

Reference Number: UHB 068
Version Number: 3

Date of Next Review: 16/02/2024
Previous Trust/LHB Reference Number:
UHB 068

Blood Component Transfusion Policy

Policy Statement

Donated blood is an essential adjunct to health care but is also a limited resource. It is increasingly expensive, subject to public health concerns and can present a source of risk for patients (namely, the risk of 'wrong blood/component transfused' incidents, as reported to the Serious Hazards of Transfusion scheme (SHOT) as being the most commonly occurring adverse incident of blood/component transfusion).

To ensure the Health Board delivers its aims, objectives, responsibilities and legal requirements transparently and consistently, we are committed to the lawful, safe and appropriate administration of blood/components according to current law, national guidelines and regulatory requirements, and to the maintenance of patient information in accordance with the Data Protection Act 1998. The UHB is also committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff, patients and others reflects their individual needs and does not discriminate against individuals or groups.

The policy applies to all UHB staff and patients involved at any stage in the process of blood/component transfusion and is applicable to both children and adults. A copy of the policy will be issued by the Blood Transfusion Laboratory Manager with the Technical Service Level Agreement(s) held between the UHB and relevant third parties.

Policy Commitment

We will ensure

- The organisation supports and promotes quality within the field of transfusion both in the BTL and clinical environments. This includes the reporting of incidents, accidents and near misses in relation to transfusion, the investigation of their cause and the implementation of corrective and preventative actions.
- That the health care professionals it employs are informed of, and have access to, UHB policies on blood transfusion and have received the appropriate training and competency assessment relevant to their scope of practice.
- Prudent Health Care includes encouraging clinical staff to consider the appropriateness of transfusion and to explore alternatives while minimising avoidable risks of transfusions by providing clarity to the critical points of the process including appropriate consent. Achieve health and wellbeing with the public, patients and professionals as equal partners through co-production; Care for those with the greatest health need first, making the most effective use of all skills and resources; Do only what is needed, no more, no less; and do no harm. Reduce inappropriate variation using evidence based practices consistently and

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transparently.

- The Blood Transfusion Laboratory (BTL) has a robust Quality Management System (QMS) which complies with the Blood Safety and Quality Regulations (BSQR) (SI 2005 No. 50 as amended)

Supporting Procedures and Written Control Documents

This Policy is supported by one procedure

- UHB Transfusion Procedure

This describes the following with regard to safe and appropriate use of blood components:

- Request of Blood Components
- Blood Transfusion Samples
- Sample Acceptance
- Testing
- Component Selection
- Labelling
- Collection
- Prescription/Authorisation
- Administration

Other supporting documents include:

Provision of Intra-Operative Cell Salvage Policy (UHB030)

Blood Shortage Planning Procedure (UHB 285)

Consent To Examination Or Treatment Policy (UHB 100)

Labelling of specimens submitted to Medical Laboratories Policy (UHB 017)

Scope

The policy applies to all UHB staff in all locations including those with honorary contracts involved at any stage in the process of blood/component transfusion and is applicable to both children and adults

Equality and Health Impact Assessment

An Equality and Health Impact Assessment (EHIA) has been completed and this found there to be a positive impact.

Policy Approved by	Quality, Safety and Experience Committee
Group with authority to approve procedures written to explain how this policy will be implemented	UHB Transfusion Group
Accountable Executive or Clinical Board	Divisional Director Clinical Diagnostics and Therapeutics

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Director	
<u>Disclaimer</u>	
<p>If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.</p>	

Summary of reviews/amendments			
Version Number	Date Review Approved	Date Published	Summary of Amendments
1	20/09/2009	23/08/11	Incorporates Better Blood Transfusion Practice Blood Safety and Quality Regulations All Wales Zero Tolerance Safer Practice Notices Massive Haemorrhage
2	21/02/2017	23/02/2017	The former policy has been split into two documents: A Policy and procedure. There has been no change to the commitment of the policy
3	09/10/2020	06/04/2021	The previous document has been reviewed and updated. The integrity and commitment of the policy remains.

Equality & Health Impact Assessment for Blood Component Transfusion Policy

1	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Blood Component Transfusion Policy Reference number UHB 068
2	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Clinical Diagnostics and Therapeutic Services [Haematology] Dr Andrew Goringe Ext 42033
3	Objectives of strategy/ policy/ plan/ procedure/ service	<p>The objectives of this policy and associated procedure are to provide a rational and practical framework on which to maximise patient safety during blood/component transfusion by:</p> <ul style="list-style-type: none"> • Assisting clinical staff to minimise avoidable risks of transfusions by providing clarity to the critical points of the process, namely pre-transfusion blood sampling, removal of blood components from blood fridges, transfer of blood components across clinical areas (including to satellite fridges) and administration of blood components. An understanding of the policy will provide the basis of knowledge required to comply with the National Patient Safety Agency (NPSA) (2008) Safer Practice Notice (SPN) 14 Right Patient Right Blood. • Managing, investigating and reporting adverse events and reactions. • Encouraging clinical staff to consider the appropriateness of transfusion and to explore alternatives. • Promoting safer transfusion as part of clinical governance responsibilities

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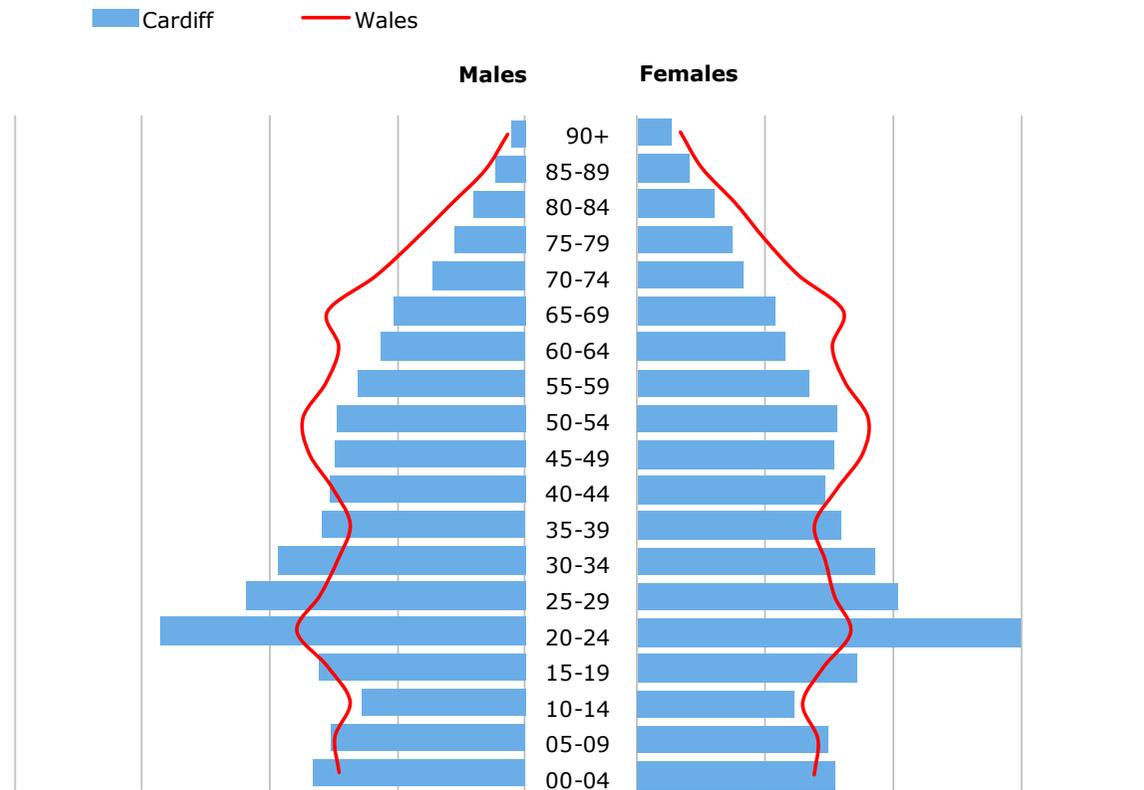
		and highlighting Good Manufacturing Practice (GMP) and the organisation's regulatory responsibilities.
4	<p>Evidence and background information considered. For example</p> <ul style="list-style-type: none"> • population data • staff and service users data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages <p>Population pyramids are available from Public Health Wales Observatory¹ and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need².</p>	<p>Cardiff & Vale University Local Health Board (LHB) area is the smallest and most densely populated LHB area in Wales, primarily due to Wales' capital city: Cardiff. 72.1 and 27.9 percent of the LHB area population live within Cardiff and the more rural Vale of Glamorgan respectively. In 2015 there were estimated to be 357,160 people living in Cardiff, and 127,592 living in the Vale of Glamorgan.</p> <p>The population age structure of the Vale of Glamorgan is very similar to the Wales average. The population of the Vale will increase modestly over the next 10 years, by around 1% or 1,255 people. However, this masks significant growth in the over 65s category.</p> <p>The population of Cardiff is growing rapidly in size, currently projected to increase by 10% between 2016 and 2026, significantly higher than the average growth across Wales and the rest of the UK. An extra 35,000 people will live in and require access to health and wellbeing services.</p> <p>The Cardiff population is relatively young compared with the rest of Wales, with the proportion of infants (0-4 years) and young working age population (20-39yrs) significantly higher than the Wales average. This reflects in part a significant number of students who study in Cardiff. There will be significant increases in particular in people aged 0-16 and the over 65s.</p>

¹ <http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf>

² <http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face>

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Produced by Public Health Wales Observatory, using MYE (ONS)



- The UHB's usual arrangement with regard to consultation was followed (ie. 28 days on the intranet). No comments were received.
- A part of good practice, other policies from different organisations were considered.
- Stakeholders were not engaged in the EHIA and/or policy development.
- Blood Safety and Quality Regulations 2005 (SI 50)

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	<ul style="list-style-type: none"> • The Blood Safety and Quality (Amendment) Regulations 2006 (S I 2013) • British Committee for Standards in Haematology [BCSH] guidelines for Transfusion • National Patient Safety Agency [NPSA] Safer Practice Notices/Rapid Response Notices • Serious Hazards of Transfusion [SHOT] the UK independent, professionally led haemovigilance scheme has been considered in this policy. • Advisory Committee on the Safety of Blood , Tissue and Organs [SaBTO] guidelines have been considered in this policy • Encourage Prudent Healthcare
5 Who will be affected by the strategy/ policy/ plan/ procedure/ service	The policy applies to all UHB staff involved at any stage in the process of blood/component transfusion and is applicable to both children and adults. A copy of the policy will be issued by the Blood Transfusion Laboratory Manager with the Technical Service Level Agreement(s) held between the UHB and relevant third parties

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6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p>6.1 Age For most purposes, the main categories are:</p> <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	<p>No documented evidence found from the assessment review of the information available on the date the search was performed to suggest that there are any statements, condition, rules or requirements which could potentially exclude or where applied cause an adverse impact against any group of individuals in respect of age.</p>	<p>N/A</p>	<p>N/A</p>
<p>6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical</p>	<p>The UHB is aware from its demographic information that it employs staff who have disabilities as defined within</p>	<p>N/A</p>	<p>N/A</p>

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<p>impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes</p>	<p>the Act. As such, the Policy has been made accessible to staff in both electronic and paper copy.</p>		
<p>6.3 People of different genders: Consider men, women, people undergoing gender reassignment</p> <p>NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender</p>	<p>There appears not to be any impact on staff regarding gender. No documented evidence found from the assessment review of the information available on the date the search was performed to suggest that there are any statements, condition, rules or requirements which could potentially exclude or where applied cause an adverse impact against any group of individuals in respect of gender. Guidelines For The Use of Group O Rh D</p>	<p>N/A</p>	<p>Policy put out for consultation within the organisation and ratified by Transfusion Group</p>

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	Negative Red Cells is followed		
6.4 People who are married or who have a civil partner.	There appears not to be any impact. No documented evidence found from the assessment review of the information available on the date the search was performed to suggest that there are any statements, condition, rules or requirements which could potentially exclude or where applied cause an adverse impact against any group of individuals in respect of sexual orientation. Stonewall and Terrance Higgins Trust websites accessed and no evidence found.	N/A	Policy put out for consultation within the organisation and ratified by Transfusion Group

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.	There appears not to be any impact.	N/A	N/A
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	There appears not to be any impact regarding race, nationality, colour, culture or ethnic origin. No documented evidence found from the assessment review of the information available on the date the search was performed to suggest that there are any statements, condition, rules or requirements which could	Whilst there doesn't appear to be any impact, if a member of staff was known to have difficulties with the written word, good management would dictate that alternative arrangements be made, such as individual meetings. Members of the public would be supported by staff or family members	All departments to be aware of their staff profiles. Policy put out for consultation within the organisation and ratified by Transfusion Group

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	potentially exclude or where applied cause an adverse impact against any group of individuals in respect of race	as appropriate	
<p>6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief</p>	It is unlikely to be any impact on staff regarding their religion. There is documented evidence in relation to religion specifically Jehovah Witnesses which is discussed in the Blood Component Transfusion Procedure.	Staff are able to raise any issues with their line manager/Human Resources. There is documented evidence in relation to religion specifically Jehovah Witnesses which is discussed in the Blood Component Transfusion Procedure.	Policy put out for consultation within the organisation and ratified by Transfusion Group
<p>6.8 People who are attracted to other people of:</p> <ul style="list-style-type: none"> • the opposite sex (heterosexual); • the same sex (lesbian or gay); 	There appears not to be any impact on staff.		Policy put out for consultation within the organisation and ratified by Transfusion Group

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<ul style="list-style-type: none"> both sexes (bisexual) 			
<p>6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design</p> <p>Well-being Goal – A Wales of vibrant culture and thriving Welsh language</p>	<p>Bilingually patient information leaflets are available for patients. This is in line with our current Welsh Language Scheme and the future Welsh Language Standards. The leaflets are available in one the leaflet should be bilingual in one single document English on one side and Welsh on the other side.</p> <p>The aim of the ‘active offer’ is that staff should ask for the language choice (of either Welsh or English) of the patient. The language choice should then be integrated into the patients’ treatment. In other words the patient could</p>	<p>The policy prompts staff to ask patients which language the patient/service users would like to communicate in, either English or Welsh, in line with the ‘Active Offer’ requirements of the Welsh Governments’ More than Just Words Strategy.</p>	<p>Policy put out for consultation within the organisation and ratified by Transfusion Group</p>

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	request their treatment be in Welsh. If we are unable to provide a fully Welsh language service for the patient, we should then aim to maximise the coverage of treatment and care in Welsh for them using the staff and resources we already have.		
6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	There appears not to be any impact	N/A	N/A
6.11 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators,	There appears not to be any impact on staff, and this policy has a positive impact on people on low income as the policy is applicable to all	N/A	Policy put out for consultation within the organisation and ratified by Transfusion Group

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people unable to access services and facilities	people.		
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	People who speak other languages other than Welsh or English will be impacted positively as the policy refers to issues of language accessibility. There are no other groups including Carers or risk factors to take into account with regard to this Policy.	There have been new statements regarding language accessibility within the policy	Policy put out for consultation within the organisation and ratified by transfusion Group

7. HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities</p> <p>Well-being Goal - A more equal Wales</p>	<p>The aim of this policy is to enable blood/components to be transfused safely, in particular to minimise the risk of giving blood/components of the wrong group to a patient in error and to avoid unnecessary transfusion in general. It is based on national multidisciplinary guidelines⁽²⁾ and informed by local experience. Red cells are the most commonly transfused blood component; however the principles described in the policy apply to all blood components (e.g. platelets and plasma).</p>	N/A	N/A
<p>7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including</p>	As a policy, there will be no impact.	N/A	N/A

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<p>healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc</p> <p>Well-being Goal – A healthier Wales</p>			
<p>7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid</p>	<p>The Cardiff and Vale Health Board staff have a yearly PADR where the opportunity to discuss good transfusion practice can be explored for evidence of competency.</p>	<p>To comply with the organisation’s regulatory requirements, the Blood Transfusion Laboratory (BTL) must ensure that they have a robust Quality</p>	

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<p>employment, wage levels, job security, working conditions</p> <p>Well-being Goal – A prosperous Wales</p>	<p>Assisting clinical staff to minimise avoidable risks of transfusions by providing clarity to the critical points of the process, namely pre-transfusion blood sampling, removal of blood components from blood fridges, transfer of blood components across clinical areas (including to satellite fridges) and administration of blood components. An understanding of the policy will provide the basis of knowledge required to comply with the National Patient Safety Agency (NPSA) (2008) Safer Practice Notice (SPN) 14 Right Patient Right Blood⁽³⁾.</p> <p>Managing, investigating and reporting adverse events and</p>	<p>Management System (QMS). The organisation supports and promotes quality within the field of transfusion and the principles must be adhered to both in the BTL and clinical environments. This includes the reporting of incidents, accidents and near misses in relation to transfusion, the investigation of their cause and the implementation of corrective and preventative actions.</p>	

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	<p>reactions. Encouraging clinical staff to consider the appropriateness of transfusion and to explore alternatives. Promoting safer transfusion as part of clinical governance responsibilities and highlighting Good Manufacturing Practice (GMP) and the organisation's regulatory responsibilities.</p>		
<p>7.4 People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to</p>	<p>For this policy, there will be no impact.</p>		

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<p>pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces</p> <p>Well-being Goal – A resilient Wales</p>			
<p>7.5 People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos</p> <p>Well-being Goal – A Wales of cohesive communities</p>		<p>Evidentiary record can be seen that the Jehovah Witness committee members have close links with the Transfusion Practitioner team and support patients within the Cardiff and Vale UHB. Representatives from the JW committee frequently attend and present on Link Nurse groups.</p>	

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<p>7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate</p> <p>Well-being Goal – A globally responsible Wales</p>	<p>Welsh Government Policy</p>		

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8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service	On reviewing the previous policy and writing the latest version, improvements have been made in people who communicate using the Welsh language, people with a religion or belief or with no religion or belief. Overall, there appears to be very limited impact on the protected characteristics and health inequalities as a result of this policy.
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Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.2 What are the key actions identified as a result of completing the EHIA?	On reviewing the previous policy and writing the latest version, improvements have been made in people who communicate using the Welsh language, people with a religion or belief or with no religion or belief. Overall, there appears to be very limited impact on the protected characteristics and health inequalities as a result of this policy.	Dr Andrew Goringe	1 month	Action in accordance with UHB Employment Policies and Procedures.

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	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?</p> <p>This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?</p>	As there has been potentially very limited impact identified is unnecessary to undertake a more detailed assessment.	N/A	N/A	

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Approved By: Quality, Safety and Experience Committee		

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.4 What are the next steps?</p> <p>Some suggestions:-</p> <ul style="list-style-type: none"> • Decide whether the strategy, policy, plan, procedure and/or service proposal: <ul style="list-style-type: none"> ○ continues unchanged as there are no significant negative impacts ○ adjusts to account for the negative impacts ○ continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so). • Have your strategy, policy, plan, procedure and/or service proposal approved • Publish your report of this impact assessment • Monitor and review 	<p>On reviewing this policy minor positive changes have been made. The EHIA has been consulted.</p> <p>It has been approved by the Transfusion Group, and will continue to be reviewed every 6 months as part of the groups Terms of Reference. When this policy is reviewed, this EHIA will form part of that consultation exercise. This EHIA will be reviewed three years after approval unless changes to terms and conditions, legislation or best practice determine that an earlier review is required. The UHB standard is that all policies are reviewed within 3 years (1 year if a statutory requirement).</p>	<p>Dr Andre Goringe</p>	<p>6 months</p> <p>3 years</p>	

