Ashford and St. Peter's Hospitals
NHS Foundation Trust

Policy on Advanced / Specialist Nurse Prescribing of Blood Components

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Status:

Approval date: June 2021

Ratified by: BSPS Patient Blood Management Team, ASPH Patient Blood Management Committee & Nursing Midwifery Allied Health Professional Board

Review date: April 2024

Patients first • Personal responsibility • Passion for excellence • Pride in our team

History

Issue	Date Issued	Brief Summary of Change	Author
1	June 2016	New Policy	Surrey Pathology Services (SPS) Clinical Lead (Dr J de Vos: RSCH Consultant Haematologist) & Lead Transfusion Practitioner (Nicola McVeagh)
2	Feb 2019	Minor amendments to process for notifying TP team, for the competency to be added to OLM (removing need for cessation of practice form), annual audit to be undertaken by prescriber with annual review of competency to be undertaken by the Consultant and TP.	Berkshire & Surrey Pathology Services (BSPS) Clinical Lead (Dr J de Vos: RSCH Consultant Haematologist) & Lead Transfusion Practitioner (Nicola McVeagh)
3	March 2021	Amendments with regards of the final sign off process	Berkshire & Surrey Pathology Services (BSPS) Clinical Lead (Dr J de Vos: RSCH Consultant Haematologist) & Lead Transfusion Practitioner BSPS (Kim East)
4	November 2022	Specialist nurse replaced by healthcare professional (HCP) throughout document. Prescribe replaced by authorise throughout document in line with national recommendations Minor amendments in line with updated framework published June 2022	Berkshire & Surrey Pathology Services (BSPS) Clinical lead (Dr Matthew Rogers RSCH Consultant Haematologist) & Lead Transfusion Practitioner BSPS (Kim East)

For more information on the status of this document, please contact:	
Policy Author	Lead transfusion Practitioner Kim East
Department/Directorate	Pathology
Date of issue	June 2021
Review due	April 2024
Ratified by	BSPS Patient Blood Management Team; ASPH Patient Blood Management Committee
Audience	Nurse Managers and Consultants in Haematology/Oncology/ICU Adult & Paediatric departments including Advanced/ Specialist Nurses.

Executive summary

•Blood components are excluded from the legal definition of medicinal products (amendment to Section 130 of the 1968 Medicines Act by regulation 25 of the Blood Safety & Quality Regulations (2005))

•Healthcare professionals e.g., Advanced / Specialist Nurses can apply to become non-medical authorisers of blood components ('prescribers') without having completed the non-medical prescribing course

•Specific criteria apply regarding eligibility and specific training and assessment is required

•A Consultant Mentor from the clinical specialty is required to mentor and assess the candidate and, where this is not a Consultant Haematologist a consultant ward clinical lead required for final sign off of competency.

Contents

The Medicines Act 1968. Available at: https://www.legislation.gov.uk/ukpga/1968/67

APPENDIX 1: EQUALITY IMPACT ASSESSMENT

Equality Impact Assessment Summary

Name and title: Kim East-BSPS Transfusion Practitioner Lead
Policy: Advanced / Specialist Nurse Non-Medical Prescription of Blood Component

Background • Who was involved in the Equality Impact Assessment
This policy sets out a framework for the development of safe and effective prescription of blood components by Advanced / Specialist Nurse Practitioners This policy applies to Advanced Specialist Nurse Practitioners in oncology, paediatric and critical care areas. The policy author conducted the Equality Impact Assessment
Methodology • A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age) • The data sources and any other information used • The consultation that was carried out (who, why and how?)
• A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age) • The data sources and any other information used • The consultation that was carried out (who, why and how?) • This policy was assessed using the relevant legislation and Department of Health guidance.
Key Findings • Describe the results of the assessment • Identify if there is adverse or a potentially adverse impacts for any equalities groups
This policy does not discriminate against any race, ethnic origin, disability, gender, religion/belief, age group or sexual orientation;
Conclusion • Provide a summary of the overall conclusions
This policy does not discriminate against any race, ethnic origin, disability, gender, religion/belief, age group or sexual orientation.
N/A

		Yes/No/ Unsure/ NA	Comments
	Does the plan include the necessary training/support to ensure compliance?	**Yes**	
7.	**Process for Monitoring Compliance**		
	Are there measurable standards or KPIs to support monitoring compliance of the document?	**Yes**	
8.	**Review Date**		
	Is the review date identified and is this acceptable?	**Yes**	
9.	**Overall Responsibility for the Document**		
	Is it clear who will be responsible for coordinating the dissemination, implementation and review of the documentation?	**Yes**	
10.	**Equality Impact Assessment (EIA)**		
	Has a suitable EIA been completed?	Yes	

Committee Approval by PBMT			
If the committee is happy to approve this document, please complete the section below, date it and return it to the Policy (document) Owner			
Name of Chair	**Matthew Rogers**	**Date**	**June 2022**
Ratification by Management Executive (if appropriate)			
If the Management Executive is happy to ratify this document, please complete the date of ratification below and advise the Policy (document) Owner			
Date: n/a			

APPENDIX 3:

Healthcare Professional Non-Medical Authorisation of Blood Component Application Form

Section A: *To be completed by the applicant*

Applicant:

Name (Please print): ……

Ward/Department: ……

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:

- this 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 Consultant Mentor / Assessor*

Name (Please print):……..……
Ward/Department: ……..……..……

I confirm that (Insert name of applicant)…….....…….....
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 Blood Transfusion Committee Standards for Training and Assessment in Blood Transfusion (2015).

Signature:……Date:…….

Section D: *to be completed by ward clinical lead*

Name……

I agree to the above nurse undertaking education and training for the authorisation of red cell and platelet transfusions / all components (delete as applicable).

Signature: …… Date: ……..

Section E: *to be completed by the Transfusion Practitioner*

Name……

I agree to the above nurse undertaking education and training for the authorisation of red cell and platelet transfusions / all components (delete as applicable).

Signature: …… Date: ……..

APPENDIX 4

Portfolio of evidence to support non-medical staff making the clinical decision and providing the prescription for blood component transfusion

NAME (CANDIDATE) :	
Job title:	**Job title:**
Hospital:	**Hospital:**
Ward/Dept:	**Ward/Dept:**

This evidence portfolio was based on the document-"Clinical Decision-Making and Authorising Blood Component Transfusion. *A Framework to Non-Medical Healthcare Professionals 2022.*

Introduction:

This portfolio enables non-medical practitioners to insert relevant evidence to support them in making the decision to transfuse, and to complete the prescription for a blood component transfusion.

This evidence may take the form of:

- Training received
- Examples of clinical case reports
- Logs of transfusion
- Reflective practice
- Assessment outcomes
- Individual development in clinical practice

The evidence should be reviewed and signed of by the practitioner's medical mentor before submission via Trust governance procedures to ratify the practitioner as authorised to make the prescription for blood transfusion

Training requirements prior to the competency assessment being completed:

Note: *This is not an exhaustive list. Trusts to decide requirements on a local basis and complete as appropriate.*

- Must undertake mandatory updates on transfusion as per the Trust Mandatory Training requirements.

- Completion of competency assessment as required by the National Blood Transfusion Committee Standards for Training and Assessment in Blood Transfusion (2015).

- Completion of Transfusion Training, such as NHSBT Non-medical Authorisation of Blood Course, once application for the above scope of practice has been approved.

Note: *The Knowledge and competencies section is a comprehensive list and may not be applicable to all specialist areas. The training requirements for the practitioner should be discussed with the consultant mentor at the start of the training process.*

Understanding of	Knowledge and competencies	Evidence Submitted	Date Submitted	Knowledge and competence assessed by:		
				AHP signature	Mentors Signature	date
Anatomy and physiology of blood	• Explain haematopoiesis and haemostasis. • Describe the development, structure, and function of: ✓ Red cells ✓ White cells ✓ Platelets • Plasma					
Anaemia and chronic blood loss	• Explain the different classifications of anaemia • Explain the physiological processes for iron deficiency anaemia • Recognise when to refer patients for further investigation and treatment • Advise how to order appropriate investigations • Outline the different types of iron therapies • Explain the use of other haematinics, and of erythropoiesis stimulating agents.					
Acute blood loss	• Explain the principles of patient assessment in relation to blood loss and how to estimate bleeding risk • Explain the appropriate use of universal blood components • Explain the risks and complications associated with emergency transfusion.					
Patient assessment and clinical decision making	• Explain the requirement to accurately document all actions and conversations with the patient • Make appropriate referral if the patient refuses blood transfusion or has an					

How to take a patient history accounting for co-morbidity Consent issues Need for concomitant drugs	advance decision to refuse treatment • Take a medical history • Link the clinical picture with the interpretation of blood results. • Justify appropriate decision using the best available evidence and local transfusion guidelines • Explain the risks and benefits of transfusion and available alternatives • Evaluate the appropriateness of alternatives to blood component transfusion, e.g., intravenous iron • Assess the patient's fitness for a transfusion, i.e., take account of co-morbidities, day case or inpatient • Assess for risk factors for transfusion, in particular circulatory overload. • Explain which concomitant drugs may be required and why.					
Interpreting blood results	• Recognise normal and abnormal haematology and biochemistry blood values • Interpret anomalous results and initiate any appropriate treatment • Determine if more tests and/or further evaluation is required.					
Blood components	• Describe the differences between blood component and blood products: ✓ Legal definitions • Explain blood donation and component processing: ✓ Whole blood/component donation ✓ Donor selection and screening ✓ Microbiological testing ✓ Processing of components,					

	including irradiation • Describe allogeneic blood components for transfusion: ✓ Red cells ✓ Granulocytes ✓ Platelets ✓ Plasma based components • Demonstrate knowledge of: ✓ Storage - temperature control/cold chain requirements of each type of component ✓ Recommended transfusion rates for each type of component • Safe handling					
Indications for the use of blood components Appropriate use of blood components Alternatives to blood components	• Define the indications for use of blood components and demonstrate appropriate selection of components. • Justify the decision for transfusion, including: ✓ Risk vs. benefit ✓ Intended outcomes ✓ Evidence base for transfusion ✓ Recognised standards for transfusion ✓ Use of recognised triggers, thresholds, and targets • Explain how to calculate 'dose' required to achieve target • Explain the importance of reassessment and documentation of outcomes • Explain alternatives to transfusion to consider, and strategies for avoiding/ minimising transfusion where appropriate, including single unit					

	strategies • Recognise when to consult with, or defer to, a senior clinician.					
Consent to transfusion	• Explain the principles of consent, and recognise the professional, legal, and ethical requirements for consent to transfusion • Describe the patient information resources available to support the consent process, and how to use them • Explain the requirement for documented evidence of consent in the patient's records • Demonstrate awareness of the issues to discuss with the patient to facilitated informed decision-making: ✓ Intended benefits ✓ Risks ✓ Alternatives ✓ Possible consequences of not having transfusion – • Demonstrate effective consent to transfusion including: ✓ Information giving ✓ discussion ✓ shared decision-making • record keeping.					
Specific transfusion requirements	• Specific requirements can encompass both specification of the components and administration requirements • Define which patient groups have specific transfusion requirements and explain why • Explain why it is important to have a process to ensure that these specific requirements are met					

	• Explain the issues when specific requirements are requested, but: ✓ Are not, or cannot, be met, e.g., emergency situations • Are not actually required.					
Writing the instruction to transfuse the blood component	• Explain what is required in the written instruction: ✓ number of units/volume ✓ duration of transfusion/rate ✓ route of administration ✓ concomitant drugs that may need to be administered ✓ any additional information relevant to safety of the transfusion, e.g., blood warmer required ✓ who completed the written instruction • Explain specific measures to be taken for certain patient groups/ vulnerable patients, e.g., paediatrics dose in mLs. • Explain specific measures to manage risk of transfusion associated circulatory overload • Explain the potential interaction of blood components with other IV drugs, infusions, and transfusions • Demonstrate correct completion of written instruction for transfusion.					
Laboratory testing	• Explain ABO compatibility and alloimmunisation • Demonstrate awareness of clinically significant red cell antibodies • Describe the importance of histocompatibility • Explain the principles of sample					

	validity and historic/reference groups • Describe the laboratory processes for pre-transfusion testing including how long testing can take.					
Requesting blood components	• Explain the laboratory requirements for: ✓ Full patient identification details ✓ Number of units/volume of components required and any specific transfusion requirements ✓ Transfusion history ✓ When and where the patient is to be transfused • Explain the potential time frames for accessing different blood components from the laboratory: • which components to request/expect depending on the level of urgency and whether the patient is known to the laboratory.					
Risks and adverse events associated with transfusion and how to manage them	• Describe the patient monitoring requirements throughout the transfusion process • Explain the risks of transfusion and what to do in an emergency (where necessary) for: ✓ Transfusion Associated Circulatory Overload (TACO) ✓ Febrile, allergic, and hypotensive reaction, including anaphylaxis ✓ Wrong blood to wrong patient ✓ Transfusion-transmitted bacterial and viral infections ✓ Transfusion Related Acute					

	Lung Injury (TRALI) and other pulmonary complications ✓ Haemolytic transfusion reaction – acute and delayed ✓ Over-transfusion/ iron overload • Demonstrate an understanding of the complications of long-term transfusion including ✓ iron overload ✓ alloimmunisation • Explain the non-emergency management of the above • Explain hemovigilance in the UK and the reporting of adverse events/reactions, and their responsibilities in relation to reporting • Explain duty of candour and professional responsibility and accountability.					
Transfusion guidelines and protocols	• Discuss relevant national, regional, and local transfusion and blood conservation related programmes • Describe relevant clinical guidelines, e.g., BSH, NICE • Demonstrate awareness of the Blood Safety and Quality Regulations (2005), and amendments, including traceability and cold chain requirements.					
Legislation, regulation, and practice	• Explain NMA practice in relation to their professional bodies' standards of conduct, performance, and ethics • Explain the legislative and regulatory background to NMA practice in the UK, and the governance of NMA practice • Explain what should be recorded in the patient records in relation to the					

	decision to transfuse, and why • Recognise the shift in professional boundaries manifest in NMA practice, and the challenges this can present.					

APPENDIX 5: Log of transfusions

MRN: **Name:** **DOB:** **Address:**		**Blood Component:** Red cells Platelets Other:	**Units**
Documented care plan: **Discussed with patient:** **Information leaflet:**	**Yes / No** **Yes / No** **Yes / No**	**Blood Results** **Haemoglobin** **Platelets** **MCV**	
Cannula Required	**Yes / No**	**Cardiac history**	**Yes / No**
Pre-medication	**Yes / No**	**Respiratory history**	**Yes / No**
Currently on diuretics	**Yes / No**		
Observations Confirm: Temperature >37 Heart Rate >120bpm Systolic BP,100mmHg Diastolic >100mmHg SPO2 <90% SOB at rest Obvious ankle oedema	 **Yes / No** **Yes / No** **Yes / No** **Yes / No** **Yes / No** **Yes / No** **Yes / No**	**Reason for Transfusion**	
If YES to any of the above discussion with senior clinician completed PRIOR to authorisation	**Yes / No**	**Additional assessment completed by (Name/Position):**	
Additional Instructions			
Assessed by:		**Date:**	
Comments:			
Actions:			

APPENDIX 6: Declaration of Competency Form

Declaration of Competence for Non-medical Healthcare professionals
Clinical Decision making and Authorisation of Blood Component Transfusion

I have met the knowledge and competency criteria and I am proficient to undertake the prescription of

Component	**Authorised / Not applicable**
Red Cells	
Platelets	
Fresh Frozen Plasma	
Cryoprecipitate	

Name: ……

Signature: ……

Clinical Area / Speciality: ……...

Date: ……

I have assessed the above practitioner and deem them proficient to undertake the prescription of

Component	**Authorised / Not applicable**
Red Cells	
Platelets	
Fresh Frozen Plasma	
Cryoprecipitate	

Consultant Mentor:
Name: ……

Signature: ……

Role: ……

Date: ……

Consultant ward clinical lead:

Name: ……

Signature: ……

Date: ……

Please keep the original and send a copy of this form to your clinical manager and the Transfusion Practitioner.