University Hospitals of Leicester NHS
NHS Trust

Policy for the Authorisation of Blood Component Transfusion by Non-Medical Practitioners and Nurse Specialists Caring for Adult and/or Paediatric Patients Requiring Transfusion

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Review dates and details of changes made during review:

DATE	DETAILS OF CHANGES
JAN 2024	Conversion of Regional policy into UHL policy
JAN 2024	Change Nurse Specialist to Non-Medical Authoriser throughout the document
JAN 2024	5.0 Identifies roles and responsibilities within UHL
JAN 2024	5.1 identifies the HTC as the Trust representatives
JAN 2024	5.4 Amend the individual's Job Description to reflect the change of role
JAN 2024	Amalgamation of Appendix 5 &6 into revalidation of practice using NMC based documentation.

KEY WORDS

This policy is associated with the following key words:

Non-Medical Authorisation, Prescribing, Blood Components

1 INTRODUCTION

1.1 This document sets out the University of Leicester (UHL) NHS Trust's policy and procedures for the authorisation of blood component transfusion by nurse specialists caring for adult / paediatric patients requiring transfusion within a designated clinical speciality.

1.2 An amendment of Section 130 of the 1968 Medicines Act by regulation 25 of the Blood Safety and Quality Regulations 2005 (SI2005 No.50) resulted in blood components being excluded from the Medicines Act 1968 and the subsequent Human Medicines Regulations 2012. The effect of the amendment is to exclude blood components from the legal definition of medicinal products. Therefore, although the authorisation of blood components has traditionally been regarded as the responsibility of a medical practitioner, there are no legal barriers to other trained, competent, registered practitioners ordering, authorising, and administering blood components.

1.3 A collaborative project was undertaken by NHS Blood and Transplant and the Scottish National Blood Transfusion Service to investigate the authorisation of blood transfusions by nurses and midwives. Following wide consultation, a

Governance Framework was developed to support the authorisation of blood components by non-medical prescribers and nurse specialists (Green & Pirie 2009).

1.4 The UHL NHS Trust will support non-medical prescribing by appropriately trained and registered non-medical authorisers in circumstances when an identified service needs, and demand has been identified.

2 POLICY AIMS

2.1 The purpose of the policy is to support clinicians in responding to the changing needs of patients and developing the role of nurse specialists to include authorising blood component transfusions.

2.2 To clarify the process for the non-medical authorisation of blood component transfusions by specialist nurses caring for adult and/or paediatric patients.

2.3 Ensure that the decision to transfuse will be made by experienced NMA's who have an in-depth knowledge of the transfusion process.

2.4 Ensure that NMAs authorising transfusion have an in-depth knowledge of their patients' needs.

2.5 Provide a high standard of care that will be effective, efficient, and safe, prevent delays in the decision to transfuse and in the authorisation of transfusion thereby improving the patient's quality of care and, in relation to in-patients, potentially reducing their length of stay.

2.6 Ensure that the NMAs undertaking the role are aware of their professional and legal responsibilities.

2.7 Clarify the boundaries of the role undertaken by the NMA's and identify clear lines of accountability.

2.8 Nurse Specialists who wish to develop their role to include authorisation of blood component transfusions will need to achieve relevant training and competency assessment.

2.9 Nurse Specialists who take on the role of the authorisation of blood components will need continued support and mentorship with a period of supervision and a programme for revaluation.

3.0 The authorisation of a blood transfusion must only occur when the patient is in clinical need according to the local policy and when all alternatives to transfusion have been considered.

3.1 The role of non-medical authorisation of blood components is not suitable for all Specialist Nurses and should only be taken on within the agreed governance structures of the Trust after careful consideration of service and clinical need.

3 POLICY SCOPE

3.1 This policy applies to all healthcare professionals in UHL who are:
a) NMAs (Non-medical Authorisers)
b) NMAs in training
c) NMA practice supervisors and practice assessors
d) Managers involved in reviewing workforce and service reconfiguration

4 DEFINITIONS

The following definitions are associated with this policy:

4.1 **Non-medical Authoriser:** Is an Advanced / Specialist Nurse who provides high quality individualised care to their patients and is in a position to make the clinical decision and give written authorisation for appropriate blood component transfusion. (see section 6 for selection criteria).

4.2 **Blood Component:** A therapeutic constituent of human blood.

4.3 **Red Cells:** The red cells from a single whole blood donation, with a large proportion of the plasma from the donation removed. A nutrient or preservative solution is added.

4.4 **Platelets:** A concentrated suspension of blood platelets from which leucocytes are removed.

4.5 **FFP:** Plasma that is frozen within a specific time period after collection and stored in the frozen state until thawed for transfusion.

4.6 **Cryoprecipitate:** Precipitate produced after freezing and thawing fresh frozen plasma to precipitate high-molecular-weight proteins including Factor VIII and fibrinogen.

4.7 **HTC:** Hospital Transfusion Committee.

4.8 **Mentor:** A hospital consultant or senior medical practitioner providing ongoing support and guidance to the non-medical practitioners undergoing training to authorise blood components. Also known as the Designated Medical Supervisor or Assessor

5 ROLES AND RESPONSIBILITIES

5.1 Hospital Transfusion Committee (HTC)

5.1.1 The HTC acting as the Trust representative is responsible for ensuring that the processes outlined in this policy document are followed across the Trust and that all records are maintained, and the central non-medical authorisers database is kept up to date. The HTC is responsible for the dissemination of relevant information and courses to assist NMPs in maintaining their competence.

5.1.2 Following successful completion of the NMA course, the Lead Transfusion Practitioner alongside the chair of the HTC or their designated other will sign the Declaration of Competence Form (Appendix 4) to allow the NMA to authorise blood components within their clinical area of practice.

5.2 Clinical Management Groups (CMG)

5.2.1 Each clinical area within UHL, wishing to implement the non-medical authorisation of blood components must:

a) Identify a service need within the specific department.

b) Present a Case of Need to the HTC for approval.

c) Identify and support the training of named Non-Medical Authorisers including ensuring those nominated meet the requirements for entry onto a course

d) Identify a Designated Medical Supervisor “to oversee, support and assess the competence of non-medical Authoriser trainees in collaboration with workplace partners, during the period of learning in practice.

e) Ensuring the monitoring of ongoing professional competence of non-medical authorisers employed in the CMG.

f) Amend the individual’s Job Description to reflect the change of role, if necessary.

g) Carry out regular performance review with the NMA to verify knowledge and competence, linked to annual appraisal and personal development plan.

5.3 Clinical Lead Responsibilities

5.3.1 The clinician wishing to introduce and develop the NMA role within their clinical area is responsible for:

a) Identifying suitable patient groups for the NMA role development

b) Participating in the development of the case of need.

c) Participating in the development of local guidelines reflecting the NMA field of practice.

d) Agree to identify and support a suitable mentor for the NMA.

5.4 Mentor Responsibilities

5.4.1 The Designated Medical Supervisor and Assessor is responsible for supporting the student(s) throughout the work-based learning and assessment. They will also contribute to the final agreement to practice.

5.4.2 Is a consultant practicing in the specialist area in which the non –medical Authoriser is employed.

5.4.3. Is up to date with mandatory training and e-learning as per UHL's mandatory training requirements.

5.4.4. Is deemed competent by assessment for pre-transfusion blood sample taking, collection and administration of blood and blood components (if applicable).

5.4.5 Regularly authorises blood transfusions and with whom the nurse can work alongside for learning and assessment purposes.

5.4.6 Will support and guide the non – medical practitioner / nurse specialist through their learning experience and assess their competency during the training period.

5.4.7 Has experience or training in teaching, assessments and/or supervising in practice.

5.4.8 Will continue to mentor the NMA including case reviews and provide support for the maintenance of ongoing competence.

5.4.9 Will report onwards any concerns regarding patient safety or NMA capability or competence.

5.4.10 Ensure updates or changes in transfusion practice in the Trust are shared with the NMA.

5.5 Non-Medical Authoriser Responsibilities

The Specialist Nurse is responsible for:

5.5.1 Ensuring that they meet the selection criteria and will be supported by the designated consultant supervisor and assessor.

5.5.2 Maintaining accurate documented evidence of training and practice.

5.5.3 Ensuring they are familiar with current national and local guidelines and policies by accessing the relevant courses and maintaining training and competency.

5.5.4 Complying with the NMC Code of Practice.

5.5.5 Obtaining adequate knowledge and experience in authorising blood components including a period of supervision prior to assessment of competency.

5.5.6 Keeping training and skills up to date throughout their working life and a duty to practice within their own area of competence.

5.5.7 Working within the scope of practice of their role only authorising blood components in their specific clinical area or identified group of patients and are responsible for their own actions.

5.5.8 Undertaking the extended role solely within a clearly defined clinical management plan.

5.5.9 Participating in ongoing performance development and annual review to verify knowledge and competence.

5.5.10 Receiving ongoing clinical supervision and support, completing annual appraisal, and developing a personal development plan.

5.5.11 Updating the NMA register holder of annual competency confirmation.

6 POLICY STATEMENTS AND PROCEDURES

6.1 UHL Selection Criteria and Training Required for the NMA

The NMA:

6.1.1 Must be a current first level registered nurse/midwife with at least 3 years post registration experience and have at least 1 year working in the Trust within the relevant specialty.

6.1.2 The nurse specialist must be registered with the NMC and be working at band 8a or above. (Consideration will be given to applications from nurse specialists working at band 7 where a need for the non-medical authorisation of blood and blood components can be demonstrated to be essential to the needs of the service and it's benefits for the patient can be demonstrated.)

6.1.3 Must be identified by their Clinical Consultant and line manager with consideration of the clinical needs of the patients in their care.

6.1.4 Must be up to date with mandatory training and/or e-learning as per UHL mandatory training requirements.

6.1.5 Must be deemed competent by assessment for pre-transfusion blood sample taking and administration of blood and blood components.

6.1.6 Should be a practising Non-medical Prescriber, as it may be necessary to prescribe transfusion related medication, prior to and/or during transfusion. (Trust Ref. B18/2004 v7).

6.1.7 Must have successfully completed a Trust approved training programme such as the NHS Blood & Transplant Non-Medical Authorisation of Blood Components course or Midlands RTC Non-Medical Authorisation Course.

6.1.8 Will be responsible for obtaining adequate knowledge and experience in authorising blood components, including a period of supervision prior to assessment.

6.1.9 Will have a consultant or specialist registrar for their speciality as a Designated Medical Supervisor and Assessor.

6.1.10 Must have documented approval from their line manager and Designated Medical Supervisor and Assessor (Appendix 1).

6.1.11 Must submit a portfolio of evidence to demonstrate knowledge and competence to the Designated Medical Supervisor and Assessor (Appendix 2).

6.1.12 The period of supervision will be at the discretion of the Designated Medical Supervisor and Assessor depending on the needs of the individual but **must not** exceed 6 months form the completion of the external course.

6.1.13 The period of supervision must include the authorisation of blood components and must be recorded on the **Record of Supervised Authorisation of Blood Components form** (Appendix 3).

6.1.14 On successful completion of the approved period of study by the individual, the HTC acting as the Trust representative is responsible for the final agreement to practice and recording the qualification (Appendix 4)

6.2 Training must include a full understanding of:

6.2.1 Blood components, the indications for transfusion and thresholds for transfusion.

6.2.2 Transfusion reactions inclusive of recognition and management.

6.2.3 The significance of antibodies and the effect on sample validity and suitable blood component selection.

6.2.4 The British Committee for Standards in Haematology transfusion policies.

6.2.5 The legal responsibilities associated with the transfusion process.

6.2.6 How to make the decision to transfuse and what further investigation may be required.

6.2.7 Information about how to reassess patients following blood transfusion.

6.2.8 Special Requirements for Blood Component Transfusion.

7 UHL Authorisation of Blood Components Framework

7.1 The nurse specialist may only authorise blood components in their specific clinical area and are responsible for their own actions. The nurse specialist will undertake the extended role solely within clearly defined clinical transfusion policies for their area of practice.

7.2 This area of competence is not transferable to any other areas within the Trust/Organisation. They must ensure they keep themselves up to date with the policies and procedures associated with Blood Transfusion and maintain their competency to authorise transfusions.

7.3 It is essential to:

7.3.1 Explore alternatives to blood component transfusion.

7.3.2 Only authorise blood components if it will be of benefit to the patient and ensure the transfusion is safe and effective.

7.3.3 Ensure the patient has given informed written consent for transfusion and that this is documented in the patient notes.

7.3.4 Document the reason for authorising the blood component transfusion.

7.3.5 Refer cases to Clinical Teams with the relevant expertise where there is doubt or concern about authorising the transfusion.

7.3.6 Contact a registered medical practitioner without delay if any adverse reaction or event is suspected. (See UHL Transfusion policy (Trust ref: B16/2003 v4).

8 UHL Record Keeping and Documentation

8.1 The written instruction must be legible and include:

8.1.1 A record that written informed consent has been obtained before transfusion.

8.1.2 The date of the transfusion.

8.1.3 A description of the component to be given e.g., Red Blood Cells, Fresh Frozen Plasma, Platelets or Cryoprecipitate.

8.1.4 A separate written instruction line for each unit.

8.1.5 The exact number of millilitres (mls) for paediatric transfusion.

8.1.6 The duration of the transfusion of each unit not to exceed the maximum duration for transfusion as per UHL Transfusion policy.

8.1.7 The special requirements e.g., irradiated blood components, section of the ICP has been completed and any special requirements have been prescribed.

8.1.9 Any additional information e.g., use of diuretic in red blood cell transfusions.

8.1.9 The authorisers' signature.

8.1.10 he authorisers name and contact number.

9 UHL Reviewing and Monitoring Practice

9.1 Competency of non-medical / nurse specialist authorisers must be reviewed in accordance with Trust transfusion training policy.

9.2 All incidents relating to the authorisation of blood components by non-medical staff. must be fully investigated and re-training initiated where appropriate as detailed in the Trust transfusion policy (Trust ref: BT16/2003 V4).

9.3 The non-medical authoriser must record their practice and outcomes in the medical notes.

9.4 The competency of the non-medical authoriser should be monitored annually via self-assessment and audit of their own practice to demonstrate compliance with the agreed terms of their authorisation. (Appendix 5 and 6).

9.5 The Hospital Transfusion Committee, acting as the Trust representative, will maintain a register of non-medical authorisers of blood components.

9.6 The nurse specialist **must** inform the Hospital Transfusion Committee via the Lead Transfusion Practitioner they intend to leave the Trust or transfer to another

department within the Trust by completing the relevant exit / transfer documentation (Appendix 5).

10 UHL Policy Implementation and Associated Documents

This policy is supported by the following procedures and guidelines which must be used in conjunction with this policy:

	Reference
UHL Blood Transfusion Policy	B16/2003
UHL Non-Medical Prescribing Policy	B18/2004
UHL Guideline on Red Cell Transfusion	B16/2003
UHL Guideline for the Use of Platelet Transfusion	B16/2003
UHL Guideline for the Use of Fresh Frozen Plasma and Cryoprecipitate	B16/2003
Paediatric and Neonatal Transfusions	B16/2003
Procedure for Informed Written Consent for Blood Transfusion	B16/2003

11 EDUCATION AND TRAINING REQUIREMENTS

11.1 All relevant staff must have read and understood this policy and procedures therein. Training on Transfusion is provided by the HTT during Trust induction and thereafter through the UHL Mandatory Training Programme and via e-learning.

12 PROCESSES FOR MONITORING COMPLIANCE

The following table lists the monitoring arrangements for this policy:

Element to be monitored.	Lead	Tool	Frequency	Reporting arrangements
Authorising blood components standards	Audit Lead Lead Transfusion Practioner	BCSH policies UHL transfusion policy	Annual	HTC Head of nursing
CPD				

requirements & annual affirmation	Lead Transfusion Practitioner	HTC Database	Annual	HTC

13 EQUALITY IMPACT ASSESSMENT

13.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

13.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

14 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

United Kingdom & Ireland Blood Transfusion Network, Education Working Group Clinical *Decision-Making and Authorising Blood Component Transfusion. A Framework to Support Non-Medical Healthcare Professionals 2022*

J. Green RN and L. Pirie RN. *A Framework to Support Nurses and Midwives Making the Clinical Decision and Providing the Written Instruction for Blood Component Transfusion. 2009*

Denise Watson Regional Lead: Patient Blood Management Team NHSBT Newcastle upon Tyne. *Implementing Nurse Authorisation of Blood Components Blood and Transplant Matters information for hospitals served by NHS. Blood and Transplant May 2013 issue 39 p 5*

Kirsty Dalrymple Jill Martin, Kerri Davidson, and Elisabeth Pirie. *Extending the role of a senior haematology or oncology nurse.* October 2011; Cancer Nursing Practice: volume 10 number 8.

All Wales Policy for Non-Medical Authorisation of Blood Component Transfusion. September 2019.

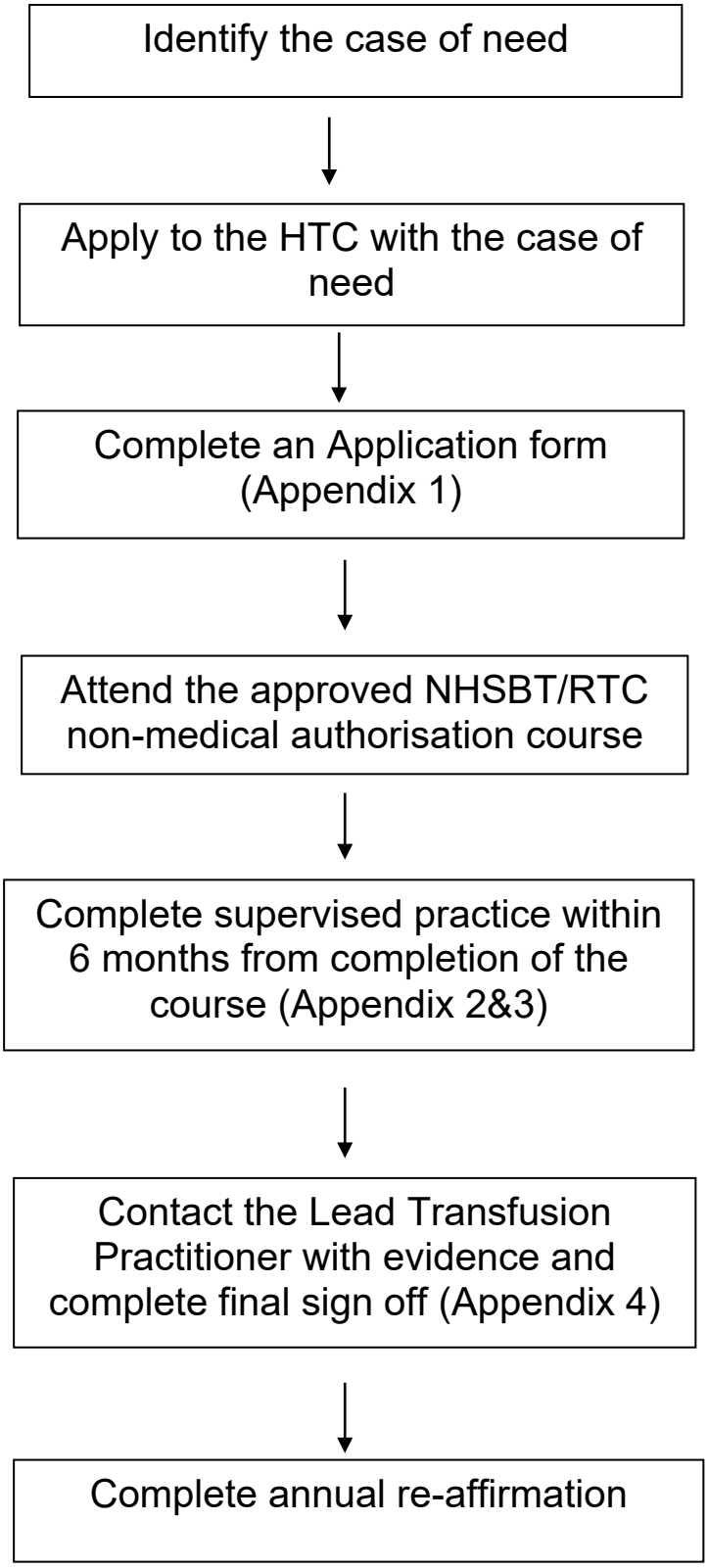
London Regional Transfusion Committee

15 PROCESSES FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

This document will be uploaded and available through INsite Documents and the Trust's externally – accessible Freedom of Information publication scheme. It will be archived through the Trust's PAGL system.

The policy will be reviewed every three years, or sooner in response to any incidents or risks.

Non-Medical Authorisation Procedure



Non-Medical Practitioner / Nurse Specialist Application Form for Blood Component Authorisation

Section A: *To be completed by the applicant*
Applicant:
Name (Please print)…
Ward/Department/Division…
Band/Job Title…
Professional Registration Number: ……..Year of registration: ……..
Date of Application…
Rationale: (Provide details of how this service development will improve patient care without compromising patient safety)

Signature of Applicant: ……

Section B: *to be completed by Line Manager*
I confirm that I support: (insert name of candidate)

- …….. as suitable for extended practice
- This application as a service development that will improve patient care without compromising patient safety

Name (Please print): …….

Signature: …… Date: ……..

Section C: *to be completed by the candidates' named assessor*

Name (Please print): ……..……
Ward/Department: ……..……..……
I confirm that (Insert name of candidate) …….....……
has sufficient knowledge and competence in:

- history taking
- physical examination
- advanced communication
- Clinical reasoning and decision making

I support this application for extended practice.
I confirm that I have current, documented competency for the Blood Transfusion process as required by the Trust to fulfil the National Patient Safety Agency Safer Practice Notice 14.

Signature:……Date:…….

Section D: *to be completed by Transfusion Practitioner*
Name……
I agree to the above candidate undertaking education and training for the authorisation of red cell and platelet transfusions.
Signature: …… Date: ……

Case Based Discussion/ Assessment Sheet	
Non-medical practitioner/ Specialist Nurse name:	
Assessors Name:	
Date of Discussion	
Describe the decision-making scenario?	
What did you learn?	
How will you apply this learning in your future work?	
Mentor signature	

RECORD OF SUPERVISED AUTHORISATION OF BLOOD COMPONENTS	University Hospitals of Leicester NHS NHS Trust **Appendix Four**

Non-medical practitioner/ Specialist Nurse			**Record of supervised authorisation of Blood Components**		
Date	**Patient Hospital Number**	**Component**	**Rationale for transfusion**	**Comments on review of transfusion episode**	**Assessor signature if transfusion was satisfactory**

DECLARATION OF COMPETENCE FORM	University Hospitals of Leicester NHS NHS Trust **Appendix Five**

I have met the knowledge and competency criteria and I am proficient to undertake the authorisation and written instructions for blood component authorisation.

Name (print and sign)……

Clinical area/Speciality……..

Date ……..

I have assessed the above practitioner and deemed them proficient to undertake the authorisation and written instructions for blood component authorisation.

Name (print and sign……..

Clinical area/Speciality…… Date……
It has been agreed by the Hospital Transfusion Committee that the above practitioner can undertake the authorisation and written instructions for blood component authorisation and this document has been sent to clinical governance for ratification. Name (print and sign)…….. Chair of HTC /Head of Transfusion ……

Confirmation of revalidation form

A copy must be retained by the Transfusion Practitioner team and you must keep a copy for your own records.

To be completed by the non-medical authoriser:

Name	
Date of NMA course attended	
Date of final signed off/previous revalidation	
Date of revalidation	

I have received confirmation of revalidation from (select applicable):

☐ Clinical mentor

☐ Transfusion Practitioner

To be completed by the confirmer:

Name	
Title	
Email address	
Contact number	
Date of confirmation discussion	

Confirmation checklist of revalidation requirements

Authorised blood components

☐ You have seen written evidence that satisfies you that the non- medical authoriser has authorised a satisfactory number of blood components to maintain competency

Continuing professional development

☐ You have seen written evidence that satisfies you that the staff member has undertaken CPD relevant to their practice as a non-medical authoriser.

☐ The staff member has confirmed they are up to date with their local transfusion policy and kept up to date with the SHOT annual summary reports

Reflective discussion

☐ You have completed and signed the form showing that the non- medical authoriser has discussed their reflective accounts with their clinical mentor (or you have discussed these)

I confirm that the above named non- medical authoriser has demonstrated to me that they have complied with all of the NMA revalidation requirements listed above since they were first signed as competent to authorise blood components /had revalidation and I agree to be contacted by the Hospital Transfusion Committee (HTC) to provide further information if necessary.
Signature
Date:

Reflective accounts form

To be completed by the non- medical authoriser
You must use this form to record three written reflective accounts on cases you have authorised blood components for. Please fill in a page for each of your reflective accounts, making sure you do not include any information that might identify a specific patient or colleague.

Reflective account: to include
Setting the scene –background
Decision making process
Any relevant factors considered during the decision making –local/national guidelines
Component authorised
Outcome
Anything you would have done differently on reflection/Any influences on future practice

CONTINUING PROFESSIONAL DEVELOPMENT (CPD) LOG TEMPLATE

Guide to completing CPD log

Examples of learning method

- Online learning
- Course attendance
- Guidelines /policies/journals

what was the topic

Outline key points of the learning activity, what you have learnt and how you have applied what you have learnt to authorising blood components

Dates	Method Please describe the learning method used	Topic

CESSATION OF PRACTICE OF NON-MEDICAL/NURSE SPECIALIST AUTHORISATION OF BLOOD COMPONENTS.	University Hospitals of Leicester NHS NHS Trust **Appendix Seven**

CESSATION OF PRACTICE OF NON-MEDICAL/NURSE SPECIALIST AUTHORISATION OF BLOOD COMPONENTS.

To be completed by Non-medical practitioner/ Specialist Nurse
Name: ……

I will no longer be authorising blood components within this trust as I am leaving the trust/moving department/failed to maintain competence (delete as appropriate)

Signature: ……

Clinical Area / Speciality: ……

Date: ……