

VENUE ASSESSMENT**EFFECTIVE DATE****17 NOV 2025****Standard Operating Procedure NATS COL 040 13****1. INTRODUCTION**

- 1.1 This is a Scottish National Blood Transfusion Service (SNBTS) SOP which outlines actions taken to assess suitability of blood collection venues
- 1.2 Current Guidelines for Blood Transfusion Services in the United Kingdom in compliance with WHO expert committee on Biological Standardisation 43rd Report, Technical Report Series No. 840 1994 and Guidelines for the Blood Transfusion Service in the United Kingdom 8th Edition 2013 stipulate premises used for mobile blood collection sessions must be of sufficient size, construction and location to allow proper operation, cleaning and maintenance in accordance with accepted rules of hygiene.
- 1.3 Staff familiar with requirements of a blood collection session must assess potential venues to determine suitability prior to agreeing to hold collection session at venue. The nurse in charge of the session will then be supplied with a CAD drawing of the venue indicating significant information relating to route of carry in and session layout.

Key Changes from Previous Revision

CR 29274 - Section 5.6. Remove "A telephone should be available for emergency use. Mobile phone reception may not be suitable in all venues; therefore it is preferable to have access to a landline in close vicinity to the session." Replace with "A telephone should be available for emergency use. A Mobile phone should be checked as a part of the venue assessment to ensure the router can receive a signal and connect easily at a session".

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This SOP includes references to the following documents:

Reference in text	
NATF 226	Venue Assessment Checklist
NATF 355	Venue Information Form
NATF 496	Venue Layout Review
NATF 1318	Venue Assessment Review

Relevant other references	
Regulations:	Health and Safety at Work etc Act 1974 Workplace (Health, Safety and Welfare) Regulations 1992 General Data Protection Regulations 2018 Equality Act 2010
Standards:	WHO Expert Committee - Biological Standardisation 43 rd Report, Technical Report Series No. 840 1994 SNBTS/ National Services Scotland Information Governance and IT Security Policies
Guidelines:	Guidelines for the Blood Transfusion Service in the United Kingdom 8 th Edition 2013.
Other:	

2. HEALTH AND SAFETY

2.1 Person(s) carrying out assessment:

Risk assessment must be carried out to establish safety of person(s) carrying out venue assessment. It is desirable two people assess venue, where practicable. Where only one person available to carry out assessment, lone working procedure must be in place.

Consideration must also be given to transport of assessors to venue.

2.2 Venue for blood collection:

The requirements of the Health and Safety at Work etc Act 1974 and Workplace (Health, Safety and Welfare) Regulations 1992 must be taken into account when selecting session venues. Premises must be safe, clean and comfortable for donors and staff.

In particular: -

- 2.2.1 The selected venue to be situated in a location suitable to the population being served
- 2.2.2 The session vehicle(s) must be able to park in a safe area in close proximity to the access doors, to facilitate safe loading/unloading.
- 2.2.3 The ground to be covered by staff moving and carrying equipment must be even and well lit

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- 2.2.4 The areas to be used should preferably not entail carriage of equipment on stairs. Where use of stairs is unavoidable, attempt to secure premises with minimum number of stairs possible. There may be a requirement for the stairs to be Risk Assessed by trained risk assessors.
- 2.2.5 A similar safe approach should be ensured for donors, ideally with suitable provision for parking.
- 2.2.6 Furniture and equipment within the available space must be arranged to minimise crowding, ensure privacy and confidentiality for each donor during Health Screen Interviews/Personal Donor Interviews, enabling adequate supervision, reducing the risk of mistakes and accidents and ensuring smooth, logical work/donor flow.
- 2.2.7 Fire exits must be unobstructed and operational. Fire fighting equipment including fire extinguishers for use on electrical equipment must be available.
- 2.2.8 Lighting shall be adequate for all the required activities, including all access and egress for donors, staff and unloading/loading equipment and supplies.
- 2.2.9 Environmental control of the donating session should be considered when assessing the venue as every effort should be made to ensure the area does not become too hot, cold or stuffy.
- 2.2.10 Any subsidiary equipment (e.g. heaters or fans) provided must be subject to a planned maintenance programme or have suitable proof of current maintenance from provider.
- 2.2.11 All equipment to be positioned in area in such a way as to cause lowest risk of accidental injury to staff and public.
- 2.2.12 Toilet facilities must be provided and must be suitable, sufficient and readily accessible. These facilities must be adequately lit and ventilated, clean and tidy with separate rooms provided for men and women. (Separate rooms for men and women not required where a convenience is in a room intended for use by one person at a time and has a door which can be secured from inside).
- 2.2.13 Suitable and sufficient hand washing facilities are required for all persons at work in any workplace and must be readily accessible. These must be in the immediate vicinity of every toilet facility, with a supply of clean warm running water. As far as practicable they should include soap and towels or other suitable method of drying. Facilities should be housed in a clean and suitable ventilated well lit room.
- 2.2.14 As far as practicable, suitable and sufficient facilities are to be provided for persons at work to eat meals where meals are regularly eaten in the workplace.
- 2.2.15 Suitable facilities must be provided for any working pregnant women or nursing mothers to rest, as far as practicable.
- 2.2.16 An adequate supply of drinking water is to be provided, readily accessible and conspicuously marked with a sign where this is required for health and safety.

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- 2.2.17 SNBTS remove all waste materials generated from collection session and return to centre for disposal.
- 2.2.18 Safety of subsequent users of the premises must be considered to ensure there will be no ill effects to others, by blood collection session being carried out in these premises.
- 2.2.19 Changes to the venue due to on the day issues are to be managed by the nurse in charge of the session.
- 2.2.20 Any permanent proposed changes to layout require the nurse in charge of the session to complete NATF 496 Venue Layout Review outlining reasons and need for changes.
- 2.2.21 The selected venue should be safe structurally. It should be clarified if Reinforced Aerated Autoclaved Concrete (RAAC) was used in construction of the building. If the answer is yes, a copy of a structural review of the building is required to assess if the venue is safe for a collection session.

2.3 Staff

- 2.3.1 Venue Assessment must be undertaken by suitably trained members of staff.
- 2.3.2 All venue assessors will be required to update training every two years or sooner if required by changes to legislation, policy or guidelines.
- 2.3.3 Venue assessors must be Band 4 & 5 collection staff.
- 2.3.4 These staff report directly to their line manager, but have a direct responsibility to the Head of Collection Planning.

3. **COSHH**

- 3.1 There are no COSHH implications for this SOP.

4. **MATERIALS**

- 4.1 NATF 226 Venue Assessment Checklist
NATF 355 Venue Information Form
NATF 496 Venue Layout Review
NATF 1318 Venue Assessment Review
Venue Assessors Pack

5. **GENERAL CONSIDERATIONS**

- 5.1 Collection liaison, prior to engaging new venues or workplace collections, are to be carried out by the local Planning Officer / Assistant.

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- 5.2 All venues have to be reassessed every three years. Each territory **must** maintain a record of all Venue Assessments undertaken. This record can be accessed using the file path detailed in the flow maps in this SOP.
- 5.3 Indication as to the maximum number of beds and booths a venue can hold must be documented on NATF 226/NATF 1318. The table in Appendix 1 indicates the ratio of booths to beds.
- 5.4 At some venues it may be necessary to use more than one area to ensure sufficient space is available. In these instances, consideration must be given to staff and equipment safety and whether computer system will function effectively if distant from server.
- 5.5 Local radio network systems and hearing loops may affect the laptop radio communication system; therefore it is important to identify if these are present within the venue.
- 5.6 A telephone should be available for emergency use. A Mobile phone should be checked as a part of the venue assessment to ensure the router can receive a signal and connect easily at a session.
- 5.7 Fire fighting equipment suitable for use on wood, paper, textiles etc; Flammable liquid fires and Electrical fires, must be available within the donating area or immediate vicinity.
- 5.8 Adequate space is necessary for safe storage of equipment, blood and documentation, ensuring blood is kept away from sources or potential sources of heat until return to base.
- 5.9 Sufficient suitable electrical sockets are required for session electrical equipment, suitably placed to prevent risk of tripping over any equipment or trailing cables.
- 5.10 To aid confidentiality, radios to be situated at appropriate areas within the venue and played to a level where the background music is not too loud so that donors and staff are speaking over the music.

6 VENUE ASSESSMENT CHECKLIST

- 6.1 NATF 226 Venue Assessment Checklist is the written record detailing session layout for suitability of a venue for blood collection.
- 6.2 All questions **must** be completed by circling YES / NO or N/A (not applicable) as appropriate. Detail all hall measurements as requested using laser measure for accuracy.
- 6.3 Record written detail of assessment e.g. maximum number of beds and booths venue will accommodate, position of fire fighting equipment and so on at appropriate prompts throughout form.
- 6.4 On completion of NATF 226, record comments i.e. in relation to venue suitability,

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include suggested route of carry in and any other information to be relayed to Local Planning Officer. Ensure information is accurate and sign.

- 6.5 Complete NATF 355 Venue Information Form detailing suggested positioning of all task areas; include electrical sockets, fire extinguishers etc. using key code on form.
- 6.6 Fully completed NATF 226 and NATF 355 to be submitted for input into National Database.
- 6.7 CAD venue layout drawing created by CAD designer. Second CAD designer checks drawings and saves in N drive.
- 6.8 Judgements of issues such as space for confidentiality and walking between stations will be consistent and any MHRA concerns or recommendations will be addressed nationally to ensure continued compliance.

7 VENUE ASSESSMENT REVIEW

- 7.1 After initial venue assessment, all venues will be subject to a review every three years.
- 7.2 NATF 1318 Venue Assessment Review must be fully completed and returned to Local Planning Officer.
- 7.3 Any changes to session layout, CAD drawing to be redrafted and saved as next version and National Database to be updated.

8 CONTINGENCY ARRANGEMENTS

- 8.1 Some venues may not initially be ideally suited for blood collection session, but with some contingency planning could be raised to required standard.
For example;
 - 8.1.1 Where there are insufficient electrical sockets, the venue owner may agree to install more sockets (paid for by SNBTS if required).
 - 8.1.2 Supplementary lighting / heating could be arranged for session.
 - 8.1.3 Additional time may be required for carry in / out, moving of furniture in / out of hall.
- 8.2 In the event that the assessor(s) are not able to recommend or authorise suitable contingencies for otherwise suitable venues they must refer to the appropriate territory Planning Officer to determine the suitable course of action before the venue is declared "unsuitable to meet requirements". The Planning Officer may escalate this to territory Head of Service / Head of Collection Planning.
- 8.3 Any permanent proposed changes to layout require the nurse in charge of the session to fully complete NATF 496 Venue Layout Review outlining reasons and

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need for changes. This should be submitted to the Venue Assessment Team for redrafting of the venue layout. Any differences in rationale will be discussed between the Head of Collection Planning and the nurse in charge of the session.

9 BOOKING VENUE

9.1 Centre Personnel

On receipt of NATF 226 and NATF 355, appropriate centre personnel will either;

- 9.2 Once venue has been assessed as suitable for blood collection session, follow standard procedures to book venue
- 9.3 Where venue suitability is dependent on contingency arrangements which cannot be sanctioned by venue assessor(s) refer to local Planning Officer.
- 9.4 Record venue as unsuitable, where venue is deemed unsuitable by venue assessor(s). Return completed paperwork to Planning Officer.
- 9.5 Planning Officer file completed NATF 226 and NATF 355 for reference as required.

10 FIRST AND SUBSEQUENT BLOOD COLLECTION SESSIONS

10.1 **Centre Personnel**

Issue copy of completed CAD venue layout drawing along with NATF 355, NATF 226, NATF 1318 and Google Map (if required) to every session. Where this is the first session after initial venue assessment, this must be clearly noted on the comments section on monthly planner.

10.2 **Session Staff**

- 10.2.1 At the **first session** following initial venue assessment, the nurse in charge of the session is responsible for ensuring CAD layout diagram is used. If this is impossible due to changes to the venue since the original assessment was undertaken, the nurse in charge of the session must reappraise the venue on the day to confirm continued venue suitability, ensuring layout meets all standards relating to the collection process, donor experience, infection control, Health and Safety and Confidentiality.
- 10.2.2 Any permanent amendments to the above from the first session visit must be recorded on a blank NATF 496 and returned to Local Planning Officer.
- 10.2.3 At **subsequent sessions** if the venue continues to meet all standards, no action is required.
- 10.2.4 If for any reason the venue is deemed totally unsuitable as a result of unforeseen changes at the venue on the day of the session, advice must be sought from Head of Service / Senior Nurse. All actions and rationale must be recorded on Session Information Form.

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- 10.2.5 If for any reason further permanent adjustments are required to session layout, amendments must be recorded on NATF 496. Details of revised layout including revised diagrams to be forwarded to appropriate centre personnel for action.
- 10.2.6 The CAD drawing for a venue may show the privacy screens round the rest bed. This demonstrates how the privacy screens should be used when the rest bed is in use. These screens are lightweight and mobile to enable session staff to use them if and when required.

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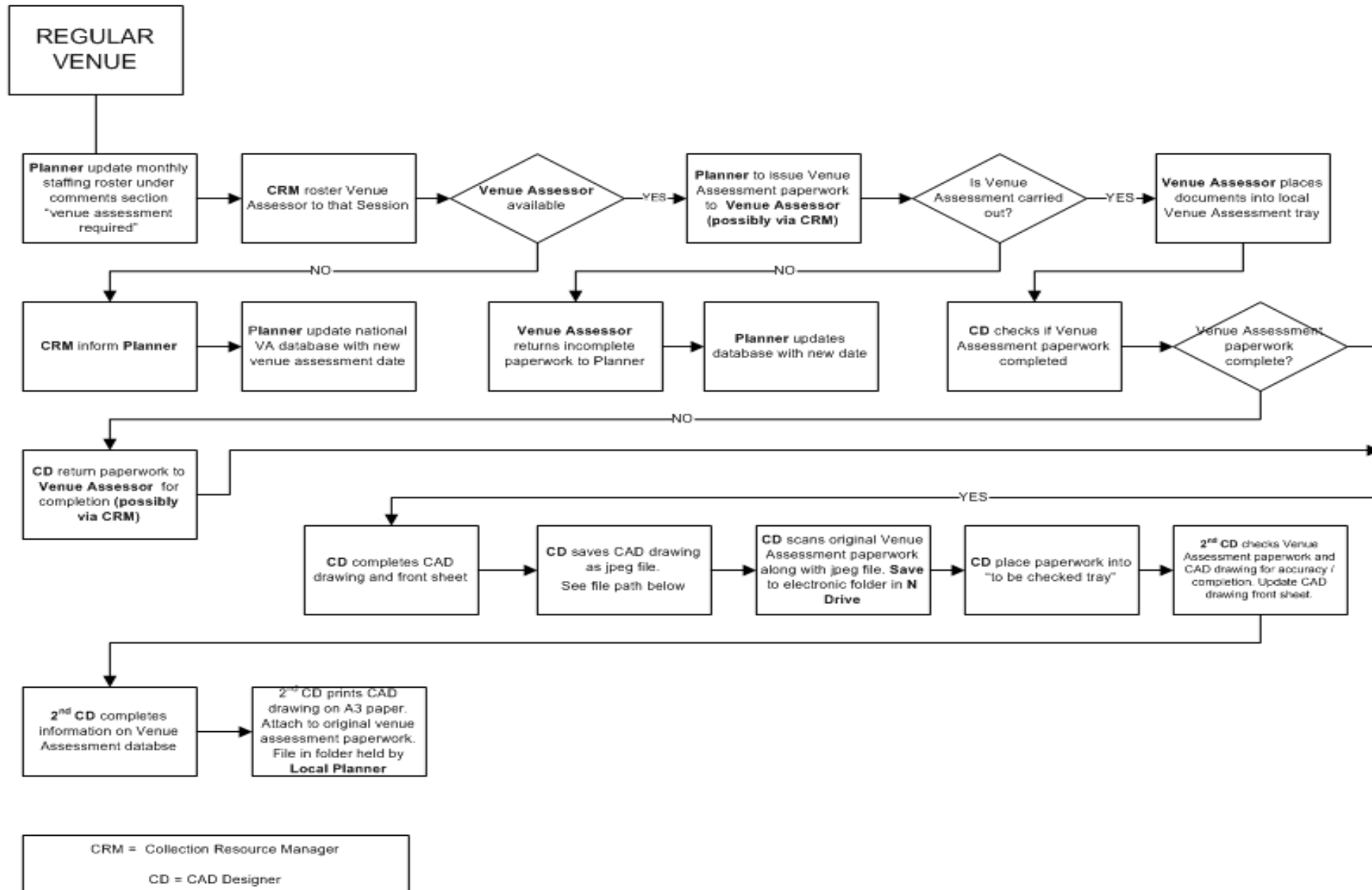
APPENDIX 1

NUMBER OF HEALTH SCREENING BOOTHS TO BED RATIO

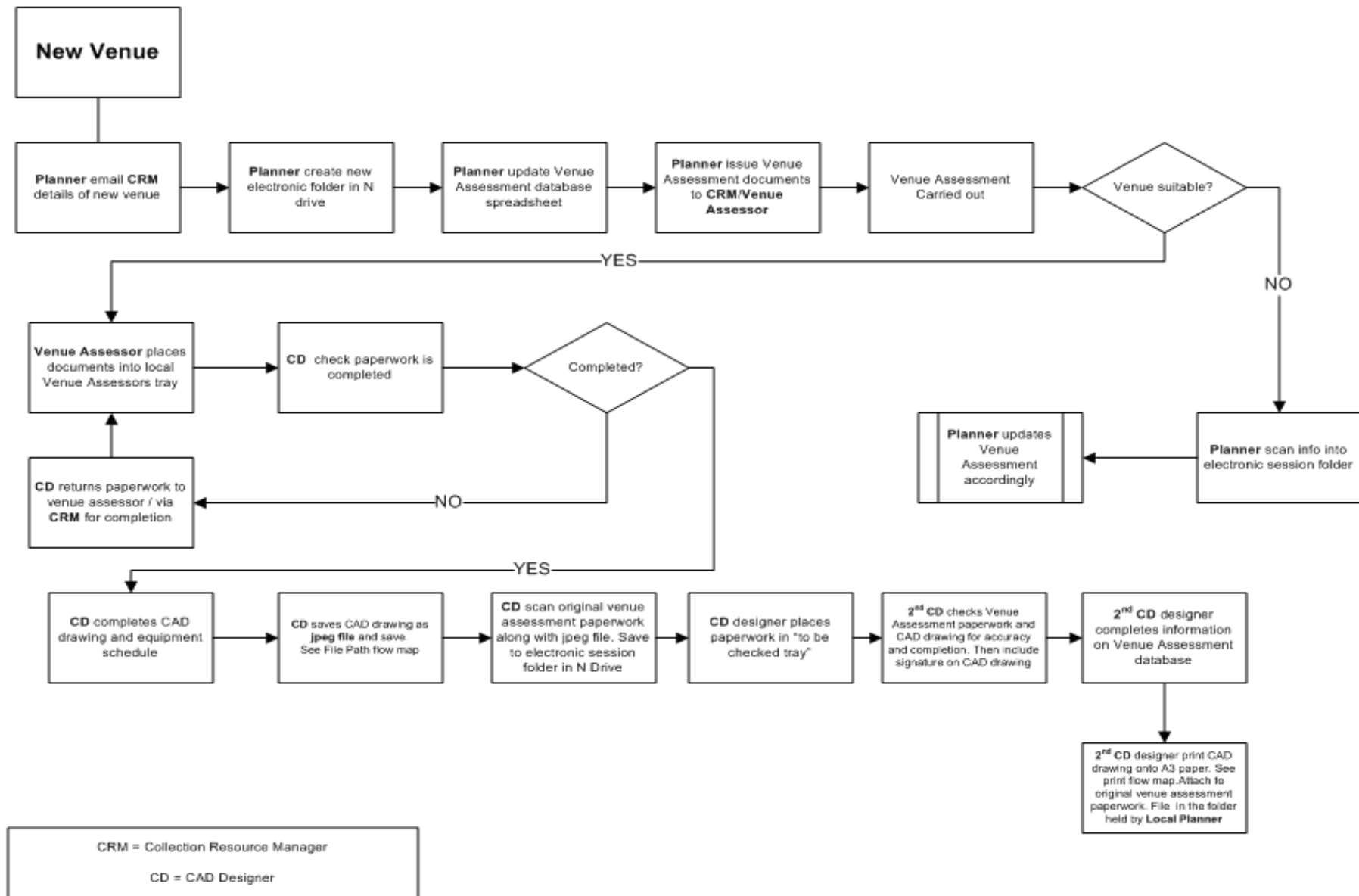
Formula for amount of health screen booths required = $1/3$ of bed number +1 for flex

No of Beds (same amount of chairs in bed queue)	Number of Health Screen Booths (Flex Staff booth)	Upper Limit on bed queue	Lower limit on bed queue
10	3 + (1)	8	2
12	4 + (1)	9	3
14	4 + (1)	9	3
16	5 + (1)	12	4
18	6 + (1)	12	4
20	6 + (1)	15	5
22	7 + (1)	15	5
N.B.			
HEALTH SCREEN BOOTHS INCLUDES PERSONAL DONOR INTERVIEW BOOTH			
PRIVACY BOOTH AND VENOUS SAMPLING BOOTH ARE IN ADDITION TO HEALTH SCREEN BOOTH			

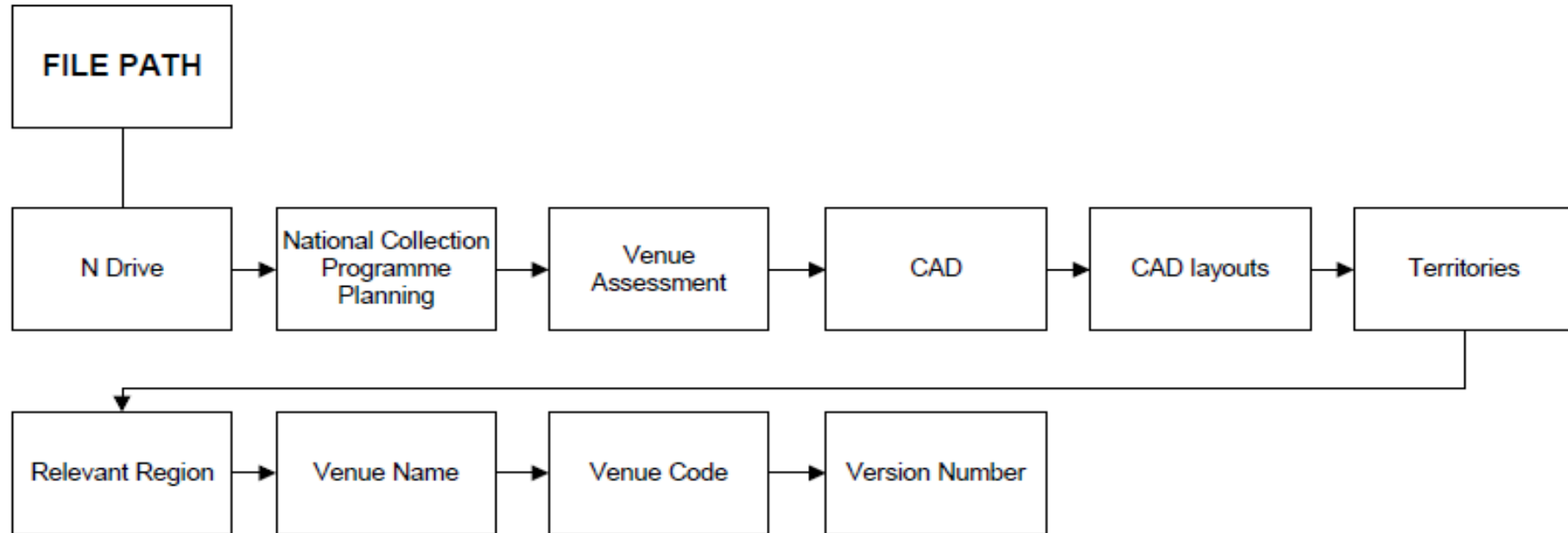
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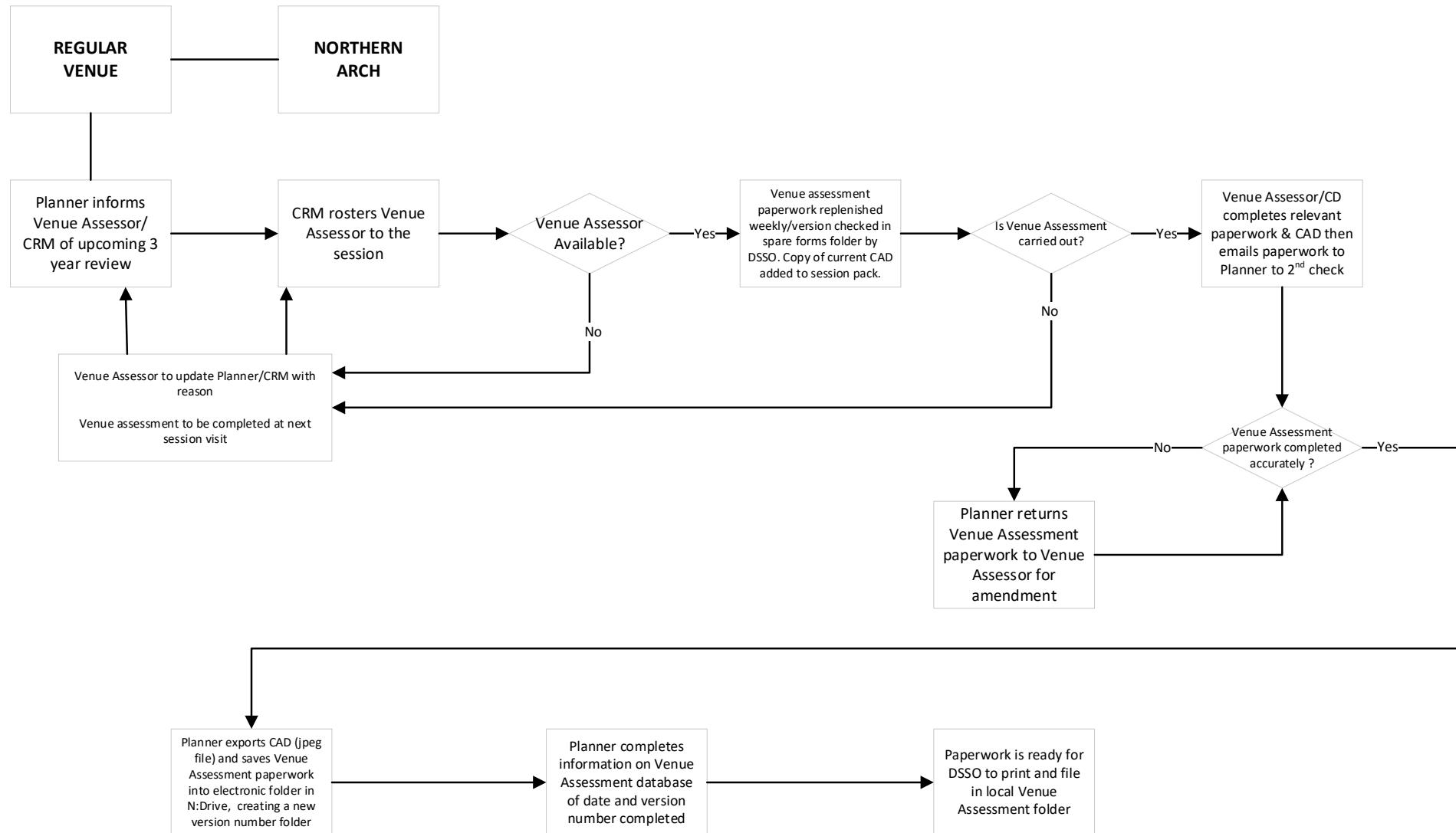
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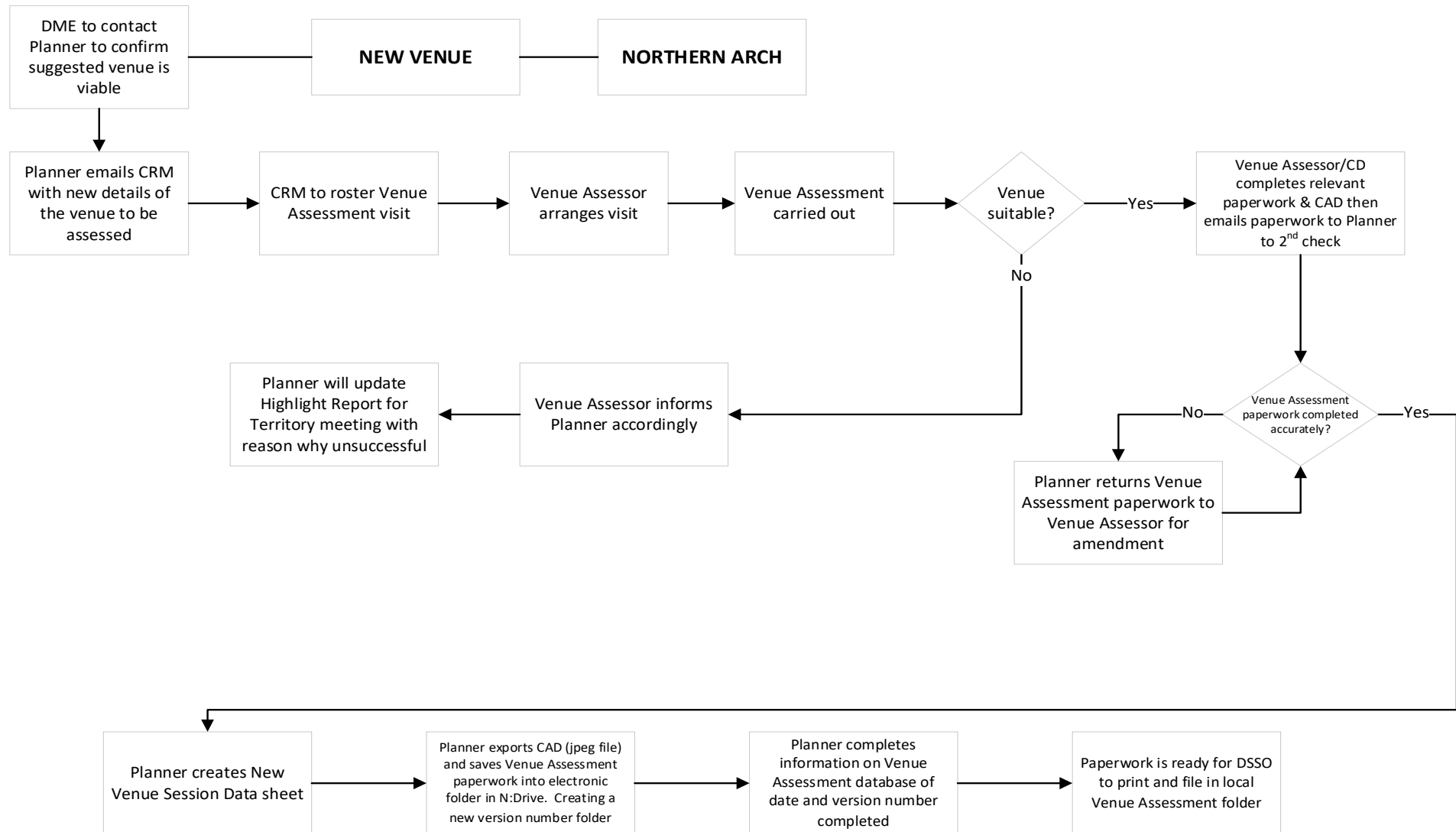


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CRM = Collection Resource Manager
CD = CAD Designer

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