

Guidelines for the Blood Transfusion Services

4.2: Staffing and training principles for donation sessions

<http://www.transfusionguidelines.org/red-book/chapter-4-premises-and-quality-assurance-at-blood-donor-sessions/4-2-staffing-and-training-principles-for-donation-sessions>

4.2: Staffing and training principles for donation sessions

A consultant with responsibility for the donors in consultation with nursing and operational managers should ensure that there are adequate staffing levels and that staff are properly trained. This consultant may delegate day-to-day clinical responsibility to appropriately trained clinical staff. When donors are undergoing leucapheresis procedures (e.g. granulocyte, lymphocyte and peripheral blood progenitor cell collections) a suitably trained doctor must be immediately available to attend to the donor.

At sessions where component collection is performed one or more suitably trained doctors or registered nurses must be responsible for supervising the performance of venepunctures and for the supervision of machine procedures.

The administration of drugs (e.g. local anaesthetic and citrate) must be supervised by a registered professional in accordance with *Standards for Medicines Management* (2007).⁴ During donation, donors should never be left in a room without the presence of an appropriately trained doctor or registered nurse.

Training and certification of registered nurses undertaking donation procedures including training and monitoring of staff, performing venepunctures and obtaining informed consent, must be in accordance with the current *Nursing and Midwifery Council (NMC) Code of Professional Conduct*.⁵

The consultant, in consultation with the nurse manager, must ensure that there is an appropriate staffing level and skill mix to ensure donor safety and adequate monitoring of the equipment in use. They must ensure that, as a minimum requirement, all healthcare professionals involved with component procedures receive basic life-support training annually.

At sessions where component collection is performed planned staffing levels should ensure that normally there is at least one member of suitably trained staff present for every two machines in use. For leucapheresis procedures, higher staffing ratios are required. A programme should be established for initial and continued training to ensure an appropriate level of proficiency.

The consultant with responsibility for donors must ensure that a manual of standard operating procedures (SOPs) is compiled in accordance with local quality assurance systems for whole blood collection and each type of component collection procedure. These SOPs must be regularly reviewed and updated and must take into account the machine manufacturer's operating instructions. A current copy of the relevant manufacturer's manual for each type of machine in use must be available on-site.