of induction with an update required every 2 years)

Registered Nursing Staff (Contract and Bank) are responsible for:

- Mandatory completion of IT Trust Induction
- Completion of the Transfusion 'Opt Out' form with their Manager/ Transfusion Link Nurse, signed and returned to the Transfusion Nurse Practitioner
- Completion of relevant Transfusion practical competencies
- Completion of e-lfh "Essential Transfusion Practice" every 2 years. This training can be access via MLE.

The e-learning for General Nursing Staff as minimum modules:- within 4 weeks of induction with an update requirements every 2 years.

As minimum modules:-

- Essential Transfusion Practice - Adult/Paediactric

The e-learning for Paediatric Nursing Staff as minimum modules:-completin witin 4 weeks of induction with an update requirements of every 2 years.

- Essential Transfusion Practice- Paediatric
- Paediatric Blood Transfusion Pathway Document

The e-learning for Theatre staff as minimum modules:- completion within 4 weeks of induction with an update requirements of every 2 years

- Essential Transfusion Practice - Adult/Paediactric
- Cell Salvage
- Transfusion Reaction

The e-learning for Recovery staff / Day Surgery Ward Staff as minimum modules:- completion within 4 weeks of induction with update requirements of every 2 years

- Essential Transfusion Practice - Adult/Paediactric
- Transfusion Reaction
- Anti D
- Transfusion Reactions

The e-learning for Midwives as minimum modules:- completion within 4 weeks of induction with an update requirements of every 2 years

- Essential Transfusion Practice
- Anti D - Clinical

The e-learning for NICU Registered Nursing Staff as minimum modules completion within 4 weeks of induction with revalidation every 2 years

- EsentialTransfusion Practice -Neonatal
- Neonatal Blood Transfusion Pathway Document

Mandatory transfusion Practical competencies for Nursing Staff

The three transfusion (Practical) competencies are as follows:

1. Obtaining a sample for transfusion - if blood sampling is required in their role
2. Collection of blood components including training with Blood tracking the blood tracking system, to be completed as a minimum every 2 years
3. Band 5 upwards - Blood Transfusion Administration Competencies every 3 years.

Bookable via MLE - either via IV study Day or Blood Transfusion Adminstration Training every Monday and Thursday.

All registered staff must complete the e-Learning "Essential Transfusion Practice " module and attended the Blood Transfusion Administration practical training, and deemed trained and competent to administer IV's to be involved in Blood Transfusion Administration.

If the bedside blood tracking device is in use the registered nurse must have been trained and deemed competent in its use.

Nursing staff must ensure patients have received the appropriate NHS Blood and Transplant Blood information leaflet and the Trust patient information documentation prior to administration of the first unit.

Nursing staff using any type of transfusion infusion device should be able to demonstrate competency in their use. Nursing staff should ensure the volume delivered via an infusion device is monitored regularly throughout the infusion to ensure that the expected volume is delivered at the required rate.

Monitoring of the patient during transfusion, ensuring the accurate recording of observations on appropriate documents or Patient Observation Electronic Tracking (POET) if applicable.

All registered nurses are personally accountable for any actions and omissions in practice and must be able to justify any decisions made

Individuals involved in blood component related incidents **do not continue** to practice until the investigation is completed, and any remedial actions have been taken. The competency assessment/ refresher training will need to be completed as a matter of urgency by the Transfusion Nurse Practitioner or Transfusion Link Nurse. Confirmation of reassessment must be sent to the Transfusion Nurse Practitioner for record keeping.

Anaesthetic / Theater Nursing Satff

Staff responsibility : Contract & Bank

- Staff involved in the transfusion process must complete the e-Learning for Healthcare module and the Practical training.
- Completion of the transfusion ‘Opt out’ form with clinical manager - and return to the Transfusion Nurse Practitioner
- Completion of transfusion competencies relevant to role - see below.
- Completion of transfusion e-Learning on MLE every 2 years.

E-Learning for Healthcare as minimum modules:-

Completion required within 4 weeks of induction with update requirements of every 2 years)

- Essential Transfusion Practice - Adult/Paediactric
- Cell Salvage
- Transfusion Reaction

Blood Transfusion competency assessment completed (practical) relevant to their role. The three competencies are as follows:

- Obtaining a sample for transfusion - (only if trained to obtain blood samples) - Bookable via MLE Venepuncture and Cannulation Course
- Collection of blood components including training with Blood tracking (every 2 years) and use the paper documentation if blood tracking not in use.

Blood Collection Training is available every Monday & Wednesday in the Blood Issue room at 2pm

- Blood Administration Training - face to face conducted by Transfusion Nurse Practitioner.

Blood Administration Training is bookable via MLE - every Monday and Thursday and during IV study days.

Monitoring of the patient during transfusion, ensuring the accurate recording of observations on appropriate documents or Patient Observation Electronic Tracking (POET) if applicable.

Involvement of medical staff in the management of any potential transfusion reaction or adverse incidents : see Guidance for the recognition and management of a suspected transfusion reaction Suspected Transfusion Reaction - Recognition and Management

Theatre staff are required to 'handover' any transfusion history / Patient Information leaflets including Unexpected Transfusion leaflet supplied with Transfusion Pathway Document (emergency/critical areas), as transfused patients need to be informed of the administration of blood components and be aware they are unable to donate blood in the future.

Individuals using any transfusion infusion device should be able to demonstrate competency in their use. The volume delivered should be monitored regularly throughout the infusion to ensure that the expected volume is delivered at the required rate.

Individuals involved in blood component related incidents **do not continue** to practice until the investigation is completed and any remedial actions have been taken. The competency assessment/refresher training will need to be completed as a matter of urgency by the Transfusion Nurse Practitioner or Transfusion Link Nurse. Confirmation of reassessment must be sent to the Transfusion Nurse Practitioner for record keeping.

Health Care Support Workers HCSW (Contract and Bank)

Band 3/4 Assistant Practitioner Staff (Contract and Bank)

Student Nurses who also have a HCSW Bank Contract are responsible for:

- Staff involved in the transfusion process must complete the e- Learning module and the practical training.
- Completion of "opt-out form with their Manager/ Transfusion Link Nurse, signed and returned to the Transfusion Nurse Practitioner.
- Completion of e-learning every 2 years via MLE.
- Completion of blood collection training every 2 years.
- Completion of blood sampling competency if appropriate for this role.

The e-learning for Health Care Support Workers

- Essential Transfusion Practice Adults.

Medical Assistants / Phlebotomists (Contract and Bank) are responsible for:

- Mandatory completion of IT Trust Induction
- Completion of relevant Transfusion practical competencies relevant to role.

Completion of transfusion eLearning with an update of every 2 years.

- Pre-Transfusion Sampling Process

Practical Training for Medical Assistants / Phlebotomists

- Completion of Face to Face training and Blood sampling competencies.
- Ensure all patients are positively identified
- Using recognised Trust safe techniques for obtaining blood samples
- All inpatients and day-case patients must have a SFT wristband BEFORE blood samples are taken
- All Labelling of blood sample tubes must be undertaken beside the patient in accordance with the Trust procedures.
- Providing the appropriate NHSBT patient information leaflet for all cross match samples taken
- Informing their line manager of any adverse incidents/ events relating to transfusion sampling.
- Individuals involved in blood sampling related incidents must not continue to practice taking transfusion samples until the investigation is complete and any remedial actions have been taken. The competency assessment/refresher training will need to be completed by the Transfusion Link Nurse or Transfusion Nurse Practitioner. Confirmation of reassessment must be sent to the Transfusion Nurse Practitioner for record keeping.

Portering (Contract and Bank) or Operating Department Orderly (ODO) Contract and Bank are responsible for:

- Mandatory completion of IT Trust Induction
- Completion of relevant Transfusion practical competencies relevant to role.

E-learning for Porters

- Blood360 Kiosk module.

Mandatory transfusion practical competencies

The transfusion training competency relevant to Portering staff is: A2B Blood 360 training bookable on MLE on Mondays and Wednesdays at 2pm.

- Blood Components must not be removed without scanning unless the Blood tracking Kiosk is out of use and written documentation is completed.
- Inform Transfusion Laboratory staff of any incidents relating to Transfusion Collection/ Blood tracking and/or the transportation of blood products.
- Individuals involved in blood component related incidents may not continue to practice the collection of blood components until the investigation is completed and any remedial actions have been taken. The competency assessment/refresher training will need to be completed by the Transfusion Link Trainer or Transfusion Nurse Practitioner. Confirmation of reassessment must be sent to the Transfusion Nurse Practitioner for record keeping.
- Collection of the Transfusion Laboratory Shock Packs for the Massive Transfusion Protocols (MTP) within the Trust.
- Returning all unused blood components when the MTP has been stood down to prevent unnecessary wastage.
- Returning used/unused MTP transit boxes to the Blood Transfusion Laboratory.

Agency Registered Nursing Staff :

Agency Registered Nurses - It is recommended that they are NOT involved in the blood checking and administration process.

In exceptional situations when a transfusion needs to be administered and an Agency Nurse is in charge a risk assessment must be completed by the Assistant Directorate Senior Nurse.

Volunteers

Volunteering staff cannot be involved with the Transfusion process as they are unable access the appropriate training

Blood Transfusion Laboratory Staff responsible for:

- Mandatory completion of IT Trust Induction
- Completion of transfusion eLearning. (Completion within 4 weeks of induction with revalidation every 2 years). This training can be access via MLE

E-learning for Blood Transfusion Laboratory Staff:

- Good Manufacturing Practice (GMP) - every 2 years
- Anti-D Laboratory module
- Acute Transfusion Reactions
- An Introduction to Transfusion Laboratory Practice.
- Serious Hazards of Transfusion (SHOT)

Practical Competencies:

- Complete Blood Transfusion Laboratory initial training and competency documents.
- Complete Blood Transfusion Laboratory annual competency assessment.
- Completed face to face training and be deemed competent with the use of Trust blood tracking kiosk.
- Examining blood components for any unusual features.
- Ensuring that the labelling of request forms and blood samples comply with local and national guidelines.
- Challenging inappropriate requests for components and promoting Patient Blood Management e.g. 'Don't give two without review' unless bleeding etc.
- Checking any special requirements, of which they have been notified, e.g. irradiated, virally inactivated etc. are met.
- Updating the Laboratory Information Management System when notified of any special blood requirements.
- Hospital Blood Transfusion Laboratory staff must check the expiry date of each component and ensure suitability for issue.
- Ensuring components are correctly labelled - the identification details of patient and component to be transfused are the same on the compatibility label attached to the unit and the component transfusion report form.
- Ensure appropriate SFT patient information is provided with the blood components issued.
- Investigation and reporting of transfusion reactions or other incidents relating to transfusion
- The Transfusion Laboratory Manager will identify and train appropriate individuals who will be responsible for escalating relevant incidents and reactions to SHOT and SABRE.
- Following laboratory procedure to ensure 100% traceability of components is achieved.

Owner: Hospital Transfusion Team

Reviewed: June 2025

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