

**BLOOD TRANSFUSION
TRAINING POLICY
FOR CLINICAL AND SUPPORT STAFF**

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REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

Nov 2024 **Long-term** agency staff who have completed the HELM training can undergo training to receive a BloodTrack barcode, which must be surrendered to the BloodTrack team upon termination of their tenure.

Nov 2024 Contact Numbers of Transfusion Practitioners updated.

KEY WORDS

BloodTrack, blood sampling, blood administration, blood components, bar code, LCAT, Competency Assessment, e-learning

1 INTRODUCTION AND OVERVIEW

- 1.1 This document sets out the University Hospitals of Leicester (UHL) NHS Trusts Policy and Procedures for Blood Transfusion Training.
- 1.2 Blood Transfusion is a complex, multi-step process involving multi-disciplinary staff. In order to ensure that blood transfusion procedures are carried out safely, each member of staff involved with this process is required to undergo appropriate competency training.

2 POLICY SCOPE

- 2.1 This policy applies to all UHL NHS Trust employees who have involvement in the transfusion process, including individuals employed by a third party as locums or as agency staff. All staff involved in the transfusion process must undergo an initial “one off” competency assessment, then a knowledge based assessment every 2 years.
- 2.2 Blood Safety and Quality Regulations 2005 (as amended) set out a number of legal requirements applicable to various aspects of blood transfusion. One such requirement is that all staff handling blood and blood components must receive formal, documented training.
- 2.3 Successive annual reports published by the UK Serious Hazards of Transfusion (SHOT) scheme highlight human error as a major cause of morbidity and mortality. Such errors are avoidable and re-enforce the need for adequate training.
- 2.4 This policy does not apply to members of staff who are never involved or expected to be involved with any aspect of blood transfusion.
- 2.5 This policy does not apply to blood transfusion laboratory staff; their competency training requirements are covered by a separate, departmental policy.

3 DEFINITIONS AND ABBREVIATIONS

The following definitions are associated with this policy:

- 3.1 **Blood**, where not explicitly defined in this policy, refers to all blood components.
- 3.2 **BloodTrack** is the electronic system in use in the clinical areas to ensure safe labelling of blood samples and administration of blood components.
- 3.3 EU Directives (2002/98/EC and 2004/33/EC) have been transposed into UK law as the **Blood Safety and Quality Regulations (BSQR) 2005**. The regulations set standards for quality and safety of the collection, testing, processing, storage and distribution of human blood and blood components.
- 3.4 **Group and Save** (or Group and Screen) – a test to determine the blood group and antibody status of a patient prior to receiving a Blood Transfusion
- 3.5 **Medicine and Healthcare products Regulatory Authority (MHRA)** - The MHRA is responsible for the regulation of medicines and medical devices; the regulation of equipment used in healthcare and the investigation of harmful incidents. The MHRA also looks after blood and blood components, working with UK blood services, healthcare providers, and other relevant organizations to improve blood quality and safety.
- 3.6 **Serious Hazards of Transfusion (SHOT)** is the United Kingdom’s independent, professionally led haemovigilance scheme.
- 3.7 **The National Patient Safety Agency (NPSA)** was established in 2001 with a mandate to identify patient safety issues and find appropriate solutions. In 2012 the key functions and expertise were transferred to NHS Improvement.

4 ROLES – WHO DOES WHAT

4.1 All staff involved in any aspect of blood transfusion are responsible for:

- Adhering to this policy.
- Undertaking relevant training and competency based assessment in line with national requirement.
- Updating their knowledge on transfusion practice
- Practicing in compliance with the UHL Blood Transfusion policy (Trust Ref: B16/2003).

The individual roles and responsibilities for different professional groups are summarised below:

4.2 Executive Responsibilities

- a) The Chief Executive has the overall legal responsibility to ensure that the Trust is fully compliant with Blood Safety and Quality Regulations 2005.
- b) The Medical Director has delegated authority for overseeing the safety and quality of blood transfusion practice within the Trust.

4.3 Hospital Transfusion Team (HTT) including Transfusion Practitioners' Team are responsible for:

- a) Providing and coordinating formal transfusion training.
- b) Producing and maintaining appropriate on-line and equivalent face to face training modules
- c) Defining competency standards and assessments
- d) Training and supporting cascade trainers
- e) Facilitating cascade training and competency assessment by cascade trainers
- f) Competency assessments of senior doctors where this is required
- g) Overseeing Trust compliance with blood transfusion training and reporting to UHL Hospital Transfusion Committee.

Transfusion Practitioners' team provide advice and support during normal working hours (Monday to Friday 9 a.m. to 5 p.m.) and can be contacted on the following numbers:

LRI – 07890903133 / 07890903128 **GH** – 07816193868 **LGH** – 07890903127

Out of hours, staff should contact the blood transfusion laboratory.

4.4 Head of Nursing and Clinical Director

- a) Have primary responsibility within their CMG for ensuring staff undertaking blood transfusion have the required knowledge and competency.
- b) Monitor CMG's training records to ensure these are complete, up-to-date and available for inspection by HCC etc. The approved system for this is HELM.
- c) Maintain liaison with CMG to ensure line managers target staff in their areas who have not completed their training.

4.5 CMG Deputy Heads of Nursing and Matrons, and Heads of Service

- a) Are responsible for ensuring all staff involved in the transfusion process within their own CMG are trained and competency assessed.
- b) Nursing leads are required to nominate cascade trainers and assessors for staff in their areas.
 - Cascade trainers will be trained and assessed by blood transfusion team.
 - Cascade trainers will also be asked to complete a training session on how to use the Leicester Competency Assessment Tool (LCAT) for competency assessment.
 - The role of the cascade trainers will be to competency assess the staff within their particular clinical areas.
- c) Heads of Service are required to ensure all medical staff are aware of their transfusion training requirements and to ensure, through the annual appraisal / trainee ARCP (Annual Review of Competence Progression) framework, that their training is up to date.

4.6 Line managers

- a) Ensure that staff involved in any aspects of the blood transfusion process are:-
 - Fully aware of the content of the UHL Blood Transfusion Training Policy (Trust Ref: B39/2009) for Clinical and Support Staff.
 - Appropriately trained and competent to perform their duties in line with the requirements of NPSA SPN 14 (2006), BSQR (SI 2005 as amended) and CQC
- b) It is the managers' responsibility to ensure all clinical staff in their areas are trained in blood transfusion and assessed as competent.

4.7 Cascade Trainers must be:

- a) Responsible for assessing staff knowledge and competency in Blood Administration and/or taking blood samples for transfusion.
- b) Confident and competent in performing the skills and practice regularly.
- c) Have a sound knowledge of current policies and procedures relating to transfusion.

Cascade trainers should ideally be identified by the line manager and must be an LCAT assessor and have completed a relevant mentor / assessor course.

Further advice can be sought from the Transfusion Practitioners' team.

4.8 Registered clinical staff – Doctors (Consultants, Associate Specialists, Specialty Grade Doctors and Medical and Surgical Trainees: SpRs, ST, FY 1 and FY2), Nurses, Midwives, Operating Department Practitioners (ODPs) and Perfusionists:

- a) Must adhere to the UHL Blood Transfusion Policy (Trust Ref: B16/2003).
- b) Each member of staff is responsible for ensuring that they are trained and competent to perform their duties in relation to the transfusion process, including having successfully completed the UHL IV administration assessment. The blood transfusion training requirement

for all clinical (Medical and Surgical) staff is to complete the relevant on-line transfusion training modules via HELM 2 yearly. Once completed this training is valid for 24 months.

- c) In addition, all newly appointed anaesthetic medical staff (all grades), are also required to undertake and complete a one off face to face training and competency in the administration of blood components. This can be arranged by contacting one of the transfusion practitioners.

4.9 Support Staff – Operating Department Assistants (ODAs), Healthcare Assistants (HCAs) / Clinical Support Workers, Porters and Clerical Staff who transport blood, Phlebotomists, Multi-Testers, Clinical Aids, Assistant Practitioners and Nursing Associates:

- a) Have responsibilities to ensure that they have the correct training to carry out their duties in line with this policy, depending on their role within transfusion.
- b) Staff collecting blood components from the Transfusion laboratory must be trained and deemed competent to use Blood Track system.

5. POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS –WHAT TO DO AND HOW TO DO IT

- 5.1** Blood components must only be administered by a registered healthcare professional who is trained and assessed as competent in both transfusion and IV administration and has been issued with a unique bar code in order to use the BloodTrack system.
- 5.2** Blood components must be administered using BloodTrack, only after Positive Patient Identification has been carried out by the registered Health Care Professional at the patients side.
- 5.3** Staff responsible for taking blood samples for G&S and cross match must be trained and assessed as competent in phlebotomy, including positive patient identification and the use of BloodTrack for obtaining/labelling blood samples.
- 5.4** Staff undertaking the task of collecting blood components from the transfusion laboratory on behalf of the clinical areas must be trained and assessed as competent to carry out this task.

6 EDUCATION AND TRAINING REQUIREMENTS

6.1 Trust Induction – New Starters

An overview to Blood Transfusion safety as part of the Trust induction day for all staff involved in the process, including;

- a) prescribing blood,
- b) obtaining a sample,
- c) collecting or returning and transporting blood,
- d) administering blood, and
- e) all aspects of caring for patients undergoing a transfusion.

The induction training will be facilitated by the Transfusion Practitioners' team.

6.2 e-Learning

- a) Staff must complete the Blood Transfusion e-learning modules relevant to their role within the Trust.

- b) The e-learning can be accessed via HELM. This must be done as soon as possible after commencing the new job and before they undertake any aspects of the Blood Transfusion process. The e-learning is valid for 2 years.

6.3 Competency Assessment

- a) Once the e-learning training has been successfully completed, staff are required to undertake a one-off face to face competency assessment in accordance with the NPSA requirements before taking transfusion samples or administering blood components. The assessment may be completed through observed practice in the clinical area or through simulation.
- b) Staff must contact a Blood Transfusion LCAT assessor in their own area in order to complete the face to face assessment.

This is in addition to a phlebotomy and/or IV administration assessment.

6.4 Face to Face teaching

All non-medical staff must attend 2 yearly face to face transfusion teaching to comply with current MHRA requirements.

6.5 Special Circumstances

- a) **Bank staff** can participate in the transfusion process after completing the e-learning via HELM and **successfully completing a face to face assessment.**
- b) **Short-term agency / locum staff** can only monitor the patient during the transfusion but cannot take samples or administer blood or blood components. However, **long-term** agency staff who have completed the HELM training and are expected to be in the employ of UHL for more than 3 months, can undergo training and receive a BloodTrack barcode, which must be surrendered to the BloodTrack team upon termination of their tenure.
- c) **For all registered staff new to UHL, evidence of a valid competency assessment within the last two years from a previous employer will be accepted.**
- d) If any member of staff is involved in a blood transfusion incident and a lack of competence is identified during the Root Cause Analysis (RCA) investigation, they will be required to retrain and undertake a competency based assessment.

See appendices 1 and 2 for detailed information and training need analysis for different groups of staff.

7 PROCESS FOR MONITORING COMPLIANCE

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements	Lead(s) for acting on recommendations
The number of staff who have completed their knowledge-based, e-learning assessment modules deemed 'essential to job role'.	HTT	HELM clinical skills passport database	Quarterly	Report to HTC, which in turn reports to the Director of Safety and Risk and the Medical Director. Individual reports to CMGs Head of nursing and Clinical Directors.	HTC CMGs Head of Nursing and Head of Service.

8 EQUALITY IMPACT ASSESSMENT

- 8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
- 8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

The British Committee for Standards in Haematology (1999) 'Guidelines for the administration of blood and blood components and the management of the transfused patient.

Department of Health (2007) *Better Blood Transfusion*, HSC 2007/001. NHS Executive https://www.transfusionguidelines.org/document-library/documents/hsc-2007-001-better-blood-transfusion-safe-and-appropriate-use-of-blood/download-file/nbtc_bbt_hsc_07.pdf

Blood Safety & Quality Regulations SI 2005/50 (2005)

National Patient Safety (NPSA) Safer Practice Notice 14 (2006).

The UHL Policy for the Prescribing, Collection, Storage and Administration of Blood and Blood Components (available on INsite (Trust Ref: B16/2003)

10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

- 10.1 This policy will be reviewed and updated every three years by the HTT or sooner if indicated by any patient care issues or risks. It will be archived through the Trusts SharePoint system.
- 10.2 It is the responsibility of the UHL Hospital Transfusion Team to commission the review.

1. Introduction and Who Guideline applies to

This applies to all medical staff working within UHL who will be responsible for obtaining blood samples and prescribing blood components.

2. Guideline Standards and Procedures

Staff Group	Decision to Transfuse	Prescribing Blood Components	Taking Informed Consent	Taking Samples for Transfusion	Collection and Delivery to Clinical Area	Administration of Transfusion	Diagnosis and Management of Transfusion Reactions	Face-to-Face Training	E-Learning Modules for Transfusion	BloodTrack Training
Consultant (Medical and Surgical)	Yes	Yes	Yes	Possibly, in exceptional Circumstances	Possibly, in exceptional Circumstances	Possibly, in exceptional Circumstances	Yes	Trust Induction	2 yearly	Initial e-learning, repeated 2 yearly
Consultant Anaesthetist	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Trust induction.	2 yearly	Initial e-learning, repeated 2 yearly
Specialist Trainee (Surgical and Medical)	Yes	Yes	Yes	Yes	No	No	Yes	Trust induction.	2 yearly	Initial e-learning, repeated 2 yearly

Anaesthetic Trainee	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Trust induction.	2 yearly	Initial e-learning, repeated 2 yearly
Foundation Year 1&2	Possibly; in exceptional circumstances	Yes	Yes	Yes	No	No	Yes	Trust induction.	2 yearly	Initial e-learning, repeated 2 yearly

3. Education and Training

See table above

4. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
HELM Clinical Skills Passport	No. of staff completed E-learning for whom transfusion is 'essential to job role'	H. Qureshi	Annual	HTC

5. Supporting References (maximum of 3)

NONE

6. Key Words

NONE

CONTACT AND REVIEW DETAILS	
Guideline Lead (Name and Title) Dr. H. Qureshi	Executive Lead Dr. H. Qureshi
Details of Changes made during review: Addition of BloodTrack training requirements	

1. Introduction and Who Guideline applies to

This guideline is for qualified nursing, clinical and support staff for whom Blood transfusion is ‘essential to job role’. It sets out the training needs for staff involved in the transfusion process to include prescribing, blood sampling, blood collection/kiosk access and administration of blood components.

2. Guideline Standards and Procedures

Staff Group	Taking informed consent	Taking samples for transfusion	Collection and delivery to clinical area	Administration of transfusion	Monitoring of patient during transfusion	Face to Face Training	E-learning for transfusion	Face to face competency assessment (LCAT)	BloodTrack Training
Registered Nurses – Adult and Children’s, Midwives, Operating Department Practitioners (ODPs), and Perfusionists	If specifically trained	Yes	Yes	Yes	Yes	Trust induction. 2 Yearly update	2 yearly	One off face to face competency based assessments for sampling and administration (For all new comers to UHL)	Initial Competency Assessments in sampling, kiosk access (where required) and administration, then e-learning 2 yearly
Healthcare assistants (HCAs), Clinical Support Workers, Clinical Aides,	No	Yes	Yes	No	If specifically trained	Trust induction. 2 yearly update	2 yearly	One off face to face competency based assessments for taking blood samples (For all new comers to UHL)	Initial Competency Assessment in sampling and kiosk access, then e-learning 2 yearly
Phlebotomists, Multi-Testers	No	Yes	No	No	No		2 yearly	One off face to face competency based assessments for taking blood samples (For all new comers to UHL)	Initial Competency Assessment in sampling, then e-learning 2 yearly
Clerical staff/Porters	No	No	Yes	No	No	Trust induction 2 yearly update	2 yearly (excluding Porters – Multi-choice assessment paper)	One off Blood Track assessment and bar code	Initial Competency Assessment in kiosk access (where required), then e-learning 2 yearly

3. Education and Training

See table above

4. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
HELM Clinical Skills Passport	No. of staff completed E-learning for whom transfusion is 'essential to job role'	H. Qureshi	Annual	HTC

5. Supporting References (maximum of 3)

NONE

6. Key Words.

NONE

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