Procedure		Worcestershire Acute Hospitals NHS Trust

Non-medical Authorisation of Blood Components

Department / Service:	Blood Transfusion, Pathology
Originator:	Laura Walters - Lead Transfusion Practitioner (LTP)
Accountable Director:	Dr Sangam Hebballi - Consultant Haematologist
Approved by:	Trust Transfusion Committee (TTC) Improving Safety Action Group
Date of Approval:	30th April 2026
Review Date: **This is the most current document and should be used until a revised version is in place**	30th April 2029
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	All
Target staff categories	Staff who wish to be a non-medical authoriser of blood components

Plan Overview:

Key amendments to this Document:

Date	Amendment	By:
September 2022	New document approved	TTC, CGG, TME
September 2023	Updated that staff must be speciality for 1 year and complete the course within 12 months	TTC
8th October 2025	Extended the document for 6 months to allow time to review and reapprove	Laura Walters
November 2025	Appendix 4 added to help staff to audit practice. NMA in ITU setting for ACCP's only have been approved to also prescribe FFP and cryoprecipitate due to their high level of exposure to these rarer used components.	

Contents

1. Summary

This document is a procedure for the introduction of the authorisation of blood component transfusion by non – medical practitioners caring for adult / paediatric patients requiring transfusion within a designated clinical speciality.

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 for ordering, authorising and administering blood components.

Blood components consist of red cells, fresh frozen plasma, platelets and cryoprecipitate. **The non-medical authoriser will only be able to authorise blood components for which they have completed five supervised practices for 5 different patients (and the same patient needing the same component on a different day would be counted as a separate supervised practice) and achieved the relevant competency.**

In 2009 there was framework released called “A Framework to Support Nurse and Midwives Making the Clinical Decision and Providing Written Instruction for Blood Component Transfusion”. In 2022 the United Kingdom & Ireland Blood Transfusion Network Education Working Group reviewed this framework to support non-medical healthcare professionals in decision-making when authorising a transfusion called: “Clinical Decision-Making and Authorising Blood Component Transfusion”. 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.

Non-medical authorisers are only authorised to provide a written order for blood components within their **own clinical speciality**. For example, a haematology CNS must not authorise blood for a general medical patient.

2. Introduction

- Non-medical authorisers provide high quality individualised care to their patients and can make the clinical decision and give written instruction for appropriate blood component transfusions.
- This procedure is intended to clarify the process of introducing the authorisation of blood component transfusions for non-medical authorisers and nurse specialists caring for adult and/or paediatric patients.
- Non-medical authorisers who wish to develop their role to include authorisation of blood component transfusions will need to achieve relevant training and competency assessment.
- Non-medical authorisers will need to be able to take a history, assess the patients need for transfusion, make a clinical decision to transfuse, understand

and undertake the consent process and possess the clinical skills to respond and manage adverse events such as suspected transfusion reactions.

- Non-medical authorisers 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.
- 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.
- The role of non-medical authorisation of blood components is not suitable for all and should only be taken on within the agreed governance structures of the Trust after careful consideration of service and clinical need
- The job description of the post holder should be amended to reflect the scope of practice within the role with accountability and responsibility clearly detailed.

3. Aims & Objectives

The purpose of the procedure is to support clinicians in responding to the changing needs of patients and developing the role of non-medical authorisers to include authorising blood component transfusions.

The procedure outlines the criteria and assessment framework required for the authorisation of blood components by non-medical authorisers. It enables them to make clinical decisions and provide written instruction for blood component transfusion for patients within their own speciality.

The aim is to:

- Ensure that the decision to transfuse will be made by experienced non-medical authorisers and nurse specialists who have an in-depth knowledge of the transfusion process
- Ensure that non-medical authorisers authorising transfusion have an in-depth knowledge of their patients' needs
- 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 potentially reducing their length of stay
- Ensure that the non-medical authorisers undertaking the role are aware of their professional and legal responsibilities
- Clarify the boundaries of the role undertaken by the non-medical authorisers and identify clear lines of accountability

4. Responsibilities

- The specific clinical area/ department wishing to implement the non-medical authorisation of blood components must identify a service need within the specific department
- The Trust will provide adequate support for the relevant staff within the organisation including clear Governance structures with supporting documentation to protect patients, individuals and the organisation

- Applicants must complete the request form (appendix one) to apply to undertake the non-medical authoriser of blood components form and be supported by a Designated Medical Supervisor and Assessor and line manager
- The Designated Medical Supervisors and Assessors are responsible for supporting the non-medical authoriser throughout the work-based learning and assessment. They will also contribute to the final agreement to practice
- The non-medical authoriser is responsible for maintaining accurate documented evidence of training and practice
- The non-medical authoriser is responsible for ensuring that they are familiar with current national and local guidelines and policies by accessing relevant courses and maintaining training and competency
- The non-medical authoriser's clinical area / management must agree to release the trained HCP for updates as required
- The non-medical authoriser has a responsibility to keep training and skills up to date throughout their working life and a duty to work within their own area of competency and expertise
- The non-medical authoriser must comply with their professional body's code of practice
- The patient's lead Clinician retains ultimate responsibility for treatment and devolves responsibility to the identified non-medical authoriser through the patient's Clinical Management Plan.
- On successful completion of the approved period of study by the individual, the Trust Transfusion Committee (TTC) is responsible for the final agreement to practice and for recording the qualification.
- The Trust Transfusion Team (TTT) will keep a register of all Non-medical authorisers which will be kept up to date by the Lead Transfusion Practitioner.
- TTC is responsible for monitoring the use of this framework and final agreement to practice

Although Trusts accept vicarious liability for their employees it is recommended the non-medical authoriser obtains additional professional indemnity insurance relevant to their extended scope of practice and inform the MNC and Union.

5. Selection Criteria and Training required for the non-medical authoriser

The non-medical authoriser:

- Must be a current registered practitioner with at least 3 years post registration experience and be a band 6 or above
- Have at least 1 year working within the relevant specialty
- Must have the support of their Clinical Consultant and line manager
- Must manage a clinical caseload or work as part of a clinical team managing the patient's needs
- Must be deemed competent and up to date with pre-transfusion sampling, collection of blood components (if relevant) and administration of blood transfusion
- In date for the following national e-learning every 2 years:
    - Safe Transfusion Practice (standard and/or paediatrics if relevant)

  - Blood components and indications for use
  - Acute transfusion reactions
  - Consent for transfusion
- In date for the following Trust eLearning every 2 years:
  - NPSA 1 BloodTrack Obtaining a pre transfusion sample
  - NPSA 3 BloodTrack Organising, receipt and administration of blood
- Must have successfully completed a Trust approved training programme such as the NHS Blood & Transplant Non-Medical Authorisation of Blood Components course
- Will be responsible for obtaining adequate knowledge and experience in authorising blood components, including a period of supervision prior to assessment
- Will have a consultant for their speciality as a Designated Medical Supervisor and Assessor for the period of education, training and revalidation
- Must have documented approval from their line manager and Designated Medical Supervisor and Assessor
- Must submit a portfolio and accompanying narrative to demonstrate application of theory to practice in accordance with the agreed level of practice to the Designated Medical Supervisor and Assessor
- The period of supervision will be a minimum of 3 months or could be longer at the discretion of the Designated Medical Supervisor and Assessor depending on the needs of the individual. The maximum completion time would be 12 months. The period of supervision must include the authorisation of blood components which must be recorded on the Record of Supervised Authorisation of Blood Components form (appendix to Portfolio)
- On completion of training and competency assessment, a competency declaration form must be completed and sent to the line manager, the TTT and a copy retained in the training folder (Appendix to portfolio).

Training must include a full understanding of:

- Blood components, the National Blood Transfusion Committee (NBTC) indication codes for transfusion and thresholds for transfusion
- Transfusion reactions inclusive of recognition and management
- The significance of antibodies and the effect on sample validity and suitable blood component selection
- The British Society for Haematology transfusion guidelines
- The legal responsibilities associated with the transfusion process
- How to make the decision to transfuse and what further investigation may be required
- Information about how to reassess patients following blood transfusion.
- Special Requirements for Blood Component Transfusion
- All the essential educational requirements of a non-medical authoriser programme in Appendix II of the framework document “A framework to support Non-Medical Healthcare Professionals” in Clinical Decision-making and Authorising Blood Component Transfusion.

6. The Designated Medical Supervisor and Assessor

The Designated Medical Supervisor and Assessor have a critical and highly responsible role in educating and assessing the non – medical practitioner undertaking authorisation of blood transfusions.

The Designated Medical Supervisor and Assessor have a key role in assuring competence of the non-medical authoriser by providing them with supervision, support and opportunities to develop competence in authorisation of blood transfusions during the work-based learning element of the programme.

It is essential that every participant identifies a Designated Medical Supervisor and Assessor who will be asked to sign a declaration of support for the student at the commencement of the non-medical authoriser's period of authorisation of blood transfusion study. Medical Supervisors are also required to provide a signed declaration of competence at the end of the period of study (Appendix to Portfolio).

The Designated Medical Supervisor and Assessor must be a substantive registered practitioner who:

- Is a consultant who has had at least three years' clinical responsibility for a group of patients in the specialist area in which the non – medical practitioner is employed that includes the authorisation of blood transfusion.
- The named Consultant has been approved by the TTT as suitable
- Is up to date with mandatory training and transfusion training including e-learning as per Trust mandatory training requirements
- Has a good knowledge for pre-transfusion blood sample taking and administration of blood and blood components; and familiar with the Trust's and National Transfusion policies and protocols.
- Regularly authorisers blood transfusions and with whom the nurse can work alongside for learning and assessment purposes including body weight dosing for paediatrics and adults under 50kg (if applicable)
- Will support and guide the non-medical authoriser through their learning experience and assess their competency during the training period
- Has experience or training in teaching, assessments and/or supervising in practice
- The Medical Supervisor and Assessor will be appraised of the programme before the programme commences and be given the opportunity to ask questions and/or clarify any areas of concern

7. Authorisation Practice

The non – medical practitioner may only authorise blood components in their specific clinical area and are responsible for their own actions. The non – medical practitioner will undertake the extended role solely within the clearly defined clinical transfusion guidelines for their area of practice. 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.

It is essential to:

- Explore alternatives to blood component transfusion
- Only authorise blood components if it will be of benefit to the patient and ensure the transfusion is safe and effective
- Ensure the patient has given informed consent for transfusion and that this is documented in the patient notes
- Document the reason for authorising the blood component transfusion
- Refer cases to Clinical Teams with the relevant expertise where there is doubt or concern about authorising the transfusion
- Contact a registered medical practitioner without delay if any adverse reaction or event is suspected and comply with local policy and procedure

8. Record Keeping and Documentation

The written instruction must be legible and include:

- A record that informed consent has been obtained before transfusion
- The date of the transfusion
- A description of the component to be given e.g. Red Blood Cells or Platelets.
- A separate written instruction line for each unit
- The exact number of mls for paediatric transfusion
- The duration of the transfusion of each unit
- Special requirements e.g. irradiated blood components, CMV negative blood components, it is the prescriber's responsibility to ensure special requirements have been met
- Any additional information e.g. use of diuretic in red blood cell transfusions, TACO risk assessment completed per transfusion episode
- The authorisers name and signature

9. Reviewing, Maintaining and Monitoring Practice

- The registered non-medical authoriser has the responsibility for maintaining competence in their own area of expertise, alongside ensuring that their authorising practice is safe and effective to meet the criteria set out in this procedure, national guidance and local policies and procedures
- To continue authorising blood components after being deemed competent by the TTT, the non-medical authoriser must have an agreed Medical Supervisor for on-going support in practice and subsequent annual reviews; and have the continued support of the TTT.
- Any incidents reported involving the non-medical authoriser will be fully investigated and reviewed by the TTT and feedback along with actions required will be communicated.
- The registered non-medical authoriser must inform their line manager and the TTT of any changes in circumstances that will affect their authorising practice.
- The non – medical authoriser must inform the organisations Lead Transfusion Practitioner if they intend to leave the organisation or transfer to another department within the organisation

- The non-medical authoriser must remain in date with sampling and administration of blood competencies and e-learning mentioned previously in this document, e-learning is a two-yearly requirement
- The non-medical authoriser is expected to always practice according to the latest versions of the Trust transfusion policies and procedures
- The non-medical authoriser is expected to maintain knowledge of documents released by the Advisory Committee on the Safety Of Blood, Tissues and Organs (SaBTO), British Society of Haematology (BSH) and National Blood Transfusion Committee (NBTC) which are relevant to their area of practice
- The non-medical authoriser is to undertake audit of their own practice, as directed by the TTT and results presented at TTT/TTC
- The non-medical authoriser is to show evidence of continuing professional development and maintenance of skills. This will be confirmed at the non-medical authorisers' annual appraisal by their line manager
- The non-medical authoriser is to attend the TTC, there are three meetings held per year, with attendance expected at least twice per year
- The Trust ensures that patient safety and clinical effectiveness is not adversely affected by introduction of extended practice by monitoring of patient safety incidents and clinical audit
- This extended practice may not be transferable between Trusts/Organisation or departments. The non-medical authoriser must seek advice from Transfusion Practitioner or Consultant when starting a new position.

10. Revalidation

- Revalidation should take place every three years in line with NMC
- It is considered good practice for the non-medical authoriser to maintain a clinical log of patients for whom they authorised transfusion. This will contribute to on-going reflective practice and continual professional development
- The non-medical authoriser must provide the evidence to show they have kept up to date with national /local developments that could influence their practice
- It is recommended that the non-medical authoriser completes a minimum of 15 authorisations over the three-year period.
- If the non-medical authoriser has a period of abstinent e.g. maternity, sick leave then their competency must be re-assessed at least every 2 years or as directed by the TTT.

11. Acknowledgements and References

JPAC website for sharing the East Midlands Regional Committee templates to develop / modify procedure for our Trust
https://www.transfusionguidelines.org/uk-transfusion-committees/regional-transfusion-committees/east-midlands/policies [accessed 24/03/22]

National Blood Transfusion Committee (NBTC) Indication codes for transfusion 2020.
https://www.transfusionguidelines.org/uk-transfusion-committees/national-blood-transfusion-committee/responses-and-recommendations [accessed 28/03/2022]

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

Guidelines from the expert advisory committee on the Safety of Blood, Tissues and Organs (SaBTO) on patient consent for blood transfusion 2020. https://www.gov.uk/government/publications/blood-transfusion-patient-consent/guidelines-from-the-expert-advisory-committee-on-the-safety-of-blood-tissues-and-organs-sabto-on-patient-consent-for-blood-transfusion [accessed 30/03/2022]

Nursing and Midwifery Council (2018) The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates
https://www.nmc.org.uk/standards/code/ [accessed 12/04/22]

Clinical Decision-Making and Authorising Blood Component Transfusion – A framework to support Non-Medical Healthcare Professionals: United Kingdom and Ireland Blood Transfusion Network Education Working Group 2022

Appendix 1

Trust Transfusion Team (TTT) application form for Registered Healthcare Practitioners to request for approval to undertake non-medical authorisation of blood components training

Section A: *(to be completed by healthcare practitioner)*

Applicants Name:	Job Title:
Job Title Band:	Department: Speciality:

Rational: (Please explain in detail how gaining approval to authorise blood components will enable you to improve patient care without compromising patient safety)
Scope: (Please specify what type of blood components to be authorised and justify why you are required to make this clinical decision and provide the written instruction for it in order to fulfil the rational above)

I certify that I am:

- Registered health care practitioner (nurse, midwife) of band 6 and above
- I have been in my current post for longer than 12 months
- I have a job role which requires to make a decision to authorise blood components for transfusion
- I have up to date competencies in administration of blood components
- I have completed the eLearning modules stated in section 5 within the last two years
- I am up to date with my Health Assessment Course (give details, including the date and evidence it has been successfully completed)

Signed:…… Name:…….
Date:…… NMC No:……..

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
- Are aware of the limits of their knowledge and competence
- Undertake continuing professional development activities to maintain their competence
- Have sufficient knowledge to understand why their group of patients require blood component support

Signed: ……..
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

Print name……
Signed: …….. GMC No:…….

Section D: (To be completed by the Lead Transfusion Consultant on agreement at the TTT)

Transfusion Consultant Name: ……
Signature: …… GMC No:……
Date: ……..……

Appendix 2

Portfolio- Criteria for competence

End Competence: To enable to HCP to authorise blood component transfusions

Date completion of Health Assessment Course: ……..

Date attended NHSBT course: …….
Competence in relation to the following blood components *(please circle)*:

Red Cells Platelets FFP/Octoplas Cryoprecipitate

The Non-medical authoriser can only authorise blood components they have been signed off for. Please refer to Appendix 3 for Evidence of supervised practice. A copy for each component type you wish to be authorised needs to be completed and it should include five supervised practices for 5 different patients (and the same patient needing the same component on a different day would be counted as a separate supervised practice).

This portfolio enables non-medical authorisers to insert relevant evidence to support them in making the decision to transfuse, and to complete the written instruction to authorise a blood component transfusion. It is intended the practitioner updates the portfolio to demonstrate on going learning and development, including annual audits and declaration of competence through an annual appraisal.
This evidence may take the form of;

- Training records
- Evidence of previous study covering the knowledge requirements in the attached framework
- Examples of clinical case reports and reflective practice

The evidence should be reviewed and signed off by the non-medical authorisers medical mentor before submission via Trust Transfusion Committee (TTC) to ratify the practitioner as authorised to make the written instruction for blood component transfusion.

Name of Practitioner: (Print Name) ……

Name of Assessor: (Print Name) …….

Understanding of	Knowledge & Competencies	Evidence Submitted	Signed	
			Practitioner	Mentor
Anatomy and the physiology of blood and blood components	Understands the structure, function and production of: ▪ Red Cells ▪ White Cells ▪ Platelets ▪ Plasma ▪ Cryoprecipitate			
Understanding of anaemia	▪ Can define the common types of anaemia within own clinical practice ▪ Understands the physiological processes for iron deficiency anaemia ▪ Knows when to refer patients for further investigation and treatment ▪ Knows how to order appropriate investigations ▪ Understands why red cell transfusion is not always appropriate for patients with chronic anaemia. ▪ Be aware of what services your Trust has to offer for alternatives.			
Interpreting blood results	Can demonstrate knowledge and understanding of: ▪ Normal and abnormal haemoglobin and platelets counts and biochemistry results where relevant ▪ The ability to interpret results and initiate treatment ▪ When more tests and/or further evaluation is required ▪ Understands the significance of atypical antibodies			

Writing the instruction to transfuse the blood component	Demonstrates knowledge and understands rational that the written instructions contain. ▪ Patient's full name ▪ Date of birth ▪ Unique numeric identifier- NHS No. ▪ Any special requirements ▪ The length of time the transfusion is to take place ▪ The number of units/volumes required ▪ The route of administration ▪ Concomitant drugs which need to be administered, where to prescribe these ▪ Consent ▪ Can discuss the incompatibility of blood with other infusion fluids/drugs			
Neonatal and paediatric dosages (where applicable)	Calculates the correct dosage for: • Red cells • Platelets			
Blood Grouping/RhD system	• Has knowledge of the ABO blood group system • Has knowledge of the RhD system • Has some understanding of the reason for delay of blood provision in patients with antibodies			

Understanding of	Knowledge & Competencies	Evidence Submitted	Signed	
			Practitioner	Mentor
Pre-transfusion testing process	Can demonstrate an understanding of the: ▪ Pre-transfusion sampling process ▪ Sample labelling requirements ▪ **BSH** guidelines for pre transfusion testing ▪ Time limits surrounding the validity of samples in storage ▪ The laboratory processes for pre-transfusion testing including how long testing takes. ▪ Knows the location of the Transfusion Laboratory and issue fridge (if appropriate) at their place of work.			
Indications for the use of red cells	▪ Demonstrates a clear understanding for the use of red cells ▪ Uses local policy and national indication codes to demonstrate appropriate use			
Indications for the use of Platelets	• Demonstrates a clear understanding for the use of platelets ▪ Uses local policy and national indication codes to demonstrate appropriate use ▪ Can demonstrate in which conditions their use is not appropriate			
Patients on anticoagulants and anti-platelet medications	▪ Knowledge of drugs that can affect blood coagulation or platelet function and action to take ▪ Spend time with pharmacist for specialist area to understand the mechanisms and interactions of medicines with blood transfusion			
Coagulation	• Has knowledge of the coagulation process			

Massive Blood Loss	• Has knowledge of the massive blood loss process for their organisation for adults / children (as appropriate) and who has the authority to activate it. • Understands the importance of informing the Transfusion Laboratory if the patient is on any anticoagulants and how this affects the treatment pathway.			
Specific Transfusion Requirements	Demonstrates knowledge and understanding of ▪ Which patient groups will have specific blood requirements and why • Understands the process for notification of specific requirements to the transfusion laboratory ▪ Understands the process to prevent these patient's receiving the wrong blood • How to flag patients within organisations patient care systems (electronic).			
Requesting Blood components Transfusion request form	Has knowledge of local guidelines for requesting blood components and need to provide the following: • Full Name of patient • Date of birth • Unique numeric identifier- NHS No. • Test required (Group and screen, cross match) and what the differences are • Transfusion history and the significance of this • When the patient is to be transfused • Patient's sex • How many units/volume and any specific requirements • Where the patient is to be transfused • Diagnosis/reason for transfusion			

	• Name of the person requesting the blood component and contact details • National Indication codes			
Administration process	If applicable to role, ▪ Has current transfusion competency assessment pertinent to their role ▪ Can describe the principles of positive patient identification ▪ Knows the process for collection of blood components for transfusion (if applicable to role) ▪ Can describe the process for checking blood component and patient compatibility ▪ Can describe the procedure for monitoring the transfused patient ▪ Understands the legal requirements for documentation and traceability			
Post Transfusion	• Understands the importance in checking the transfusion had the desired effect i.e. post transfusion increment in Hb or improvement in the patient's symptoms and where this is documented (where applicable)			
Human Factors	• Understands the influence of Human Factors on the safe provision of Blood components • Watch Human factors | Health Education England and provide a reflection /statement of their knowledge regarding Human Factors in the authorisation process for blood components.			

At Discharge	• Understands why we need to advise patient they have had a transfusion (if not already aware) • Records the information about the transfusion in the discharge summary, also stating the patient has been informed			

Transfusion guidelines and protocols	Can demonstrate knowledge and understanding of ▪ SABRE/SHOT ▪ **BSH** guidelines ▪ NICE guidelines ▪ Blood Safety and Quality Regulations 2005 including traceability requirements ▪ Patient information leaflet on transfusion			
Legal responsibilities ▪ Record keeping	▪ Has knowledge and understanding of Professional code of conduct, performance and ethics ▪ Can explain why the reason for transfusion should be recorded in the patient's notes ▪ Can explain why all actions must be documented			

Understanding of	Knowledge & Competencies	Evidence Submitted	Signed	
			Practitioner	Mentor
Risks and adverse events associated with transfusion and how manage them	Demonstrates knowledge and understands the risks of transfusion and describe the management of the following: - • Can recognise the signs and symptoms of a transfusion reaction ▪ Transfusion and transmitted bacterial and viral infections ▪ Transfusion Related Acute Lung Injury (TRALI) ▪ Acute haemolytic transfusion reaction ▪ Wrong blood to wrong patient ▪ Transfusion associated circulatory overload (TACO) and concomitant medical conditions which predispose to TACO ▪ Anaphylaxis			

	▪ Iron overload ▪ Recognising a delayed haemolytic transfusion reaction and management ▪ Knows when to escalate to consultant with responsibility for the patient ▪ Can describe actions required in an emergency situation			

Appendix 3

Evidence of Supervised Practice

Each NMA needs to complete a minimum of 5 authorisations of each component they are required to be signed off for.
Print a copy of this page for each component type you wish to be authorised.
Type of Blood Component: **RBC ☐ Fresh Frozen Plasma (FFP) / Octaplas ☐ Platelets ☐ Cryoprecipitate ☐**

	Patient assessment and clinical decision making	Indication for transfusion? Y/N	Component authorised? Y/N	Correct dose? Y/N	Comments and feedback	Date	Practitioner sign	Supervisor sign
1								
2								
3								
4								
5								

When the assessment is complete, please delete and sign as indicated (A copy of the completed document must be placed in the authoriser's personal file).

Date: …… PASS / REFER (please circle)

If Referred has a review date been set Yes / No Date of review:

Declaration of medical mentor:
I have observed the registered practitioner undertake clinical assessment and the written instruction for blood components on a minimum of 5 patients to a satisfactory standard. I am also satisfied they meet the necessary knowledge and understanding requirements to authorise blood components in their field of practice.

Signature of assessor …… Print Name (Assessor)……..

Signature of candidate …… Print Name (candidate) ……

Professional registration Number……. Year of registration ……

Update required: ……

A copy of this assessment must be forwarded to the Lead Transfusion Practitioner to take to the TTT/TTC for sign off and record purposes

Appendix 4

Audit template for NMA to use yearly

Submit to TTC for yearly sign off and record purposes.

Prescription for	PMH and diagnosis	Reason for transfusion	Evidence that consent and TACO completed	Discussed at TTC and comments
Example: Prescribed one unit of red blood cells / platelets/ FFP/ cryoprecipitate	Patient has a PMH of …….. Current reason for admission …….	The patient has acute anaemia with a HB of 59g/L, unknown cause. One unit of red cells prescribe for symptom control, requested staff to do a post transfusion HB 15 minutes post transfusion.	Please see prescription copy 1 in folder which showed the patient consented and their TACO checklist. The patient was at risk of TACO therefore one unit was prescribed, and plan was to recheck HB and assess patient if a second unit would be needed.	To be completed by chair of TTC

Name of NMA: …….. **Year of Audit Review: From……. To …….**

Submitted on (date):……..

Signed off by TTC Lead: ……..…… **Date: …….**

Monitoring Tool
This should include realistic goals, timeframes and measurable outcomes.
How will monitoring be carried out?

Who will monitor compliance with the guideline?

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: *(Responsible for also ensuring actions are developed to address any areas of non-compliance)*	Frequency of reporting:
	WHAT?	**HOW?**	**WHEN?**	**WHO?**	**WHERE?**	**WHEN?**
	• Clinical review of the patient of whom a component was prescribed for • What component was prescribed and justification • Consent • Any special requirements met • TACO checklist completed • Date and time of prescription • Rate • Documentation- good record keeping • In date for blood transfusion competencies and eLearning	A yearly audit will be carried out by the non-medical authoriser of 5 patients they have prescribed for and submitted to the TTC for review.	Yearly	Non-medical authoriser	The Trust Transfusion Committee	Yearly

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
Consultant Haematologist Transfusion Lead
Consultant Haematology Lead
Consultant Oncology Lead
Blood Bank Manager
Deputy Chief Nurse
Transfusion Practitioner
Consultant Urgent Care
Consultant Specialist Medicine
Consultants Women's and Children
Consultant SCSD
Consultant Surgery
Community Hospital Lead
Private Hospital Lead

This key document has been circulated to the chair(s) of the following committees / groups for comments;

Committee
Trust Transfusion Committee
Clinical Governance Group TME

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;

NHS Worcestershire Acute Hospitals NHS Trust

Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	√	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	

Details of individuals completing this assessment	**Name**	**Job title**	**e-mail contact**
	Laura Walters	Lead Transfusion Practitioner	Laura.walters12@nhs.net
Date assessment completed	**12/04/2022**		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	**Title:** Non- medical Authorisation of Blood Components			
What is the aim, purpose and/or intended outcomes of this Activity?	To enable to HCP to authorise blood component transfusions Safe Transfusion Practice			
Who will be affected by the development & implementation of this activity?	√ √ ❑ ❑	Service User Patient Carers Visitors	√ ❑ ❑	Staff Communities Other _____
Is this:	❑ Review of an existing activity √New activity			

	❑ Planning to withdraw or reduce a service, activity or presence?
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	JPAC website NHSBT Blood Safety and Quality Regulations MHRA Serious Hazards Of Transfusion Serious adverse blood reactions and events
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	
Summary of relevant findings	

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale**. Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		√		This policy will have neutral impact on all ethnic groups
Disability		√		
Gender Reassignment		√		
Marriage & Civil Partnerships		√		
Pregnancy & Maternity		√		
Race including Traveling Communities		√		
Religion & Belief		√		
Sex		√		

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
				This policy will have neutral impact on all ethnic groups
Sexual Orientation		√		
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		√		
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		√		

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
		.		
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)				

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	Laura Walters
Date signed	12/04/2022
Comments:	
Signature of person the Leader Person for this activity	Dr Sangam Hebballi
Date signed	16/02/2026
Comments:	

NHS Worcestershire Acute Hospitals NHS Trust · NHS Herefordshire Clinical Commissioning Group · NHS Redditch and Bromsgrove Clinical Commissioning Group · NHS South Worcestershire Clinical Commissioning Group · NHS Wyre Forest Clinical Commissioning Group · NHS Wye Valley NHS Trust · NHS Worcestershire Health and Care NHS Trust · 2gether NHS Foundation Trust · NHS · Taurus Healthcare · worcestershire county council · Herefordshire Council

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	None

If the response to any of the above is yes, please complete a business case which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval