**Document 1**

**A Template for Non-Medical Authorisation Framework for Blood Component Transfusion**

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| **Document Title** | A Template for Non-Medical Authorisation Framework for Blood Component Transfusion |
| **Version** | 3 |
| **Author(s)** | Y&H Regional Transfusion Practitioner NMA Working Group |
| **Trust Committee** | Y&H Regional Transfusion Committee |
| **Date ratified** | May 2017 |
| **Review date** | April 2019 |

**Trust logo**

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# 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 Committee for

Standards in Haematology (BCSH), 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.

# 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**.** 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.

This framework applies to all suitably trained Registered Practitioners *(Advanced Care Practitioners, Clinical Nurse Specialists)* involved in caring for adult patients (over the age of sixteen), *Paediatric and neonatal Advanced Nurse Practitioners* caring for patients aged 0-16, in designated settings within the Trust.

Nurse practitioners are only authorised to provide a written order for blood components within their **own clinical speciality**. For example a haemaotology CNS must not authorise blood for a general medical patient.

It is expected that the patient will benefit by promoting seamless continuity of care due to:-

* The decision to transfuse will be made by an experienced practitioner who has an in depth knowledge within his/her own specialty.
* A reduced delay in the decision to transfuse
* A reduced delay in authorising the transfusion
* A potential reduction in the patients overall length of stay

#  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 red cells & platelet transfusion.

See [appendix 2](#_Appendix_2_Implementation) for process of implementation

The Trust will benefit by these staff members:-

* Contributing to the reduction in junior doctor’s hours and European Working Time Directive.
* Provides stability to rotating teams
* Contributing to the implementation of the Chief Nursing Officer’s ‘10 key roles’ for nurses (to order diagnostic investigations such as pathology tests and x-rays, CNO 2002)
* Preventing delays in care, and allow for seamless continuity of care
* Acting as exemplary role models in their approach to decision making and providing written instruction for blood component transfusion

# Management Arrangements

**The sponsor** for this document and framework will be the Chair of the Hospital Transfusion Committee (HTC).

**The Hospital Transfusion Committee** is responsible for monitoring the use of this framework

**Consultant Mentor** for each of the practitioners who may make written instructions for blood component transfusion are responsible for ensuring that those staff have undergone the relevant training and been assessed as competent to practice. This includes on-going support with practice.

**Registered Practitioners** are responsible for:-

* Ensuring that they comply with the content of this framework and any other current transfusion guidelines.
* Regularly undertake appropriate knowledge and practical competency training.
* Maintain a portfolio of evidence, training and assessment
* Knowing their limitations, acknowledging their own degree of competency.
* Only authorise blood components in their field of practice.

**Practitioner Line manager/Matron is responsible for:**

* Ensuring practitioners who join the Trust and are already trained/assessed to authorise blood components have been assessed component 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.

# Developing the Role of the Practitioner in Blood Transfusion

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 the NPSA 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)

## 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.

# 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.

#  Audit and Evaluation

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](#_Appendix_5_Audit) for audit tool.

# Review

Date of next review for this policy will be DD/MM/YYYY

# References

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

British Committee for Standards in Haematology (2009) Guidelines for the administration of blood and blood components and the management of transfused patients.

[Administration of Blood Components | British Society for Haematology](http://www.b-s-h.org.uk/guidelines/guidelines/administration-of-blood-components/)

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>

National Patient Safety Agency (2006) Right patient, Right Blood

http://www.nrls.npsa.nhs.uk/resources/?entryid45=59805

NICE 2015 Blood Transfusion

[Blood transfusion | Guidance and guidelines | NICE](https://www.nice.org.uk/guidance/ng24)

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

# 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 |
| HTC | Hospital Transfusion Committee  |
|  |  |
|  |  |
|  |  |

## Appendix 2 Implementation Process

**Process for implementing non-medical authorisation for blood components**

**Hospital Transfusion Team**

* Adapt template documentation to individual Trust requirements
* Gain corporate agreement for extended role development
* Ratify relevant documents according to individual Trust requirements

**Registered Practitioner & Line manager**

* Identify need for nurse prescriber role to be introduced for individuals
* Contact Hospital Transfusion Practitioner to commence the process

**Registered Practitioner**

* Complete application form (document number 1[; appendix 3](#Appendix 3      Application form)) involving all relevant professionals. (line manager and Consultant supporting the proposed authoriser).
* Return completed form to Transfusion Practitioner

Appendix 3 Application form

**Hospital Transfusion Team**

* Perform audit of practice using audit tool (document number 1; [appendix 5](#Appendix 5 Audit tool)). Frequency and action plan to be decided by HTT.

**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](#Appendix 4 Extended role agreement)) 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

**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) and the patient assessment tool (document number 5)

**Transfusion Practitioner**

* Provide the documentation pack and book a place on an authorisation educational event.

**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)

**DAT**E: …………………………….

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?**
2. First name Yes  No 
3. Last name Yes  No 
4. Date of Birth Yes  No 
5. ID number Yes  No 
6. Diagnosis Yes  No 
7. Frequency of transfusion Yes  No 
8. Hb target Yes  No 
9. Platelet target Yes  No 
10. Date to be reviewed by Yes  No 

 consultant

1. Medication prescribed Yes  No 
2. Special requirements Yes  No  N/A 
3. Patient consented Yes  No 
4. Patient information leaflet Yes  No 

 given

1. Name of clinician to notify Yes  No 
2. **Was the Transfusion Pathway completed fully:** Yes  No 

1. Any omissions Yes  No 

1. Details:

1. **Monitoring and Interventions**
	1. Temp Yes  No 
	2. Pulse Yes  No 
	3. Respiration rate Yes  No 
	4. Blood Pressure Yes  No 
	5. O2 Sats Yes  No 
	6. Weight Yes  No 
	7. Blood results: Hb Yes  No 
	8. Blood results: ferritin Yes  No 

1. **Patient Assessment**
	1. Shortness of breath Yes  No 
	2. Lethargy Yes  No 
	3. Bleeding Yes  No 
	4. 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 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 authorization 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 an annual 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 by signing the annual declaration 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 annual declaration or as necessary.

**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.

**Annual declaration to authorise**

This is a declaration of your area o specialist practice and must be updated at least annually or earlier if your scope of practice changes.

The Trust will request this document to be completed in XX of every year 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 o specialist area of practice and authorisation
* Meeting with designated medical mentor as required.

**Annual**

* 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.
* Complete an annual declaration of competence.

**Appendix 7 Annual declaration of competence**

Name…………………………………………………………………….

Date……………………………………………………………………..

Job Title…………………………………………………………………

Base………………………………………………………………………

Contact Telephone number(s)………………………………………….

Designated Medical Mentor……………………………………………….

Area of Specialist Practice………………………………………………..

List of evidence of maintainance of knowledge and skills:

Changes to scope of practice:

Prescribing 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 (1998), to guide your writing. This should form part of your discussion at your annual meeting 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 annually or when scope of practice changes**.

Please forward copy to Transfusion Practitioner team.