



EQUALITY SCREENING TEMPLATE

See [Guidance Notes](#) (POL:PP:032) for further information on the 'why' 'what' 'when', and 'who' in relation to screening, for background information on the relevant legislation and for help in answering the questions on this template.

(1) INFORMATION ABOUT THE POLICY OR DECISION

1.1 Title of policy (incl. doc. reference number) or decision :

MP:022: INVESTIGATION OF A SUSPECTED TRANSFUSION REACTION

1.2 Description of policy or decision

- **what is it trying to achieve? (aims and objectives)**
- **how will this be achieved? (key elements)**
- **what are the key constraints? (for example, financial, legislative or other)**

The purpose of this policy is to provide guidance on the recognition, investigation and management of possible transfusion reaction. It is based on BSH 'Guidelines on the investigation and management of acute transfusion reactions' 2022 and data from SHOT annual reports. It recognises that transfusion reactions can have extremely variable clinical presentations and disparate aetiology.

Acute Transfusion Reactions (ATR) vary in severity from minor febrile reactions to life-threatening allergic, haemolytic or hypotensive events. ATR rates of 0.5-3% of transfusions are commonly quoted (Fry JL *et al*, 2010). Data from 2022 SHOT annual report suggests that the risk of death related to transfusion in the UK is 1 in 63,563 (1.57 per 100,000) components issued and the risk of serious harm is 1 in 15,449 (6.47 per 100,000) components. The incidence of febrile, allergic or hypotensive reactions is around 1/7,378, where haemolytic transfusion reaction incidence was 1/48,033. Although red cells are the most common blood component transfused, platelets account for the highest number of reactions reported per 10,000 components.

1.3 Main stakeholders affected (internal and external)

For example, staff, actual or potential service users, other public sector organisations, voluntary and community groups, trade unions or professional organisations or private sector organisations or others

NIBTS Hospital Services staff, medical team and any Biomedical Scientist undertaking on-call work are likely to be involved in notifications from hospital areas about patients with transfusion reaction and therefore, they should have read and understood this policy. This policy may also be circulated to Heads of Hospital Blood Banks.



1.4 Other policies or decisions with a bearing on this policy or decision

- what are they?
- who owns them?

SOP QA:070	Procedure for Reporting and Management of Quality Incidents
SOP QB:012	Bacteriological Investigation of Adverse Reactions associated with Transfusion
SOP QB:013	Procedure for Treatment of Culture Positive Single Donor Platelets or Red Cells
SOP QB:005	Procedure for Culture Positive Pooled Blood Components
SOP BG:022	Serological Investigation of Transfusion Reactions
SOP BG:046	Minimum Specifications for the Labelling of Blood Samples and Accompanying Documentation received for Antibody Identification and Cross-Matching
SOP QA:002	Blood Component Recall Procedure
SOP DM:004	Procedure for lookback /traceback for transfusion transmissible infections
POL MP:011	Policy for receipt of samples which do not conform to NIBTS sample labelling or request form requirements
POL MP:009	Investigation of a suspected transfusion related acute lung injury (TRALI) case policy.
FORMDD:1013	Receipt of Rejected Samples for Testing which Do Not Conform with NIBTS Sample Labelling / Request Form Requirements/Patient Records
FORMDD:1040	Recall record form
FORMDD:046	Recall notification and component fate record.

(2) CONSIDERATION OF EQUALITY AND GOOD RELATIONS ISSUES AND EVIDENCE USED

2.1 Data gathering

What information did you use to inform this equality screening? For example previous consultations, statistics, research, Equality Impact Assessments (EQIAs), complaints. Provide details of how you involved stakeholders, views of colleagues, service users, staff side or other stakeholders.

2.2 Quantitative Data

Who is affected by the policy or decision? Please provide a statistical profile. Note if policy affects both staff and service users, please provide profile for both.

Category	What is the makeup of the affected group? (%) Are there any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?
Gender	NIBTS Staff Data: 67% female, 33% male



NIBTS Staff Data															
Age	<p>NIBTS Staff Data:</p> <table border="1"> <thead> <tr> <th>Age Group</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>16-24</td> <td>5%</td> </tr> <tr> <td>25-34</td> <td>18%</td> </tr> <tr> <td>35-44</td> <td>22%</td> </tr> <tr> <td>45-54</td> <td>21%</td> </tr> <tr> <td>55-64</td> <td>29%</td> </tr> <tr> <td>>=65</td> <td>5%</td> </tr> </tbody> </table>	Age Group	%	16-24	5%	25-34	18%	35-44	22%	45-54	21%	55-64	29%	>=65	5%
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55-64	29%														
>=65	5%														
Religion	<p>NIBTS Staff Data:</p> <p>39% Catholic 42% Protestant 10% Neither 9% Not determined</p>														
Political Opinion	<p>NIBTS Staff Data:</p> <p>9% Broadly Nationalist 9% Broadly Unionist 16% Other 66% No answer</p>														
Marital Status	<p>NIBTS Staff Data:</p> <p>19% Unknown 24% Single 53.5% Married / Civil Partnership 2% Divorced 0.5% Widowed 0.5% Separated 0.5% Other</p>														
Dependent Status	<p>NIBTS Staff Data:</p> <p>28% Staff with dependents 30% Staff without dependants 42% Not assigned</p>														
Disability	<p>NIBTS Staff Data:</p> <p>55% No Disability 2% With Disability 43% Not Assigned</p>														
Ethnicity	<p>NIBTS Staff Data:</p> <p>64.5% White 0.5% Pakistani 1% Other 34% Not Assigned</p>														
Sexual Orientation	<p>NIBTS Staff Data:</p> <p>50% Someone of the opposite sex 3% Someone of the same sex 0.5% Both sexes 3% Do not wish to answer 43.5% Not assigned</p>														



2.3 Qualitative Data

What are the different needs, experiences and priorities of each of the categories in relation to this policy or decision and what equality issues emerge from this? Note if policy affects both staff and service users, please discuss issues for both.

Category	Needs and Experiences
Gender	Men who received blood from women with a history of pregnancy are at higher risk of reaction rate than those who received blood from women with no history of pregnancy, or those receiving blood from men.
Age	Most transfusion are administered to people aged 60 years and older; therefore, most acute transfusion reactions also occur in this age group.
Religion	There is no data to suggest that the needs and experiences of service users differ on the basis of religion. However, people with Jehovah's witness are not at risk of reactions given their believe against receiving blood transfusion.
Political Opinion	There is no data to suggest that the needs and experiences of service users differ on the basis of political opinion.
Marital Status	There is no data to suggest that the needs and experiences of service users differ on the basis of marital status.
Dependent Status	There is no data to suggest that the needs and experiences of service users differ on the basis of dependant's status.
Disability	Issues relating to accessibility information for people with disabilities are considered in our Accessible Formats Policy. There is no data to suggest that the needs and experiences of service users differ on the basis of disability. However, people with some disabling conditions are more likely to receive blood transfusion and therefore, will be at more risk to develop transfusion reactions.
Ethnicity	Issues relating to accessible information for people whose first language is not English are considered in our Accessible Formats Policy. There is no data to suggest that the needs and experiences of service users differ on the basis of ethnicity. However, people with some ethnicities are more at risk of inherit conditions to which they are more likely to receive blood transfusion and therefore, will be at more risk to develop transfusion reactions.
Sexual Orientation	There is no data to suggest that the needs and experiences of service users differ on the basis of sexual orientation.



2.4 Multiple Identities

Are there any potential impacts of the policy or decision on people with multiple identities? For example; disabled minority ethnic people; disabled women; young Protestant men; and young lesbians, gay and bisexual people.

N/A

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2.5 Making Changes

Based on the equality issues you identified in 2.2 and 2.3, what changes did you make or do you intend to make in relation to the policy or decision in order to promote equality of opportunity?

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
<p><u>Gender</u> Blood taken from female donors are excluded from manufacturing of plasma rich components. This reduces the risk of some transfusion reactions such as TRALI, or the development of HLA and HNA antibodies.</p> <p><u>Age</u> All recipients of blood and blood components, especially elderly recipients are at higher risk of TACO. These are monitored to prevent these risks.</p> <p><u>Religion</u> People who wish not to receive blood components because of religious believe are optimised by other means to reduce their risks to become anaemic.</p>	



<p><u>Ethnicity</u> Ethnic background patients or those with disabilities who are transfusion-dependent are at higher risks of having transfusion reactions or being alloimmunised. These patients are subject to extended pre-transfusion phenotyping/genotyping procedures to ensure providing higher compatible blood to reduce their risk of transfusion reactions and alloimmunisation.</p>	
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2.6 Good Relations

What changes to the policy or decision – if any – or what additional measures would you suggest to ensure that it promotes good relations? (refer to guidance notes for guidance on impact)

<i>Group</i>	<i>Impact</i>	<i>Suggestions</i>
Religion	/	/
Political Opinion	/	/
Ethnicity	/	/

(3) SHOULD THE POLICY OR DECISION BE SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT?

A full equality impact assessment (EQIA) is usually confined to those policies or decisions considered to have major implications for equality of opportunity.



How would you categorise the impacts of this decision or policy? (refer to guidance notes for guidance on impact)

Please tick:

Major impact	<input type="checkbox"/>
Minor impact	<input type="checkbox"/>
No further impact	<input checked="" type="checkbox"/>

Do you consider that this policy or decision needs to be subjected to a full equality impact assessment?

Please tick:

Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

Please give reasons for your decisions.

This is a technical policy; no equality impacts have been identified for any of the Section 75 groups.

(4) CONSIDERATION OF DISABILITY DUTIES

4.1 In what ways does the policy or decision encourage disabled people to participate in public life and what else could you do to do so?

<i>How does the policy or decision currently encourage disabled people to participate in public life?</i>	<i>What else could you do to encourage disabled people to participate in public life?</i>



4.2 In what ways does the policy or decision promote positive attitudes towards disabled people and what else could you do to do so?

<i>How does the policy or decision currently promote positive attitudes towards disabled people?</i>	<i>What else could you do to promote positive attitudes towards disabled people?</i>

(5) CONSIDERATION OF HUMAN RIGHTS

5.1 Does the policy or decision affect anyone’s Human Rights? Complete for each of the articles

ARTICLE	Yes/No
Article 2 – Right to life	
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment	
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour	
Article 5 – Right to liberty & security of person	
Article 6 – Right to a fair & public trial within a reasonable time	
Article 7 – Right to freedom from retrospective criminal law & no punishment without law	
Article 8 – Right to respect for private & family life, home and correspondence.	
Article 9 – Right to freedom of thought, conscience & religion	
Article 10 – Right to freedom of expression	
Article 11 – Right to freedom of assembly & association	
Article 12 – Right to marry & found a family	
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights	



1 st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	/
1 st protocol Article 2 – Right of access to education	/

*If you have answered no to all of the above please move on to **Question 6** on monitoring*

5.2 If you have answered yes to any of the Articles in 5.1, does the policy or decision interfere with any of these rights? If so, what is the interference and who does it impact upon?

List the Article Number	Interfered with? Yes/No	What is the interference and who does it impact upon?	Does this raise legal issues?*
			Yes/No
/	/	/	/

** It is important to speak to your line manager on this and if necessary seek legal opinion to clarify this*

5.3 Outline any actions which could be taken to promote or raise awareness of human rights or to ensure compliance with the legislation in relation to the policy or decision.

(6) MONITORING

6.1 What data will you collect in the future in order to monitor the effect of the policy or decision on any of the categories (for equality of opportunity and good relations, disability duties and human rights)?

Equality & Good Relations	Disability Duties	Human Rights
/	/	/



Approved Lead Officer: Dr Allameddine Allameddine
Position: Medical Director
Date: 19/06/2024
Policy/Decision Screened by: Dr Allameddine Allameddine

Please note that having completed the screening you are required by statute to publish the completed screening template, as per NIBTS equality scheme. If a consultee, including the Equality Commission, raises a concern about a screening decision based on supporting evidence, you will need to review the screening decision.

Please forward a copy of the completed screening template and policy/strategy to the HR Office for publishing.

If you require this document in an alternative format (such as large print, Braille, disk, audio file, audio cassette, Easy Read or in minority languages to meet the needs of those not fluent in English) please contact a member of the HR department.