NORTH EAST & YORKSHIRE REGIONAL TRANSFUSION COMMITTEE

Non-Medical Authorisation Framework for Blood Component Transfusion

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Author(s)	North East & Yorkshire Regional Transfusion Practitioner Non-Medical Authorisation Working Group
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Contents

1. Statement of intent

[*The Trust*] is committed to reducing errors in the administration of blood and blood components and fully support the guidelines set out by the British Society of Haematology (BSH), NICE guidelines and the National Patient Safety Agency (NPSA Notice No. 14 2006).

The primary purpose of this framework is to:

- Ensure that Patient Blood Management is an integral part of NHS care.
- Make blood transfusion safer.
- Avoid unnecessary use of blood components in clinical practice.

BSH guidance has interpreted the situation to the effect that: “There are no legal barriers to any appropriately trained, competent, locally designated and approved registered regulated Health Care Professional (HCP) being able to authorise blood component administration.” (Robinson et al., 2017, p.9).

2. Introduction

This document is based on “A Framework to Support Nurse and Midwives Making the Clinical Decision and Providing Written Instruction for Blood Component Transfusion” September 2009 and subsequently updated in 2022**.** [*The Trust*] has a responsibility to comply with this framework when accepting and authorising an application to extend the role of an individual to include clinical decision making and providing written instruction for blood component transfusion.

The HCP undertaking this role will require the skills to assess a patient, take a history, make a clinical decision, understand the principles of consent, and have the clinical knowledge and expertise to respond to adverse events in a timely manner. Therefore, it is considered that this role development is appropriate to experienced professionals within designated areas of clinical practice, where making the clinical decision to transfuse and authorise blood components is relevant.

- Role development is underpinned and supported by the best available evidence and is planned and implemented within appropriate legal boundaries and standards stipulated by the Nursing and Midwifery Council (NMC), Health and Care Professions Council (HCPC), General Medical Council (GMC) and General Pharmaceutical Council (GPhC) as applicable.

- There is a framework is in place that supports the HCP locally.
- There are clearly defined boundaries of responsibility, accountability, and authority, which are underpinned with appropriate policies, resources, education, training, mentorship, and supervision
- Patient care is improved without compromising patient safety
- The decision to transfuse is made according to sound clinical principles, in accordance with appropriate hospital/local/national guidelines and indications, and after consideration of available alternatives.
- HCPs practice within the limits of their capabilities and the scope of their professional code of conduct/standards, and they fully understand the associated responsibilities and accountability.

3. Implementation

This document is applicable to appropriately trained Registered Practitioners who wish to develop their role to include making the clinical decision and providing written instruction for blood components.

See appendix 2 for process of implementation.

Indemnity issues

To meet the needs of vicarious liability a register of approved authorisers should be maintained by the organisation as part of the risk management and governance process. The HCP must have in place an indemnity arrangement which provides appropriate cover for any practice as an HCP in the United Kingdom. It is the responsibility of the employing organisation to make sure there is appropriate cover for the role and scope of practice. However, it is the HCP's responsibility to ensure that they are appropriately indemnified under their employer's cover. This cover should be relevant to their practice. In addition, a local policy must be in place that clearly outlines the scope of practice that the HCP must follow, and the job description of the post holder should be amended to include any new responsibilities. Staff not directly employed by the organisation will need to have their own professional indemnity arrangement through an insurer If there is uncertainty around indemnity, and what is covered, then this should be checked under the employer's indemnity arrangements. Additionally, there is a requirement to ensure the review of

competency for authorising blood is met as part of the annual appraisal process between the authorisers and line manager.

4. Management Arrangements

The sponsor for this document and framework will be the Chair of the Hospital Blood Transfusion Group/Committee (HBTG/HTC).

The HTC or HBTG is responsible for monitoring the use of this framework.

Mentor Role

The main aim of the mentor's relationship is to provide support and opportunities to develop competence in practice, and to confirm that the HCP has completed a period of learning in practice and has met and continues to meet the required standards. The mentor ensures and records confirmation of competency.

Mentor criteria:

- Must be approved by the relevant specialty clinical lead and HTC (or equivalent local governance committee)
- Must work in the same specialty
- Can be either a current experienced NMA, or a senior doctor with suitable expertise and experience
- Must maintain their own transfusion training and be familiar with the organisation's transfusion policies and protocols
- Have the capacity/time to dedicate to supervising the HCP until completion of training and competency is confirmed/ratified
- Must make a commitment to provide ongoing supervision and support.

Role of the mentor:

- To observe the HCP making the clinical decision to transfuse blood components in clinical practice
- To assess and record the competence of the HCP in relation to authorisation of blood components
- To provide opportunities for the HCP to carry out consultations and suggest clinical management options which can then be discussed

- To allow in-depth discussion and analysis of clinical management using real cases from practice to enable decision-making behaviour to be fully examined
- To facilitate learning by encouraging critical thinking and reflection with the use of the HCP's professional portfolio or learning log
- To continue to act as a clinical support and annual assessor for the NMA or to hand over to another mentor who fulfils the criteria.

The HCP should be able to:

- Demonstrate an understanding of ethics, the legal and professional framework for accountability and responsibility in relation to their role
- Undertake effective consultation with patients and carers that includes appropriate history taking and assessment skills to inform diagnosis and clinical decision-making practice
- Apply knowledge of available blood components
- Use evidence-based sources of information, policies, guidelines, advice, and decision support, and be able to explain how these are applied in practice
- Make the clinical decision to transfuse blood components safely, appropriately and cost effectively
- Be aware of and adhere to local policy and procedures in authorising blood
- Recognise and respond effectively to changes in decision-making practice at an individual, local, and national level, and provide evidence of continuing professional development

Line manager / Matron is responsible for:

- Ensuring practitioners who join the Trust and are already trained/assessed to authorise blood components have been assessed competent by the receiving Trust before being able to continue with their practice.
- Ensuring the practitioner has a named Consultant Mentor to support and aid learning in practice.
- The practitioner's portfolio is reviewed as part of their annual appraisal
- Inappropriate transfusion authorisation is reported as an adverse incident and the practitioner desists from the authorisation process until the incident has been investigated and action plan in place as required.

5. Developing the Role of the Practitioner in the authorisation of Blood Components

It is acknowledged that for this role development to be successful, a high level of medical consultant support will be required. In the best interest of improving patient care it is essential that all key stakeholders (assistant nurse directors, medical consultants, nursing and laboratory managers) are consulted. The aim of this document is to extend the role of the practitioner to include clinical decision making and written instruction for blood component transfusion.

5.1 Selection criteria and training requirement

Registered practitioners wishing to extend their remit to include clinical decision making and providing written instruction for blood transfusion must have attained the following:

- Attend updates on transfusion issues as per Trust mandatory training requirements
- Undertaken competency assessment in clinical transfusion aspects, as applicable to role
- Attend an authorisation educational event – either regional or equivalent.
- Continuous Consultant support to aid learning in practice
- Provide evidence of relevant competency assessments and continual education and training (Document number 5)
- There is no requirement for the HCP to be registered as a nonmedical prescriber of medicines

5.2 Working practice responsibilities

To undertake this role the Registered Practitioner must demonstrate appropriate knowledge and expertise in the following areas:

- Patient assessment and clinical decision making – including the clear accurate documentation of rationale of treatment, actions proposed and all conversations with patient/carer.
- Interpreting blood test results
- Writing the instruction in preparation for administration

- Pre-transfusion testing procedures
- Understand the potential risks of transfusion and take appropriate actions in the event of any reported transfusion reaction/event
- Understanding of legal responsibilities within the transfusion process
- Adherence to all Trust transfusion related policies, guidelines and procedures.

6. Patient Selection

The selection criteria for patient groups within the appropriate directorate must be determined and agreed with the medical consultant/clinical lead and the directorate managers.

When assessing the patients requirement for blood and blood products the Practitioner must acknowledge their own degree of competency and escalate the patient's care to a senior member of the medical team at the earliest opportunity should the need arise.

National guidelines and local Trust policy require that patients give consent for the transfusion of blood components and that this consent is documented within the patient's healthcare records according to Local Trust arrangements.

7. Audit and Evaluation

To deliver high quality and safe healthcare, clinical governance procedures and risk management strategies must be in place to ensure that:

- The patient is placed at the centre of all decisions about delivering care
- Practice is aligned to all relevant local policies
- Planning, development, and implementation of change only happens in an atmosphere of collaboration between all members of the healthcare team, managers, and directors; appropriate governance considerations are discussed at a professional and organisational level
- There is a robust process, including clearly identified practice development, for HCPs wishing to undertake this role
- There is transparency of accountability for individuals and clinical teams for all aspects of service and clinical delivery, and this accountability is identified in each HCP's scope of practice in relation to this role

- There is a register of HCPs undertaking this role within the organisation; this register is reviewed on a regular basis to confirm continuing practice in this role. Arrangements are in place within the organisation for assessment of practice, monitoring and continuing professional development for all HCPs undertaking this role
- The HCP's annual review includes confirmation of continuing competency
- If an HCP moves to a new role, the continuation of practice must be risk-assessed, additional training and competence assessment undertaken when identified as necessary, and a new scope of practice agreed
- A risk management plan is in place within the organisation to ensure incident and near miss reporting and management, including recognition and actioning of trends.

Individual practice will be audited by the Hospital Transfusion Team and the clinical leads in line with Trust policy and guidelines on the practice of blood transfusion administration.

Regular evaluations of clinical practice and patient outcomes will be performed and reported to the Hospital Transfusion Committee and directorate leads. See Appendix 5 for audit tool.

8. Review

Date of next review for this policy will be 03/05/2025

9. References

Blood Safety and Quality Regulations, 2005, (SI No50)

British Society for Haematology (BSH) (2017) Guideline on the administration of Blood components.
The administration of blood components: a British Society for Haematology Guideline - Robinson - 2018 - Transfusion Medicine - Wiley Online Library

Green J and Pirie E, (2009), A framework to support nurses and midwives making the clinical decision and providing the written instruction for blood component transfusion. NHS Blood and Transplant.
http://www.transfusionguidelines.org.uk/document-library/documents/bt-framework/download-file/BTFramework-final010909.pdf

"Clinical Decision-Making and Authorising Blood Component Transfusion – A Framework to Support Non-Medical Healthcare Professionals – United Kingdom & Ireland Blood Transfusion Network Education Working Group 2022
Clinical Decision-Making and Authorising Blood Component Transfusion (2).pdf (yha.com)

National Patient Safety Agency (2006) Right patient, Right Blood
http://www.nrls.npsa.nhs.uk/resources/?entryid45=59805

NICE Blood Transfusion Guideline NG 24

Overview | Blood transfusion | Guidance | NICE

Nursing and Midwifery Council (2006) Standards for proficiency for Nurse and Midwife Prescribers NMC, London

10. Cross reference documents

- Hospital Transfusion guidelines for adults, neonates or paediatrics
- Guidelines for the use of Platelet Transfusions
- Guidelines on the use of FFP/Cryoprecipitate
- Guidelines on the use of Red Cells
- Guidelines on the treatment of anaemia
- Massive blood Loss Protocols for adults or paediatrics
- Transfusion reaction documentation
- Refusal of Blood components documentation

Appendix 1 - Abbreviations

BCSH	British Committee for Standards in Haematology
NPSA	National Patient Safety Agency
CNO	Chief Nursing Officer
HBTG	Hospital Blood Transfusion Group
HTC	Hospital Transfusion Committee

Appendix 2 Implementation Process

Process for implementing non-medical authorisation for blood components

1

Hospital Transfusion Team
- Adapt template documentation to individual Trust requirements

2

Registered Practitioner & Line manager
- Identify need for **non-medical authoriser** role to be introduced for individuals

3

Registered Practitioner
- Complete application form (document number 1; appendix 3) involving all relevant professionals. (Line manager and Consultant supporting the proposed authoriser).

4

Transfusion Practitioner
- Provide the documentation pack and book a place on an authorisation educational event.

5

Registered Practitioner
- Complete the workbook (document number 2) and question and answer document (document number 3) prior to attending the educational event.
- Discuss the supervised practice with Consultant Mentor.
- Familiarise yourself with the Evidence portfolio (document number 4).

6

Registered Practitioner & Supervising Consultant
- Following completion of educational event, complete the evidence portfolio (document number 4).
- If assessment is successful complete extended role agreement document. (document number 1; appendix 4) Send copies to the line manager, transfusion practitioner and retain a copy for professional development file.
- If assessment is unsuccessful report to line manager for development of action plan

7

Hospital Transfusion Team
- Perform audit of practice using audit tool (document number 1; appendix 5). Frequency and action plan to be decided by HTT.

Appendix 3 Application form

Application form for Non-Medical Authorisation to provide the Written Instruction for Blood Component Transfusion

Section A: To be completed by the applicant

Name:

Dept/service: Ext/Bleep:

Job Title:

Band:

Rationale: (explain in detail how the implementation of this protocol will improve patient care without compromising patient safety)

Scope: (Please specify the types of blood components and justify why you are required to make the clinical decision and provide the written instruction for these to fulfill the rationale above)

Date of Application:

Section B: to be completed by the line manager supporting the application for non-medical authorisation

I confirm that I will provide the support for ……..and they:

- Understand their professional accountability arising from the latest NMC/*Code of Professional Conduct* and medico-legal issues related to their extended role
- Is aware of the limits of their knowledge and competence
- Undertake continuing professional development activities to maintain their competence
- Has sufficient knowledge to understand why their group of patients require blood component support

Signed: ……...Matron

Please print name: ……..

Section C: To be completed by Consultant supporting Non-Medical Authorisation

I confirm that I will support…… in non-medical Authorisation of blood components and will act as a mentor and evaluate their decisions

Signed: ……..

Medical Consultant

Print name……..

Appendix 4 Extended role agreement

Statement by approved practitioner agreeing to act under the directorate framework dated ..... and any successor policy

I have received, read and fully understand the following documents:

1. The Trust Policies on Blood Transfusion, Patient Identification and Consent policies

2. This Framework document

I have received the training set out in the framework, which approved practitioners must undertake before being authorised to provide authorisation for red cells and platelets.

I have undertaken the competency assessment on completion of training.

In return, the Trust accepts vicarious liability for the approved practitioner acting under the terms of the protocol.

I understand that by agreeing to act as an approved practitioner under the framework I am extending my role and job description. I understand that my acceptance of this extension of my role and job description has not been a compulsory requirement of this Trust.

NAME: *(block capitals*).....……

SIGNATURE: …….
(APPROVED PRACTITIONER)
DATE: …….

STATEMENT BY TRAINER

I confirm that the above named practitioner is competent to extend their role to include non-medical authorisation of blood components

NAME: *(block capitals)* ……

SIGNATURE …….
(ASSESSOR)
DATE: ……

The original must be filed in the health professional's personal development file and a copy held by the Manager and Transfusion Practitioner.

Appendix 5 Audit tool

Non-Medical Authorising - Audit Tool

Audit number:

Authoriser name ……..…… **Department:** ……...

Date: …….. ……...

Auditor: ……..…….....

1. Was the clinical management plan completed fully?

a. First name	Yes □	No □		
b. Last name	Yes □	No □		
c. Date of Birth	Yes □	No □		
d. ID number	Yes □	No □		
e. Diagnosis	Yes □	No □		
f. Frequency of transfusion	Yes □	No □		
g. Hb target	Yes □	No □		
h. Platelet target	Yes □	No □		
i. Date to be reviewed by consultant	Yes □	No □		
j. Medication prescribed	Yes □	No □		
k. Special requirements	Yes □	No □	N/A □	
l. Patient consented	Yes □	No □		
m. Patient information leaflet given	Yes □	No □		
n. Name of clinician to notify	Yes □	No □		

2. Was the Transfusion Pathway completed fully: Yes □ No □

a. Any omissions Yes □ No □

b. Details:

3. Monitoring and Interventions

a. Temp Yes □ No □

b. Pulse Yes □ No □

c. Respiration rate Yes □ No □

d. Blood Pressure Yes □ No □

e. O2 Sats Yes □ No □

f. Weight Yes □ No □

g. Blood results: Hb Yes □ No □

h. Blood results: ferritin Yes □ No □
□

4. Patient Assessment

a. Shortness of breath Yes □ No □

b. Lethargy Yes □ No □

c. Bleeding Yes □ No □

d. Signs of infection Yes □ No □

5. Consent checked Yes □ No □

6. Red cells requested Yes □ No □

7. Platelets requested Yes □ No □

8. Nurse appointment Yes □ No □

9. Doctor's appointment Yes □ No □

10. Cannula intervention completed Yes □ No □

11. Actions completed Yes □ No □

12. Pre procedure

a. PPI and ID bracelet insitu Yes □ No □

b. MRSA screen Yes □ No □

c. Informed verbal consent Yes □ No □

d. Patient feels well Yes □ No □

e. Taken normal medication Yes □ No □

f. Transfusion pathway/protocol Yes □ No □

13. Post procedure

a. Cannula flushed and removed Yes □ No □

b. Discharge letter Yes □ No □

Appendix 6 Continuing development

Often registered practitioners who authorise blood components work in isolation or are managed by colleagues who are not able to undertake the same duties. The importance of continued professional development is of primary importance within this field of practice to maintain assurance and governance relating to patient safety and to reduce risk.

This framework of continued professional development needs to be flexible to accommodate the variety of health care professionals and specialist practice that the non-medical authorisation of blood components involves.

Responsibilities in relation to authorising continuing professional development:

Authoriser's responsibility:

- It is your responsibility to meet the requirements to practice as a non-medical authoriser as described by your professional regulating body.
- By maintaining a reflective record of your ongoing authorization you will be able to offer evidence of your continued professional development with regard to your authorising status.
- Maintain a record of clinical supervision and discussion with your designated Medical mentor.
- Authorise only in your sphere of competence and expertise.
- Complete a ***[3 yearly or as per Trust guidance]*** declaration to authorise.

Manager's responsibility:

- As a line manager of a non-medical authoriser, you must ensure that the individual has spent a minimum of one hour yearly with their designated Medical mentor to undertake their yearly audit/reflection to authorise alongside the non-medical authoriser.
- You should notify the Transfusion Practitioner if a non-medical authoriser leaves the organisation or changes role which would no longer require them to authorise or would prevent them from maintaining their competence to practice.

- Initiate disciplinary procedures following failure to submit ***[3 yearly or as per Trust guidance]*** declaration to authorise.

Designated Medical Mentor responsibility:

- The designated Medical Mentor must work within the non-medical authoriser's declared specialist area of practice.
- Complete sessions with the non-medical authoriser by direct observation or discussion of their clinical practice. The records and an audit must be completed annually.
- It is also your responsibility to assess a non-medical authoriser's continued competence to prescribe through evidence presented to you from their audit and reflective pieces.

Trust responsibility:

- Provide support for ongoing CPD of each non-medical authoriser identified at appraisal.

  Declaration to authorise

  - This is a declaration of your area of specialist practice and must be updated ***[3 yearly or as per Trust guidance]*** declaration to authorise] or earlier if your scope of practice changes.
  - The Trust will request this document to be completed as per their requirements and a copy sent to the Transfusion Practitioner.
  - Failure to adhere to this request will result in disciplinary action.
- If your scope of practice alters, you must provide evidence of your competence to authorise in this new area.

Prescribing log reflection

It is expected that all non-medical authorisers' keep a learning log to provide evidence of CPD. This would also include a reflective piece on one positive and one negative authorisation experience that have been discussed with your designated medical mentor.

Key elements to provide evidence of continuing professional development for non-medical authorisers.

Ongoing

- Maintaining a record of authorisation practice including some reflective pieces
- CPD in relation to specialist area of practice and authorisation
- Meeting with designated medical mentor as required.

Annual Appraisal

- Meeting with designated medical mentor on yearly basis to discuss authorisation and discuss/audit a minimum of six sets of notes/authorisation decisions. The sets of notes/prescribing decisions must also include high risk patient groups if this is your area of practice.
- A reflective piece on one positive and one negative authorisation experience that have been discussed with your designated medical mentor.

Appendix 7 Declaration of competence

Name……...

Date……

Job Title……..

Base…….

Contact Telephone number(s)…….

Designated Medical Mentor…….

Area of Specialist Practice……..

List of evidence of maintenance of knowledge and skills:

Changes to scope of practice:

Authorisation of Blood component decision audit completed by and dates (this must be shared at annual appraisal):

Where do you access authorisation support and advice during your usual practice?

Competency framework: Reflection

Record your reflections below. You may find it useful to use a reflective model, such as Gibb's (1988), to guide your writing. This should form part of your discussion at your annual appraisal with your designated medical mentor and should demonstrate your authorisation of blood components.

Positive

Negative

Signed by non-Medical authoriser……..

Date…….

Name in Full……..

Signature of Medical Mentor……

Full Name of Medical Mentor……..

Date…….

Signature of line manager……

Full Name of line manager……..

Date…….

This declaration must be updated [3 yearly or as per Trust guidance] or when scope of practice changes.

Please forward copy to Transfusion Practitioner team.