NHS
Blood and Transplant

Safety in the blood

safe blood transfusion practice for Healthcare Support Workers

Welcome

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NHS Blood & Transplant

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Today's Aim

- To develop an understanding of safe transfusion practice

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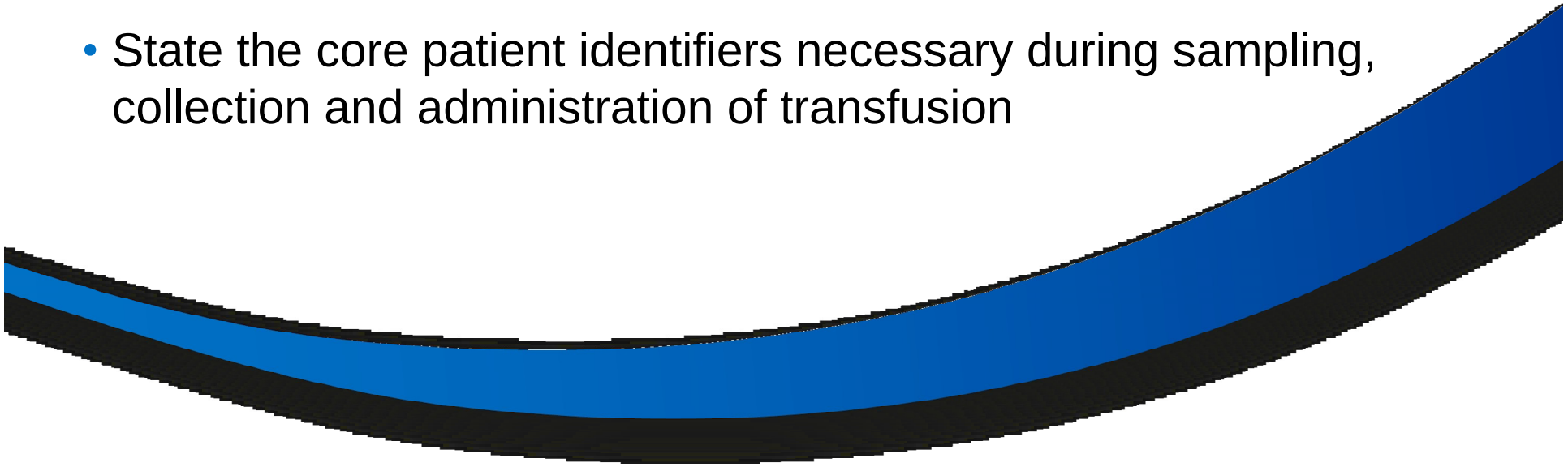
Today's Objectives

- Identify which ABO blood groups are compatible
- Describe the need for a 'cold chain' for red cells (blood)
- State the minimum observations required for a blood transfusion
- Explain the immediate actions that need to be taken in the event of an adverse reaction
- State the core patient identifiers necessary during sampling, collection and administration of transfusion



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Patient Blood Management

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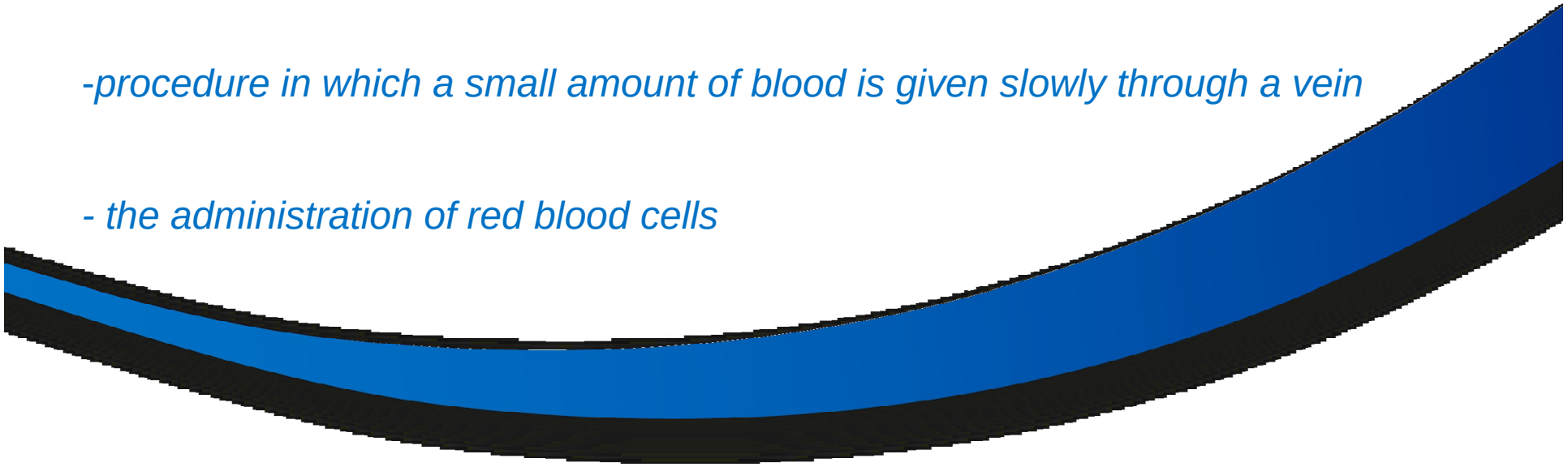
Blood transfusion

An injection into a patient of blood, previously taken from a healthy person *- Wikipedia*

-transfusion: the introduction of blood or plasma into a vein or artery

-procedure in which a small amount of blood is given slowly through a vein

- the administration of red blood cells



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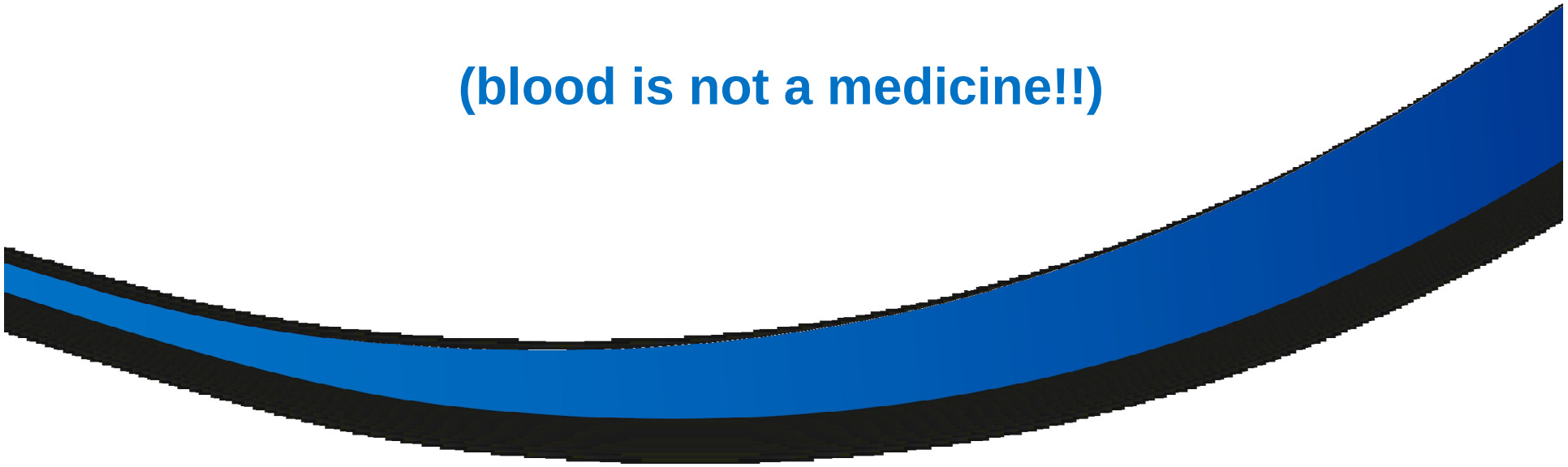
Blood transfusion

Taking living cells from one person and giving them to another

‘Liquid transplant’

(blood is not a medicine!!)



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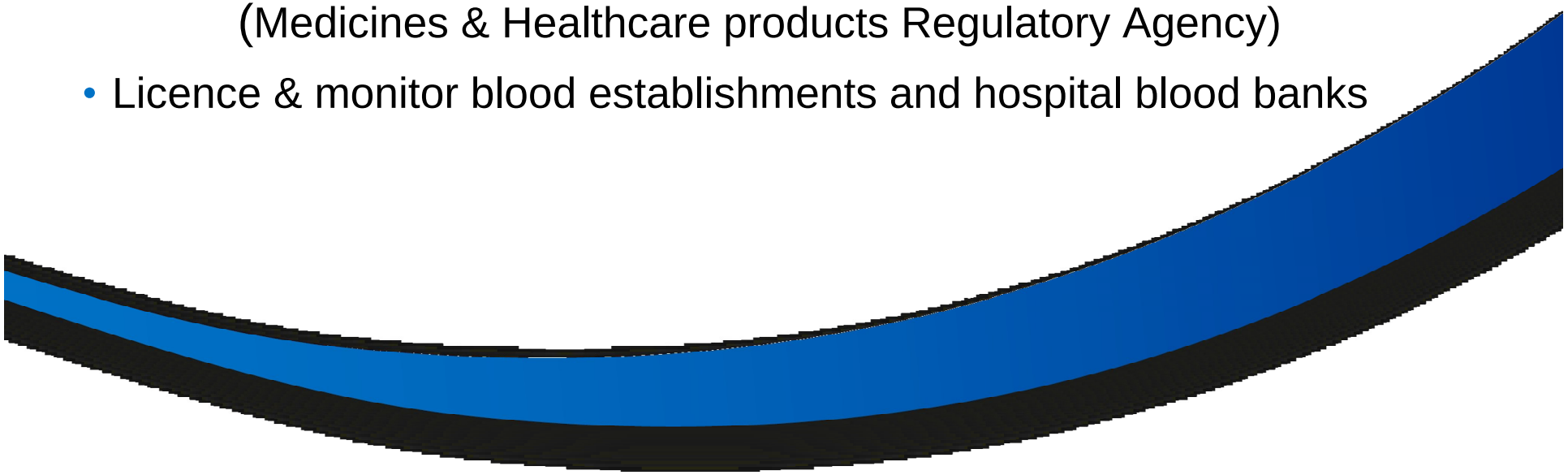
BSQR

- Blood Safety and Quality Regulations (2005)
- UK-wide legislation (implementing EU directives)
- Govern the manufacture, testing & storage of blood components
- Competent Authority – MHRA

  (Medicines & Healthcare products Regulatory Agency)
- Licence & monitor blood establishments and hospital blood banks



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BSQR

Hospital Blood Banks must:

- Maintain a quality system
- Notify the MHRA of serious adverse events / reactions
- Maintain records to ensure full traceability of blood components for not less than 30 years

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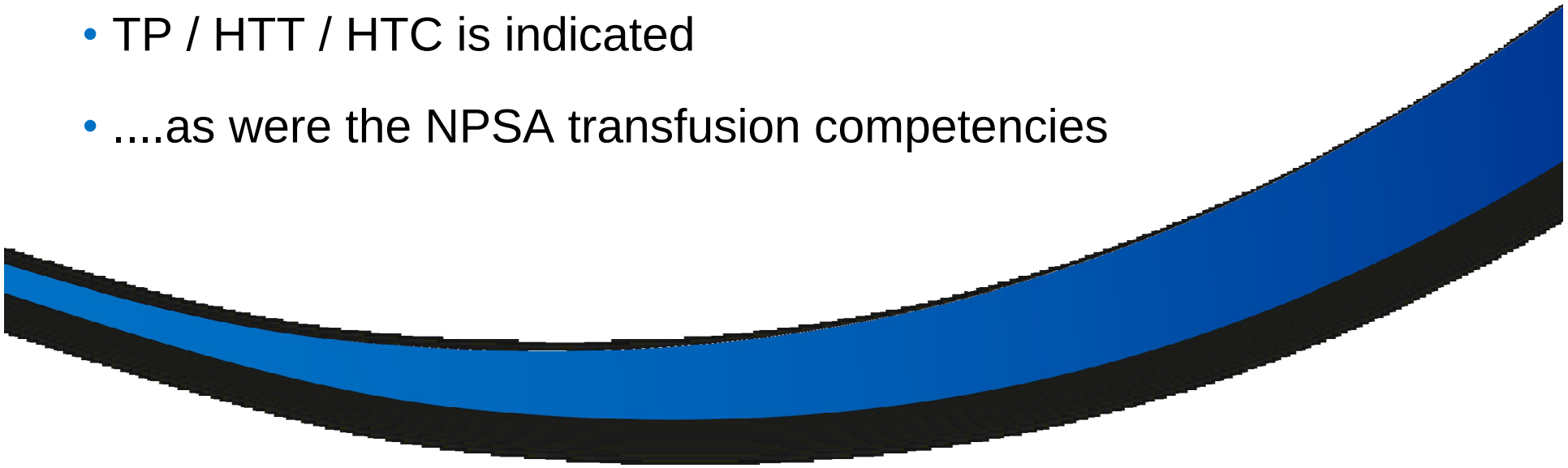
Better Blood Transfusion 1, 2 & 3

- DH Health Service Circulars
- BBT3 2007/001:
  'Better Blood Transfusion – safe and appropriate use of blood'
- Not law ..... but good practice!
- TP / HTT / HTC is indicated
- ....as were the NPSA transfusion competencies



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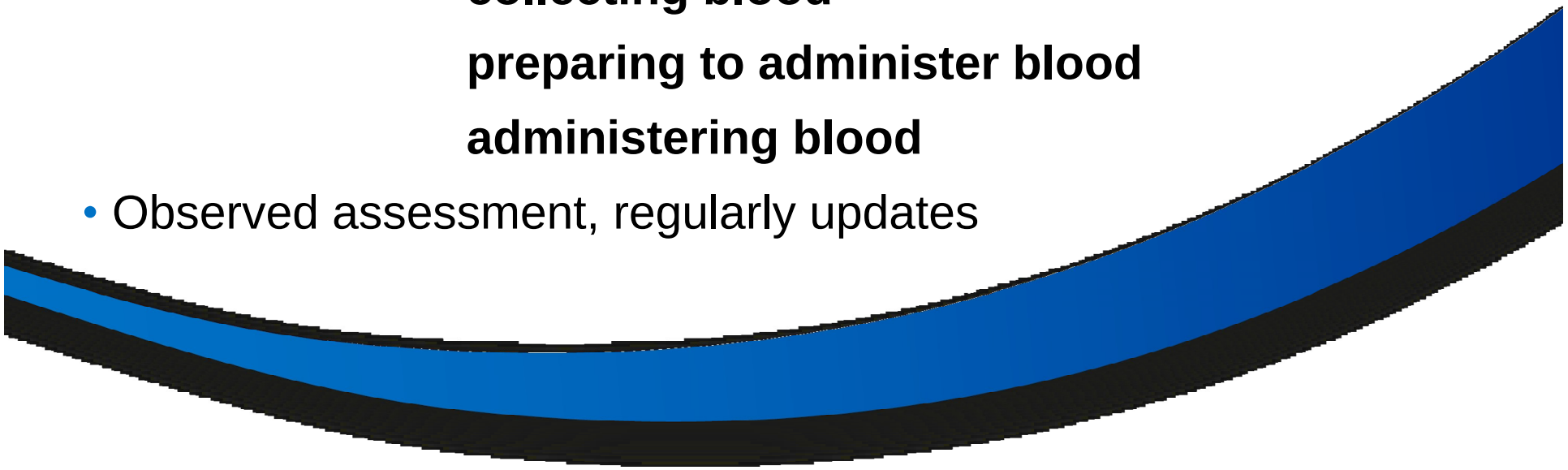
NPSA Competencies

- NPSA Safer Practice Notice 14 – Right Patient, right blood: advice for safer blood transfusions
- Competencies: **obtaining venous samples**
  organising receipt
  collecting blood
  preparing to administer blood
  administering blood
- Observed assessment, regularly updates



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DH Never Events

- “Never events” are very serious, largely preventable patient safety incidents that should not occur if the relevant preventative measures have been put in place
- 17. Transfusion of ABO-incompatible blood components

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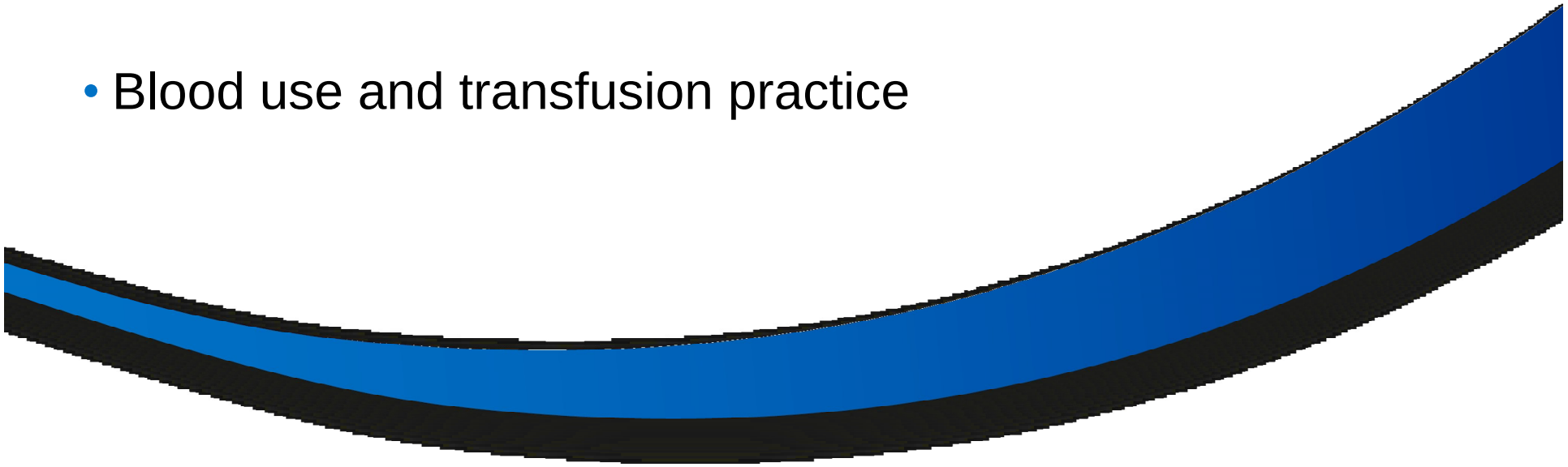
Monitoring through audit

- **N**ational **C**omparative **A**udit of Blood Transfusion (NCA)
- All NHS and private hospitals in England and Wales
- Blood use and transfusion practice



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NCA

- 2012 Audit of Blood Sample Collection & Labelling
- 3% of samples mislabelled
  - ‘transcription’ errors were the commonest cause of this (33%)

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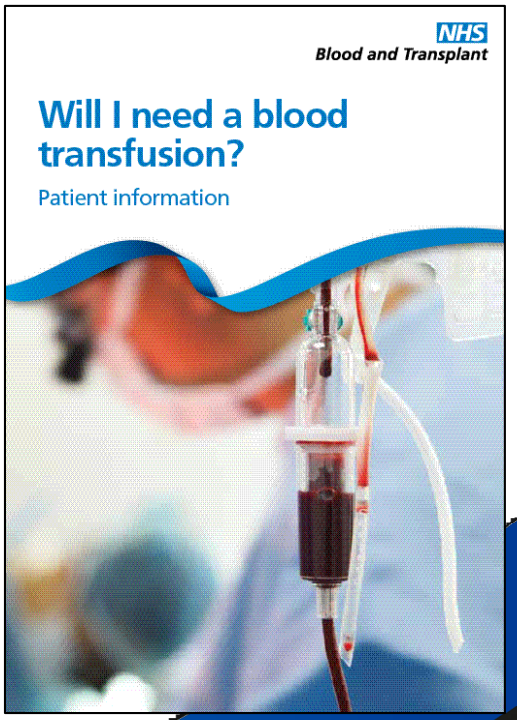
Patient Information and Consent

- Ensure that timely information is made available to patients informing them of the indication for transfusion, the risks and benefits of blood transfusion, and any alternatives available (BBT3)
- As far as practicable, patients should always be consented for transfusion, and have their right to refuse respected
- Documented evidence of consent to transfusion in the patient's records (SaBTO)



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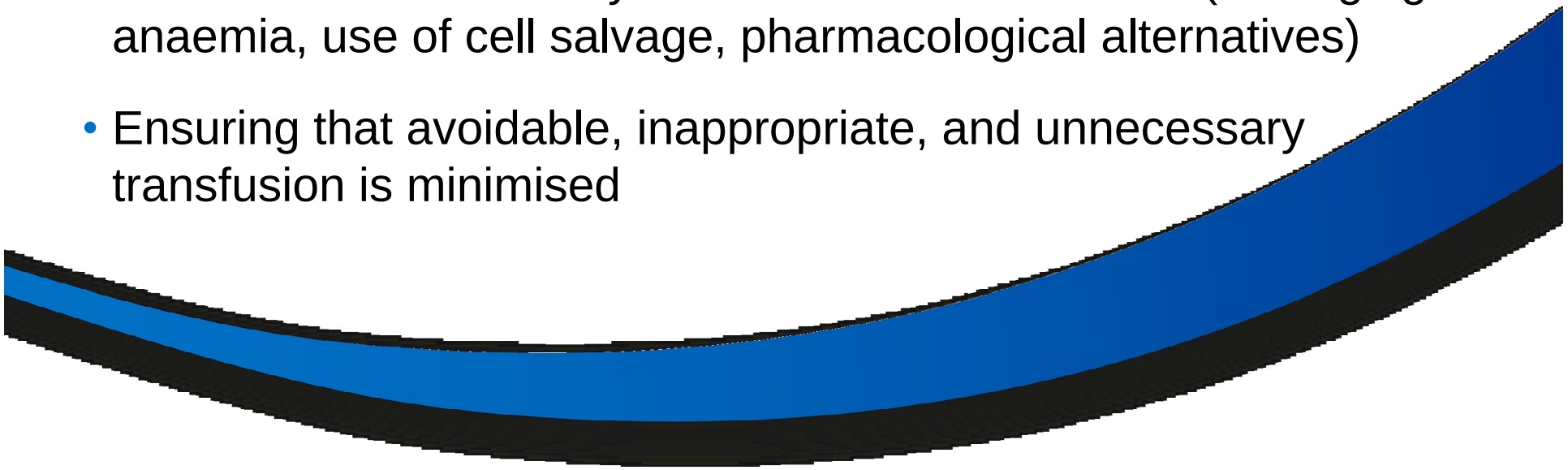
Patient Blood Management (PBM)

- Optimising the care of patients that might need a transfusion
- Evidence based
- Multidisciplinary approach
- Includes measures to try to avoid blood transfusion (managing anaemia, use of cell salvage, pharmacological alternatives)
- Ensuring that avoidable, inappropriate, and unnecessary transfusion is minimised



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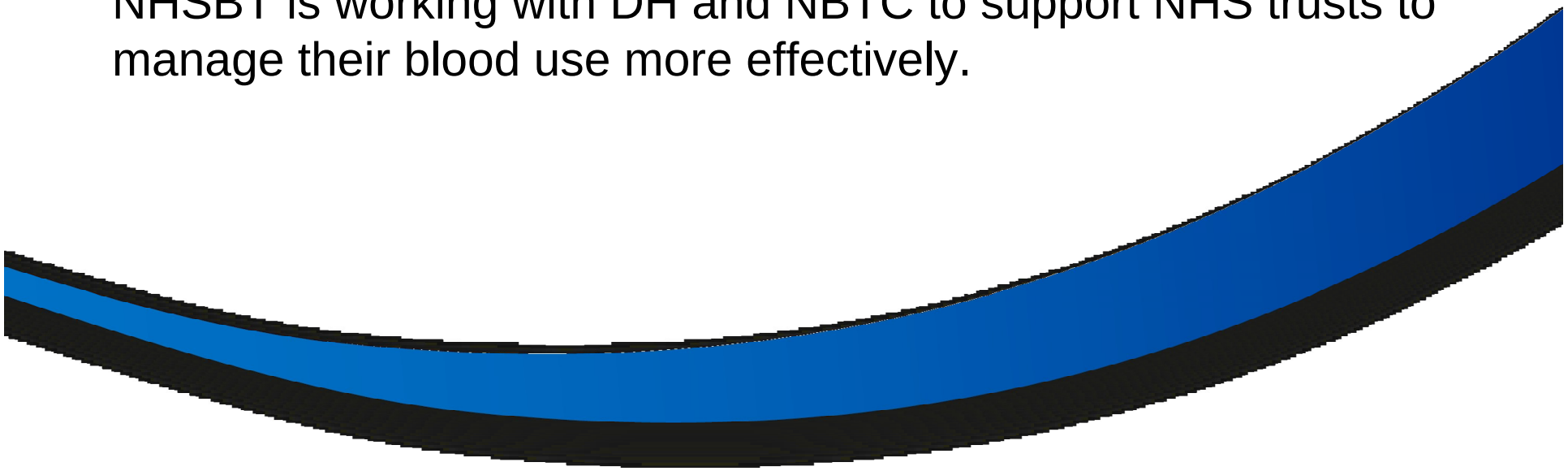
PBM

- National Blood Transfusion Committee (NBTC) recommendations - June 2014
- Follows on from DH ‘Better Blood Transfusion’ initiatives
- An international initiative in best practice for transfusion medicine; NHSBT is working with DH and NBTC to support NHS trusts to manage their blood use more effectively.



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....so what are the risks with transfusion?