

Title:			
NHS Lothian Blood Transfusion Policy			
Date effective from:	October 2023	Review date:	October 2026
Approved by:	NHS Lothian Policy Approval Group		
Approval Date:	31 October 2023		
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Policy Owner:	Lothian Transfusion Committee (LTC)		
Executive Lead:	NHS Lothian Executive Medical Director		
Target Audience:	All clinical staff working across all NHS Lothian settings including those working with Staffbank, and on temporary, locum, honorary, agency or fixed term basis within NHS Lothian. Porters working in NHS Lothian acute hospital sites, including those working with Staffbank and on a temporary basis within NHS Lothian. Nursing students, midwifery students, medical students, operating department practitioner students and physician associate students who are on clinical placement in any NHS Lothian setting.		
Supersedes:	NHS Lothian Blood Transfusion Clinical Policies and Procedures 2016 (Version 5.0)		
Keywords (min. 5):	Blood transfusion, transfusion, decision to transfuse, consent for transfusion, blood component requesting, transfusion sampling, collecting blood, practical aspects of transfusion, blood administration, transfusion monitoring, transfusion reactions		

## Version Control

Date	Author	Version	Reason for change
Sept 2023	NHS LTC Chair SNBTS Transfusion Medicine Consultant SNBTS Transfusion Practitioners based in RIE & RHCYP SNBTS Transfusion Practitioners based in WGH & SJH	v5.1-13	Under review. Separate policy from associated documents. Amalgamation of NHS Lothian policy and procedures with SNBTS National Transfusion Policy
Oct 2023	NHS LTC Chair SNBTS Transfusion Medicine Consultant SNBTS Transfusion Practitioners based in RIE & RHCYP SNBTS Transfusion Practitioners based in WGH & SJH	v6.0	Approved by the Policy Approval Group

## Executive Summary

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The aim of this policy is to ensure that the RIGHT BLOOD is given to the RIGHT PATIENT at the RIGHT TIME, every time.

The policy outlines the requirements for staff, including education and competency assessment, to ensure that all those involved in any stage of the blood transfusion process are able to achieve safe blood transfusion practice.

The blood transfusion process includes; making the decision to transfuse, communication with the patient, obtaining consent, requesting blood components, taking pre-transfusion blood samples, collecting and storing blood components, administration of a transfusion, patient monitoring during and following transfusion, and management of adverse reactions.

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## 1.0 Purpose

The purpose of this policy, and its associated materials, is to provide guidance for healthcare staff dealing with blood component transfusions, ensuring patient safety, the efficient use of blood stocks, appropriate use of the donor's gift, and supporting and promoting blood transfusion practice across NHS Lothian that is safe and consistent.

## 2.0 Policy statement

Blood transfusion, when used appropriately, can improve the length and quality of a patient's life. Nevertheless, as with any clinical intervention, there are risks associated with blood transfusion, and errors can harm patients. This policy, and its associated materials, promotes and supports the safe requesting, supply and administration of blood components, with particular emphasis on the confirmation of component and patient identity.

Transfusion practitioners exist in all Scottish health boards to promote safe transfusion.

The RIGHT BLOOD will be given to the RIGHT PATIENT at the RIGHT TIME, every time.

## 3.0 Scope

This policy applies to the transfusion of blood and blood components (whole blood, red blood cells, platelets, fresh-frozen plasma, cryoprecipitate and granulocytes) to patients of all ages in NHS Lothian whether in hospital or in the community and is applicable to all staff involved in any stage of the blood transfusion process.

This policy applies to, but is not limited to, the following staff groups: medical staff, registered nurses and midwives, operating department practitioners (ODPs), physician associates, perfusionists, phlebotomists, healthcare support workers, assistant practitioners and porters who are involved in any stage of the transfusion process. The policy also applies to NHS Lothian Staff Bank staff, agency staff, locum staff and students who are on clinical placement in NHS Lothian.

Plasma-derived blood products are outwith the scope of this policy.

## 4.0 Definitions

**Blood and blood components** include whole blood, red blood cells, platelets, fresh-frozen plasma, cryoprecipitate, and granulocytes.

**The blood transfusion process** includes making the decision to transfuse, communication with the patient, obtaining consent, requesting blood components, taking pre-transfusion blood samples, collecting and storing blood components, administration of a transfusion, patient monitoring during and following transfusion, and management of adverse reactions.

## 5.0 Implementation roles and responsibilities

### 5.1 NHS Lothian Transfusion Committee

The NHS Lothian Transfusion Committee is responsible for deciding blood transfusion policy in NHS Lothian.

The NHS Lothian Transfusion Committee provides the clinical governance framework and strategic oversight of clinical transfusion practice within NHS Lothian.

Roles of the Lothian Transfusion Committee include to:

- Promote safe and appropriate blood transfusion practice through local procedures based on national guidelines
- Audit the practice of blood transfusion against NHS Lothian policy, procedures and national guidelines, focusing on critical points for patient safety and the appropriate use of blood
- Lead multi-professional quality improvement projects on the use of blood within NHS Lothian, focusing on specialities where demand is high, including medical as well as surgical specialities, and the use of platelets, plasma, and other blood components in addition to red cells
- Provide feedback on audit of transfusion practice and the use of blood to all NHS Lothian staff involved in blood transfusion
- Regularly review and take appropriate action regarding data on blood stock management, wastage and blood utilisation provided by Account for Blood (AfB) and the SNBTS Blood Bank Dashboard
- Develop and implement a strategy for the education and training for all clinical, laboratory and support staff involved in any aspect of blood transfusion
- Promote patient education and information on blood transfusion including the risks of transfusion, blood avoidance strategies and the need for positive patient identification at all stages in the transfusion process
- Consult with local patient representative groups where appropriate
- Modify and improve blood transfusion procedures and clinical practice based on new guidance and evidence
- Be a focus for local contingency planning and management of blood shortages

### 5.2 Hospital Transfusion Teams

The Hospital Transfusion Teams (HTT) are site specific multidisciplinary operational groups comprising the transfusion practitioner, transfusion laboratory/blood bank manager and transfusion lead consultant. Other members may include the quality manager and administrative support.

Duties and responsibilities of the HTT include to:

- Implement and deliver the Lothian Transfusion Committee work plan and support Lothian Transfusion Committee working groups
- Provide transfusion subject matter expertise to NHS Lothian

### 5.3 Medical Directors, Nursing Directors, Midwifery Directors, Head of Soft Facilities Management (FM) and NHS Lothian Staff Bank Manager

The medical director/associate medical directors, nurse director/associate nurse directors, midwifery director/associate midwifery director, head of soft facilities management and NHS Lothian Staff Bank manager will be responsible for ensuring that this policy, and its associated materials (Section 6 of this policy), are made known and available to all relevant staff. All individuals performing any role in the blood transfusion process must ensure that they are aware of this policy and associated materials and are acting in accordance with them.

### 5.4 Training and Education

NHS Lothian is committed to ensuring that all staff (including NHS Lothian Staff Bank, agency and locum staff) involved in any stage of the blood transfusion process will receive training and education appropriate to their roles and responsibilities to ensure that they have the knowledge, skills and training to translate this policy into practice.

All students must provide evidence of learning in both blood transfusion theory and clinical skills for roles aligned to the blood transfusion process and be supervised in accordance with local regional agreements with Higher Education Institutes and NHS Lothian.

### 5.5 Competency assessment for staff involved in collecting blood components

Face-to-face practical competency assessment is required for all staff who are involved in collecting blood components from a transfusion laboratory or a satellite blood fridge.

This formal assessment of competency is required in addition to the mandatory theory training relating to blood collection and is a legal requirement under the [Blood Safety and Quality Regulations \(2005\)](#).

The assessment must be carried out by an assessor who has been trained in the Blood Component Collection Assessors Programme (BCCAP) (previously known as the Transfusion Assessor Accreditation Programme (TAAP)).

## 6.0 Associated materials

The following associated NHS Lothian Blood Transfusion procedures and guidelines have been approved by the Lothian Transfusion Committee:

### 6.1 NHS Lothian Blood Transfusion procedures

[Description of service, information and advice, infection control](#), October 2023

[The blood transfusion process](#), October 2023

[Obtaining blood components in an emergency](#), October 2023

[Patient identification requirements for transfusion](#), October 2023

[Transfusion education and training](#), October 2023

[Practical competency assessment for blood collectors](#), October 2023

[Decision to transfuse](#), October 2023

[Patient information and shared decision making](#), October 2023

[Consent for transfusion](#), October 2023

[Written authorisation to transfuse a blood component](#), October 2023

[Requesting a blood component from the transfusion laboratory](#), October 2023

[Blood samples for pre-transfusion testing](#), October 2023

[Maternal and cord blood samples at birth](#), October 2023

[Collection and delivery of blood components](#), October 2023

[Administration of blood components](#), October 2023

[Monitoring of patient during and following transfusion](#), October 2023

[Reporting adverse events and reactions](#), October 2023

[Completion of transfusion episode and associated documentation](#), October 2023

### 6.2 NHS Lothian Blood Transfusion guidelines

[Adverse reactions to blood components](#), October 2023

[Blood components and storage and handling requirements](#), October 2023

[Blood products](#), October 2023

[Blood transfusion in NHS Lothian community hospital settings](#), October 2023

[Neonatal transfusion practice](#), October 2023

[Practical aspects of blood component transfusion](#), October 2023

[Roles and responsibilities in blood transfusion](#), October 2023

[Special requirements in blood transfusion](#), October 2023

[Transfer of blood between departments and sites](#), October 2023

INDEX of transfusion guidelines and procedures and LINKS to relevant references, policies, resources, October 2023

## 7.0 Evidence base

British Society for Haematology (BSH) transfusion guidelines. Current guidelines available at [Guidelines \(b-s-h.org.uk\)](#)

Joint UK Blood Transfusion and Tissue Transplantation Services Professional Advisory Committee (JPAC). Current resources available at [Welcome to JPAC \(transfusionguidelines.org\)](#)

Handbook of Transfusion Medicine at <https://www.transfusionguidelines.org/transfusion-handbook>

Serious Hazards of Transfusion (SHOT) reports and resources available at [www.shotuk.org](http://www.shotuk.org)  
[Blood Safety and Quality Regulations \(2005\)](#)

Please also refer to individual sections of accompanying NHS Lothian blood transfusion procedure and guideline documents.

## 8.0 Stakeholder consultation

This policy was made available on the NHS Lothian Consultation Zone with individuals across the whole organisation invited to review and comment. All feedback has been reviewed and associated revisions made.

The Lothian Transfusion Committee and site-specific Hospital Transfusion Teams have reviewed and provided feedback.

Discussions with specific stakeholder groups and individuals have taken place during the revision of this policy and associated materials including:

- Clinical education teams
- Neonatal policy lead
- Women’s services
- Strategic lead for practice learning
- Head of soft facilities management and area managers



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## 9.0 Monitoring and review

The NHS Lothian Transfusion Committee will monitor and review this policy on a regular basis. Review will take place every three years or sooner if required.

The Lothian Transfusion Committee meets quarterly and will review compliance with this policy, in part through:

- Quarterly reports of transfusion incidents, reactions and near miss events
- Significant adverse event reviews
- DATIX investigations
- Routine review of transfusion related audit results
- Staff feedback