

ALL WALES POLICY



Transfusion of Blood Components Outside the Acute Hospital Setting

Document Author:	Lee Wong/Alister Jones Blood Health Team
Approved by:	Dr Edwin Massey, on behalf of Blood Health National Oversight Group (BHNOG)
Date Endorsed by BHNOG	September 2021
Reviewed:	August 2021
Review Date:	August 2024
Document Number:	3
Version Amendments	BH-04 Issue 4.0 (September 2022): inclusion of section 5.3.5

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1 Introduction

- 1.1 This document sets out specific, additional guidance for Health Boards in Wales offering blood and blood component transfusion out of the acute hospital setting. Detailed guidance can be found in the document '*Framework for the Development of an out of acute hospital blood transfusion service*' (Green & Pirie, 2007) and the updated 2013 version hereafter referred to as the 'Framework'.

2 Scope

- 2.1 This document applies to all staff and patients of Health Boards in Wales.

3 Aims and Objectives

- 3.1 The purpose of this document is to ensure that any Health Board offering blood transfusion out of the acute hospital setting does so with a minimum of risk to patients, staff and the organisation by adherence to the following points.
- 3.1.1 Health Boards should develop a specific local policy
 - 3.1.2 Health Boards should follow the guidance as set out in the Framework and the additional guidance for Health Boards in Wales presented in this document

4 Definitions

- 4.1 *Out of Acute Hospital Setting*
This refers primarily to the patient's own home but may include
- Residential and nursing homes
 - Hospices
 - Local treatment centres
- and other locations identified in the Framework
- 4.2 *Training*
The Registered Nurse (RN) must be trained and assessed as competent by the supplying Hospital and a record of training maintained (National Patient Safety Agency, 2006)
- The All-Wales Blood Transfusion Competency Package should be used to complete the assessments
- Health Care Support Workers (HCSW) and parents should be trained in early recognition of an adverse reaction and the appropriate action to be taken
- 4.3 *Non-medical Authorisation of Blood Transfusion (NABT)*
Since 2012, identified non-medical health care professionals have undertaken a specific, accredited programme of education that enables them to make the clinical decision to transfuse and to provide the written instruction for transfusion. As a result they are recognised by their employer as competent to perform this task.

5 Specific Responsibilities in Addition to the Framework

- 5.1 A Clinician (Hospital Consultant, NABT Practitioner or General Practitioner) should take responsibility for the transfusion (Responsible Clinician). They are responsible for:
 - 5.1.1 Organising appropriate pre-transfusion samples and requesting appropriate components
 - 5.1.2 Providing the written instruction for the transfusion
 - 5.1.3 Arranging the transfusion with the relevant nursing team
 - 5.1.4 Making arrangements to deal with any reaction caused by the transfusion
- 5.2 The Hospital Transfusion Laboratory will issue the blood component (red cells or platelets) in an appropriate transport container for collection by a nurse or for dispatch to an agreed location. It is recommended that no more than 2 units are issued for the patient in any one day
- 5.3 The RN is responsible for managing administration of the blood or platelet transfusion and must be present for the start of all units of blood or platelets transfused.
 - 5.3.1 The RN must remain present for the initial 15 minutes of the transfusion of each unit of blood or platelets.
 - 5.3.2 The RN must record observations prior to the transfusion and at 15 minutes.
 - 5.3.3 If there are no problems with the transfusion, then a trained HCSW, or in the case of a child the trained parents, can monitor the patient during the remainder of the transfusion of that unit of blood.
 - 5.3.4 If the RN leaves the patient in the care of the trained HCSW or parent, there must be a clearly documented method of calling for assistance.
 - 5.3.5 It is at the discretion of the Health Boards to apply additional requirements as necessary (see also 3.1).
- 5.4 The RN or a trained HCSW or trained parent must be present throughout the procedure.
- 5.5 Any adverse events in relation to the transfusion must be reported immediately to the Responsible Clinician and the supplying Hospital Transfusion Laboratory.
- 5.6 The traceability requirements of the supplying Hospital / Health Board must be met by appropriate completion, and timely return of the appropriate documentation.

6 References

- Green, J., Pirie, L. (2007, 2013). *Framework for the Development of an Out of Acute Hospital Blood Transfusion Service*
- National Patient Safety Agency. (2006). *Safer Practice Notice 14, Right Patient Right Blood*
- Shreeve, K., Benton, A. (2013) All Wales Policy: Non Medical Authorisation of Blood Component Transfusion