

This newsletter is produced for the Newcastle Upon Tyne Hospitals by the Hospital Transfusion Team (HTT). The HTT meets monthly and reports to the Trust Hospital Transfusion Committee. This group is responsible for developing strategy for and monitoring compliance with policy.

This newsletter is one of the initiatives to help promote new information concerning blood transfusion, to highlight any recurring errors/incidents and to advertise training sessions/seminars.

BLOOD ASSIST

The NHSBT are delighted to announce the launch of 'Blood Assist' their new app supporting safe blood transfusion.

Developed by the Patient Blood Management team at NHS Blood and Transplant this free app provides a step-by-step approach to safe and appropriate blood component administration. Incorporating up to date guidance, recommendations, and advice from the Serious Hazards of Transfusion UK haemovigilance Society (SHOT), the British Society for Haematology (BSH) and the Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO).



Visit www.bloodassist.co.uk for further information.

Cascade Trainer

I qualified as a State Registered Nurse in 1992, having started my career in 1989. My training was in Leicester, and my first job was Gynaecology and Surgery. I had many jobs, all over the UK. One of my favourites was Guernsey in the Channel Islands. In 1997 I was working in St Thomas's Hospital again in Gynaecology, when I got married to a good Northern lad! He refused to come south so I moved up to Sunderland where I still live today 24 years later. I finally got my degree in 2018 after 22 years of working in medicine, Community and the last 10 as a TB Nurse Specialist for Newcastle. I joined the Clinical Education team in January, and my base is Ward 19 Infectious Diseases. It has definitely been a baptism of fire, but an amazing challenge.



My job involves teaching a variety of different sessions covering PPE donning and doffing along with high-level infectious disease management, moving and handling, BLS and now I have added Blood transfusion. It was important to have this training as we have had newly qualified nurses and they need support in a complex and busy hospital to deliver research based safe patient care around blood transfusion, which is at the core of my role. Aimi and Scott have been supportive and while doing the training online was interesting, it worked really well. I feel confident to deliver this training thanks to the input of the Transfusion team.

Fiona, Clinical Educator

CONVALESCENT PLASMA

COVID-19: Be the difference

Donated blood plasma from people who have recovered could save lives
Search 'donate plasma' or visit nhsbt.nhs.uk



We need more people who have recovered from COVID-19 to register and donate blood plasma which could save lives.

Convalescent plasma is the antibody-rich plasma of people who have recovered can be transfused into people who are struggling to develop their own immune response.

NHSBT is leading the collection programme on behalf of the Government. Convalescent plasma is being collected at NHSBT's 42 donor centres around the country. Donation takes about 45 minutes.

Anyone who has had COVID-19 or the symptoms can offer to donate at a donor centre by calling 0300 123 23 23 or completing the online form at www.nhsbt.nhs.uk or search donate plasma.

Cascade Training

Our cascade training sessions for 2021 have been set.

This will be delivered the new virtual format which we hope makes the course more accessible while still providing the necessary content to a satisfactory standard.

If you are interested in becoming a cascade trainer please email us at nuth.hospitaltransfusionteam@nhs.net

Paperlite Update

To avoid the risk of over transfusing a patient, it is extremely important that all transfusion events are correctly documented and accessible as part of the patient record.

All transfusions should be recorded on the appropriate Blood Transfusion Pathway form, which is available within the Paper Vault (duplex printing should be used to print double-sided).

Once complete, The Blood Transfusion Pathway form should be kept with the patient and included as part of their temporary paper documentation.

In line with *paperlite* policy, the temporary paper documentation should be sent to Medical Records on a weekly basis, or on discharge of the patient.

All Blood Transfusion Pathway forms MUST be separated and urgently hand delivered to Medical Records on the respective site. The Medical Records Team will immediately scan each form so that each transfusion event becomes viewable as part of the patient electronic record in Document Store.

Before authorising any transfusion to a patient it is important to check both the electronic record in Document Store and the temporary paper documentation for previous transfusion history.

For any additional information, please contact the Transfusion Practitioners on either 48852 or 48853 in the first instance.

Patient Blood Safety: Specimen Labelling for Transfusion

Blood transfusion will no longer accept amendments to be made for minor errors in the specimen labelling process. An error made will lead to the rejection of the sample and the need for a new sample to be obtained.

Any person involved in any part of the Blood transfusion process MUST have completed: Relevant e-learning and competency assessment.

ID right to save a life

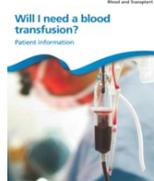
- Patient should be positively identified before the sample is taken
- Ask the patient to state their full name and date of birth
- Check the details match the patient's ID wristband EXACTLY

Informed consent

Informed consent for blood transfusion must be obtained and documented in the patient's clinical record by the clinical team prior to sample being taken. As part of the consent process a standardised patient information leaflet should be given to the patient outlining risks and benefits of blood transfusion.

Attention to detail now saves time later

- MRN, Surname, Forename, DOB must be on the transfusion request form (Handwritten/eRecord/ addressograph label accepted)
- Check all details on the request form are correct
- MRN, Surname, Forename, DOB must be clearly HANDWRITTEN on sample tube.
- The Declaration MUST be signed by the person taking the specimen.



The request form and sample labelling should all be completed at the patient's bedside. When you leave the bedside no further changes/additions should be made to the sample or the request form.

If in any doubt **STOP** and make additional checks before restarting the process!



Feedback Welcome

Please send any feedback to
nuth.hospitaltransfusionteam@nhs.net

Please also use this email for any non-urgent transfusion queries.



www.newcastlelaboratories.com