Policy for the Authorisation of Blood Components by Non-Medical Authorisers

This policy has been produced in alignment with a “Once for Scotland approach”.

It should be used in conjunction with the United Kingdom and Ireland Blood Transfusion Network (UK&I BTN) Framework 2022 (Clinical Decision-Making and Authorising Blood Component Transfusion (transfusionguidelines.org) and the support documents produced by the Scottish National Blood Transfusion Service (SNBTS).

Uncontrolled When Printed

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Contents

Accessibility Statement

This document is also available in large print and other formats upon request. Please contact Transfusion Practitioners (See Appendix 3 for details)

Governance Record

Sign Off

Governance Record	
Version Number	1.0
Ratifying Committee Overarching Transfusion Committee	Date ratified
Date ratified by Policy Committee	
Review Date:	

Version Control

Version Number	Revision Date	Reason for Change	Summary of Changes (Descriptive summary of the changes made)	Changes Marked (identify page numbers and section heading)

Policy information

This controlled document shall not be copied in part or whole without the express permission of the author or the author's representative.	
Title:	Policy for the Ordering and Administration of Blood Components by Non-Medical Authorisers
Unique Identifier:	
Replaces:	Nurse and Midwife Authorisation of Blood Components Policy
Lead Author/ Co-ordinator:	NMA SLWG for GG&C
Subject:	Blood Transfusion

Key Word(s):	Blood component, authorisation, requesting, red cells, fresh frozen plasma, platelets, cryoprecipitate, and transfusion.
Process Document:	Policy
Document Application:	All clinical areas that have a requirement for Non-Medical Authorisers
Purpose/ description:	To formalise the policy for Non-Medical authorisers to request, authorise and provide written instruction for the administration of blood components.
Group/ Individual Responsible for this Document:	NHS GGC Overarching Transfusion Committee (OTC)
Policy Statement:	It is the responsibility of all staff to ensure that they are working to the most up to date and relevant policies, guidelines, protocols, and procedures.
Responsibilities for ensuring registration of this document on the NHS Greater Glasgow and Clyde Information/ Document library:	
Lead Author/ Co-ordinator:	Dr Richard Soutar/ Tina Watson
Job Title of creator of this document:	Consultant Haematologist / Transfusion Practitioner
Job/ group title of those who have control over this document:	**NHS GGC Overarching Transfusion Committee**
Responsibilities for disseminating document as per distribution list:	
Responsibilities for Implementation:	Clinical areas that have a need for Non-Medical Authorisers of blood components
Organisational:	NHS GGC Overarching Transfusion Committee
Sector:	Clinical Transfusion
Departmental:	Clinical Leads
Area:	Line Manager
Review Frequency and date of next review:	Every 2 years
Responsibilities for review of this document:	NHS GGC Overarching Transfusion Committee

Terminology Used in this document

Mentor - throughout this document 'mentor' is used to refer to a senior member of medical staff or an experienced non-medical authoriser who will supervise practice and assess the student as part of their non-medical authorisation of blood product training.

[Practice Supervisor is used in non-medical prescribing to refer to the person that supervises the student in practice. A different person is required to assess this person can be called different things in different professions (nursing - Practice Assessor, AHPs - Practice Educator). To get around this in the NMP courses Designated Prescribing Practitioner is used to refer to the Practice Assessor.

PDP&R –

WPBA - workplace-based assessment

CbD - Case Based Discussion

DOPS - Direct Observation of Procedural Skill

mini-CEX - Clinical Examination

HCP – Health Care Professional

TP – Transfusion Practitioner

OTC – Overarching Transfusion Committee

HTC – Hospital Transfusion Committee

1. Introduction

Non-Medical Authorisation (NMA) of Blood Components was first developed in 2005 in response to the amendment of the 1968 medicines act which excluded blood components from the legal definition of a medicine. The term “authorisation” is used rather than “prescription” because blood components are excluded from the Medicines Act and therefore cannot, legally, be “prescribed”.

Blood Components covered by the 2005 BSQR amendment 25 to the Medicines Act are whole blood, red cells, fresh frozen plasma, platelets, cryoprecipitate and granulocytes (white cells).

In 2009, Pirie and Green published a governance framework to “Support Nurses and Midwives Making the Clinical Decision and Providing the Written Instruction for Blood Component Transfusion”, which led to the first development of Nurse and Midwife Authorisation of Blood Components.

In 2022, the United Kingdom and Ireland Blood Transfusion Network (UK&IBTN) published “Clinical Decision-Making and Authorising Blood Component Transfusion: A Framework to Support Non-Medical Healthcare Professionals” (HCP), to replace Pirie and Green’s framework (2009), due to the changing needs of patients and the further extension of HCP’s traditional role.

A major development from the 2022 framework was the inclusion of other registered HCPs, moving away from specifically needing Nursing and Midwifery Council (NMC) registration to become authorisers of blood and blood components. Any member of a

"registered and regulated" professional body, that can demonstrate a clinical need, can become an authoriser of blood and blood components with the correct training and mentorship. This includes but is not exhaustive of, HCPs such as Operating Department Practitioners (ODPs) and Paramedics who are on the HCPC register.

The use of whole blood and granulocytes has been excluded from NMA due to infrequent requesting or restrictions of usage. If required these can be authorised by medical staff.

In NHS Greater Glasgow and Clyde (NHS GGC), where there is a clinical need, the NMA is proficient, and working within their own scope of practice they are permitted to authorise the following blood components:

- Red Cells
- Platelets
- Fresh Frozen Plasma
- Cryoprecipitate

2. Purpose

The primary purpose of this policy is to improve the delivery of care to patients receiving blood transfusions. It is intended to provide robust guidance to help ensure that Registered Health Care Professionals (HCPs) who undertake NMA of blood and blood components, practice safely. This policy is applicable to appropriately trained HCPs working within NHS GGC, who wish to develop their role to include making the clinical decision to transfuse and the authorisation of blood components.

The role of the Advanced Health Care Professional (HCP) in which the practitioner has undergone extensive training so that they can safely deliver an enhanced level of care.

This policy is in response to the changing needs of the service, clinical practice, and the drive to improve delivery of care while preventing delays for those requiring blood transfusion. This policy establishes the criteria and the assessment framework required for the safe authorisation of blood components by HCPs.

3. Developing Non-Medical Authorising Practices

3.1 Initial Steps

A fundamental principle of consent in transfusion is that "the patient remains at the centre of all decisions taken", this overarching principle should be applied to all aspects of governance in blood transfusion. Key stakeholders should be identified and consulted in the governance process. Key stakeholders should include:

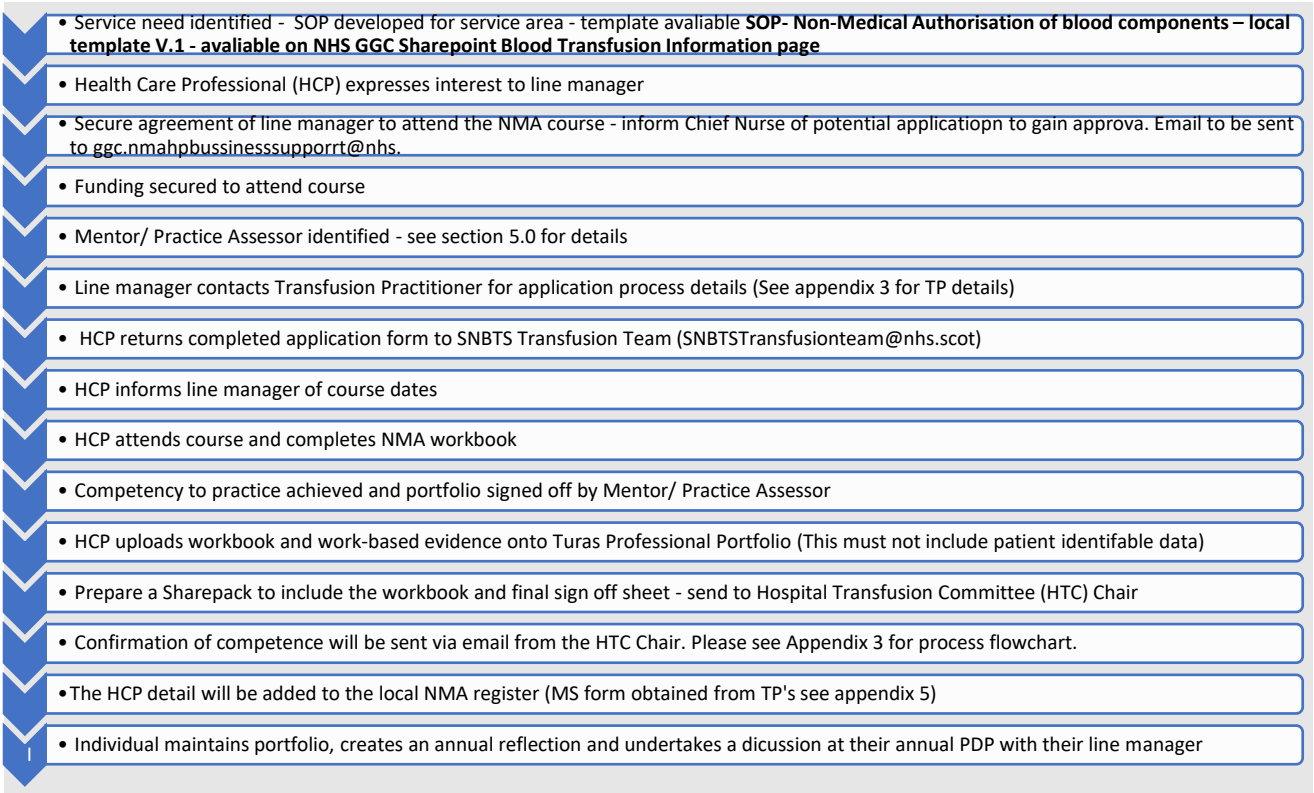
- Patients
- Ward/ department manager
- Clinical lead
- Management team
- Transfusion Practitioner
- Haematologist
- Professional Lead

3.2 Governance

The NHS GGC Overarching Hospital Transfusion Committee (OTC), or its nominated representatives, maintain a register of HCPs who have successfully been approved as non-medical authorisers of blood and blood components. The register is held within the Overarching Transfusion Committee Teams Channel.

Staff must notify the OTC if they are no longer undertaking the role of Non-Medical Authoriser within their board. If the HCP changes their area of clinical practice they must also advise the OTC to ensure records are kept up to date.

HCP must notify local Transfusion Practitioner if they are no longer undertaking the role of Non-Medical Authoriser, leaving the organisation or changing area of clinical practice within the board.



3.3 Clinical Governance

It is acknowledged that for this role development to be successful, a high level of consultant support will be required. It is essential that all key stakeholders are involved in decision-making regarding this role development and that the service has the best interest of improving patient care. National and local policies, along with governance processes must be followed to ensure staff and patient safety is aligned to service provision. Clinical governance procedures and risk management strategies must be in place to ensure that:

- The patient is at the centre of all decisions about all decisions relating to their care.
- Practice is aligned to all relevant local policies.

- Planning, development, and implementation of change only happens in collaboration with the multi-disciplinary team, senior management and board directors.
- 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.
- A register of HCPs undertaking this role within the organisation is held by the OTC; this register is reviewed on a regular basis to confirm continuing practice in this role. Arrangements, utilising the annual PDP, 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 a review of continuing competency, The HCP is expected to share evidence of continuing competency with their PDP&R reviewer. This may be in the form of a suitably in-depth reflection on a case they have authorised a blood product for, or an appropriate workplace-based assessment (WPBA) e.g. a Case Based Discussion (CbD), Direct Observation of Procedural Skill (DOPS) or mini-Clinical Examination (mini-CEX). The line manager may delegate the review of this to the Clinical Lead, a senior member of medical staff or an experienced Non-medical Authoriser.
- In the event of a HCP Non-Medical Authoriser moves onto a new role within the organisation, continuation of practice must be risk assessed.
- A risk management plan is in place within the organisation to ensure timely incident and near miss reporting and investigation, including trend analysis.

3.4 Management responsibilities

Management responsibilities for the implementation and maintenance of a NMA programme:

- Ensure a partnership approach involving key stakeholders is used when developing a proposal for the introduction of NMA in a considered clinical area.
- Assist with identifying the financial and human resources required to support full implementation and continuing practice
- Agree who will undertake supervision of practice and mentorship role in collaboration with the HCP and OTC, and ensure they are suitably qualified to do so.
- Confirm indemnity arrangements and regulatory frameworks
- Ensure that robust risk assessments are undertaken to maintain patient safety
- Ensure the HCP undertakes and completes the education and training required
- Support the HCP to work within agreed role boundaries as per the agreed scope of practice
- Ensure the professional lead and Chief Nurse – ggc.nmahpbusinesssupport@nhs.scot has agreed attendance

- Establish appropriate clinical governance processes and ensure these are adhered to.
- Carry out regular performance review with the HCP to verify knowledge and competence, linked to annual appraisal and a personal development plan.

3.5 Clinical Lead Responsibilities

The responsibilities of the clinician in introducing and continuing this role development in their clinical areas are:

- Work in partnership to identify a suitable patient group or clinical setting for this role development
- Work in partnership to develop a proposal for service change
- Work in partnership to develop a local SOP which reflects the requirements of field of practice
- Agree to support, line managers with annual assessment of competence as required, and take responsibility for, the provision of a suitable mentor.
- Support and advise HCP on strategies for evaluation of blood transfusion practice, focusing on appropriate and safe use of blood.

3.6 Recording of Training

A supervisory learning log and portfolio of evidence is required to provide a structured record of the HCP's learning requirements, training, reflective practice, case-based discussions, and assessment of practice. The HCP should undertake a period of supervision (minimum 3 months) prior to final sign off by mentor. The portfolio will be stored as a Turas Professional Portfolio Sharepack link, with an expiry date of 5 years. Individuals will be asked to update their sharepack expiry date after 5 years. Link on how to create a sharepack on Turas. Annual review of practice discussed at the HCP's PDP. The annual reflection must be uploaded into the Sharepack.

The portfolio SNBTS has developed for the NMA course MUST be used as record of training.

4. Selection Criteria and Training Requirement

The clinical area management team, in conjunction with the senior management team is responsible for ensuring that any service change would be in the best interest of the patients being cared for in the clinical area of work.

Any HCP requesting to complete the training to become an authoriser of blood and blood components should seek agreement from their line manager and Chief Nurse in the first instance. This is to ensure the individual has the right skills, knowledge and experience to practice.

An SOP for each area utilising the NMA policy, must have a Non-Medical Authorisation of blood components SOP in place. A template is shown in appendix 2

The NMA framework (Clinical Decision-Making and Authorising Blood Component Transfusion (transfusionguidelines.org)) 2022 details the person specification staff must meet prior to being considered for an NMA course.

The following criteria below must be met by HCPs to undertake the role of NMA:

- The HCP must be post registration for the period of at least one year, it can be longer than this. The agreed time can be clarified within the local Non-Medical Authorisation of blood components SOP.
- Be an HCP who meets the professional standards of their governing body
- Have the support of their line manager and approval of the lead clinician and organisation, based on an identified clinical need and service improvement to improve patient care
- Provide evidence of an extensive level of knowledge, skills and expertise in a relevant clinical specialty. Manage a caseload of patients, or work as part of a clinical team optimising the care of patients who may require a transfusion
- NMA has been accepted and implemented by health board
- Have an appropriate level of clinical assessment and decision-making skills
- Have a mentor/ practice assessor who agrees and has been approved by the relevant specialty clinical lead and Hospital Transfusion Committee (HTC).
- Have attended and completed all modules of an NMA course aligned to the UK+IBTN framework.

The framework also specifies that staff must undertake a personal development needs analysis and have completed the following Learn Blood Transfusion (LBT) e-learning modules via NHS Learnpro:

- Safe Transfusion Practice
- Blood Components and Indications for Use

In addition, SNBTS Transfusion Team stipulates that staff should, prior to attendance on the NMA course, have also completed the following from the LBT programme modules:

- LBT: Acute Transfusion Reactions
- LBT: Consent for Transfusion
- NHS GGC Capacity and consent

Mentor/ Practice Assessor Selection

Mentorship/Practice Assessment is necessary to ensure the HCP feels supported in order to complete sufficient learning and a period of supervised practice. This will ensure the required standards to practice as a non-medical authoriser are met. Mentor/practice assessor support is identified as a pre-requisite to successful clinical learning (Pop 2017). Mentors must be willing to commit and have the capacity to facilitate the required supervision and support.

The assigned mentor must be a senior member of medical staff, or existing Non-Medical Authoriser, from within the same speciality, who has the capacity to supervise the HCP until competency has been established. They must also have been practicing as an authoriser of blood products for a minimum of 2 years and have an appropriate level of experience.

Mentor/ Practice Assessor responsibilities:

- Must maintain their own transfusion training and be familiar with the organisation's transfusion policies and protocols these can be found at GGC Blood Transfusion information - Home (sharepoint.com)
- Have the capacity/time to dedicate to supervising the HCP until completion of training and competency is confirmed/ratified
- Proceed with mentorship only when the HCP has completed NMA course and meets the NMA policy criteria
- Complete the NMA competency framework document as the HCP successfully completes each section
- To facilitate learning by encouraging critical thinking and reflection with the use of the HCP's professional portfolio or learning log
- Escalate any concern regarding patient safety or HCP capability or competency to the HCP's line manager

5. Delivering the Service to the Patient

5.1 Patient Selection

The criteria by which a NMA can authorise transfusions should be pre-determined and agreed by appropriate governance procedures, which will be documented in the SOP for each area -see appendix 2. This may vary between patient groups due to clinical need.

This decision should be guided by risk versus benefit with consideration of alternative treatments (Appendix 1 – NICE algorithm). It is expected that NMAs will only authorise blood within their own clinical area, and remain within their scope of practice.

5.2 Consent for Transfusion

Valid consent must be obtained for blood component transfusion in accordance with local and national policies including the principles laid out in "Realistic Medicine". The HCP must ensure that whenever possible, the patient is involved in a shared decision-making process in order to preserve informed and valid consent. Consideration of the patient's capacity to give consent and the right to refuse blood transfusion should also be included. For consent to be valid, it must be voluntary and informed, and the person consenting must have the capacity to make the decision (SaBTO, 2020).

Further reading on the general principles of consent:

https://www.nhs.uk/conditions/consent-to-treatment/

https://www.nhs.uk/conditions/consent-to-treatment/capacity/

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

5.3 Authorising Blood Component Transfusion

Authorisers of blood components must ensure that the written instruction to transfuse is made in accordance with local and national policies. Further guidance for NMAs on making the decision to transfuse can be accessed at **GGC SharePoint information on NTR authorising.**

6. Health Care Professional Responsibilities

The responsibilities of the Health Care Professional are to:

- Ensure together with their clinical team (including Line Manager, Chief Nurse, Director of Nursing, and Medical Consultant) that this service development is appropriate
- Confirmation of SOP in place within the clinical area
- Ensure that they have authorisation from the professional lead and Chief Nurse prior to undertaking the course
- Demonstrate the ability, knowledge and competence to undertake the role to a safe and high standard
- Provide documented evidence to support their knowledge and competence in the form of a portfolio, stored within their Turas Professional Portfolio
- Attend all in-person sessions of a NMA course, and complete all self-directed study as directed by the course.
- Ensure on successful completion of the programme that the TP's are informed to ensure that completion is recorded on the OTC NMA record of completion.
- Be responsible for maintaining and keeping up to date their knowledge and skills while participating in ongoing performance development and review
- Keep documentation that is accurate, clear and legible, including rationale for treatment and conversation with the patient/ carer
- Interpret blood test results accurately
- Understand the potential risks of transfusion and take appropriate action in the event of any transfusion reaction
- Work within limitations and own scope of practice

7. Compliance

Sign off for the competence of authorisation of blood components will be verified by a Consultant or agreed suitably experienced senior doctor, or current Non-Medical Authoriser. The applicant must have at least 3 months of supervised practice. Supervised practice should include:

- Discussion of the patient's clinical condition
- Indication for transfusion including risk/benefit
- Discussion of the patient's transfusion history including previous complications, special requirements and consent.
- See appendix 3 for the process flow map for submission of completed evidence to HTC chair sign off on to OTC NMA Register.
- See appendix 4 for HTC chair process flow map for accepting or rejecting submission of evidence for OTC NMA register.
- See Appendix 5 for Transfusion Practitioner responsibility for supporting NMA's submission of completed evidence.

8. Indemnity

By law, nurses, midwives, and health care professionals must have in place appropriate indemnity arrangements in order to practice in the United Kingdom. Appropriate cover is an indemnity arrangement which is accurate to the individual's role and scope of practice. 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. Staff directly employed by NHS GGC have their professional indemnity provided by the organisation.

Information on professional indemnity can be found at:

Nursing and Midwifery Council:

https://www.nmc.org.uk/globalassets/sitedocuments/registration/pii/pii-final-guidance.pdf

The Health Care Professional Council:

https://www.hcpc-uk.org/resources/guidance/professional-indemnity-and-your-registration/

General Pharmaceutical Council:

https://www.pharmacyregulation.org/professional-indemnity-requirements

9. Reviewing and Monitoring Practice

A process of continuous and quality improvement must be implemented. The clinical team must ensure that:

- The impact of the role development is assessed using appropriate audit and/ or research methods linked to outcomes.
- Blood transfusion practice is audited against hospital policy and national guidelines focusing on appropriate and safe use of blood.
- There is a reporting and dissemination strategy in place to ensure that evidence as it emerges is available to all key stakeholders, an NMA network teams channel available.

- The practitioner's role development must be discussed at performance appraisal/ review with their line manager. The HCP's annual review includes a review of continuing competency, The HCP is expected to share evidence of continuing competency with their PDP&R reviewer. This may be in the form of a suitably in-depth reflection on a case they have authorised a blood product for, or an appropriate workplace-based assessment (WPBA) e.g. a Case Based Discussion (CbD), Direct Observation of Procedural Skill (DOPS) or mini-Clinical Examination (mini-CEX). The line manager may delegate the review of this to the Clinical Lead, a senior member of medical staff or an experienced Non-medical Authoriser.

10. Individual NMA sign off record

Approval to progress with Non-Medical Authorisation	
Staff member name …….	
As the NMA I confirm I have completed an appropriate training programme, Portfolio and have been signed off by a mentor as an independent NMA practitioner. Print Name…….Signature…….……..	
As the clinical lead for this department, I approve NMA within this clinical area and support the above staff member's application to become a NMA Practitioner. Print Name…….Signature…….……..	
As the ward/nurse manager for this department, I approve NMA within this clinical area and support the above staff member's application to become a NMA Practitioner. Print Name…….Signature…….……..	
SNBTS NMA Programme (Completion by mentor)	
Identified staff member has completed the SNBTS NMA programme	Yes ☐ No☐
As the mentor of the identified staff member I can confirm that <insert staff member's name> is competent to practice as a non-medical authoriser having completed the SNBTS NMA Programme and a portfolio of practice Mentor Print Name: …… Mentor Signature: ……..	
Final Hospital Transfusion Committee Approval (Completion by HTC Chair)	
Staff member/s added to local register for NMAs in NHS Greater Glasgow and Clyde	Yes ☐ No☐
On behalf of the NHS Greater Glasgow and Clyde I the Hospital Transfusion Committee Chair can confirm that this staff member has met the requirements to practice as a non-medical authoriser as laid out in the NHS <insert board and local NMA policy name>	
Print Name…….Signature…….……..	

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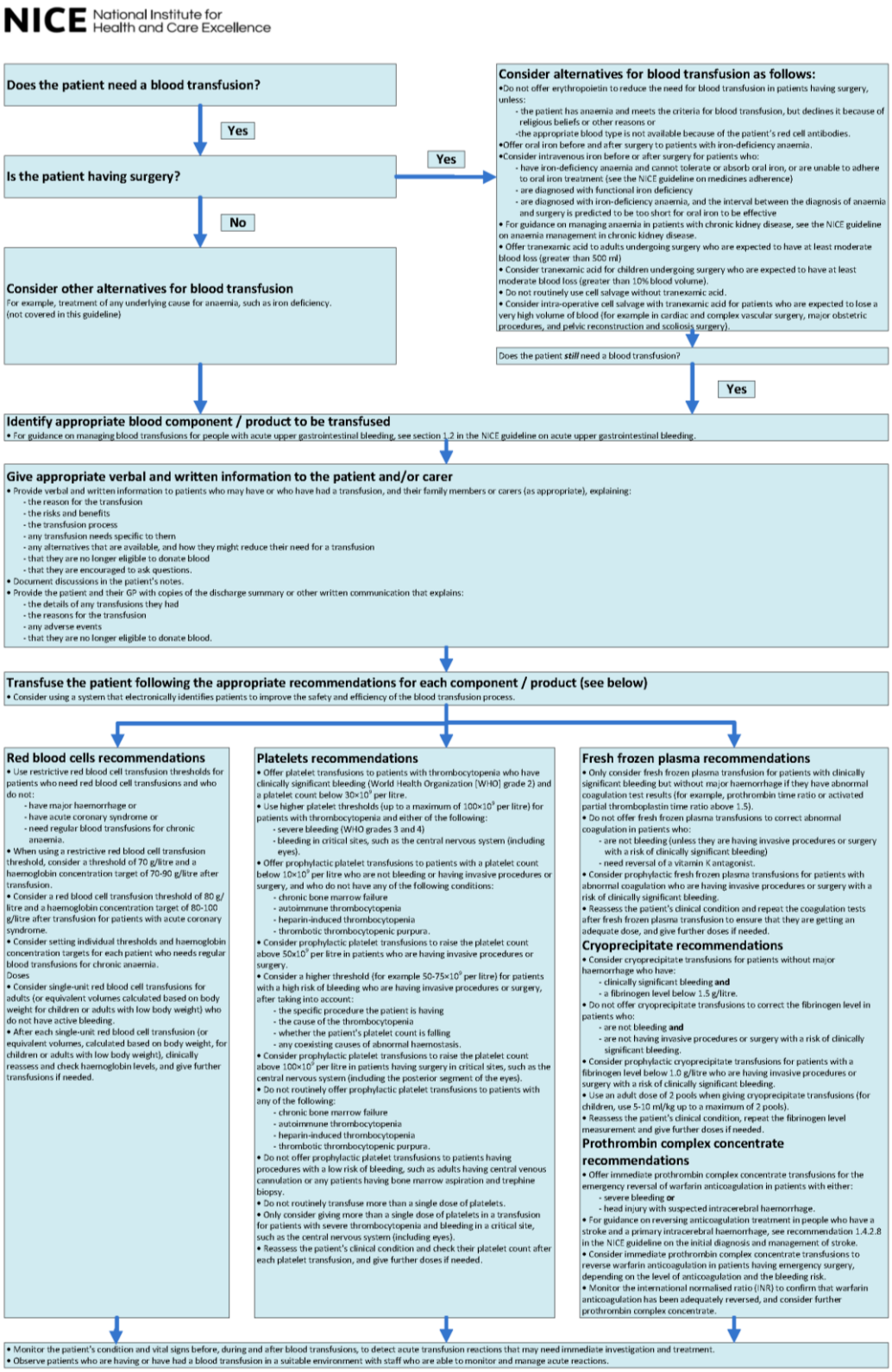
Online: https://www.transfusionguidelines.org/document-library/documents/a-template-for-nurse-authorisation-framework-for-blood-component-transfusion-for-clinical-haematology/download-file/rtcUnited Kingdom & Ireland Blood Transfusion Network (Education Working Group) 2022. Clinical decision making and authorising

blood component transfusion: A framework to support non-medical healthcare professional.

Appendix 1 - NICE NG24 Flow Chart



Appendix 2 –Template - Non-Medical Authorisation of blood SOP for local Area

SOP- Non-Medical Authorisation of blood components – local template

Introduction

Each clinical area wishing to implement the non-Medical Authorisation (NMA) of blood components must identify a service need and complete this Standard Operating Procedure (SOP) template for each clinical area. The clinical lead in conjunction with the senior nursing team is responsible for ensuring that any service change would be in the best interest of the patients being cared for in the clinical area of practice. Board wide audits will be undertaken on authorisation of blood components co-ordinated by the Overarching Transfusion Committee.

The clinician should involve key stakeholders in discussions on the identified service need and value to patient care, to enable the development of an organisational structure to support non-medical authorisation in clinical practice. This decision should be guided by risk versus benefit with consideration of alternative treatments. Please see Blood Transfusion NICE algorithm (NG 24). It is expected that NMAs will only authorise blood within their own clinical practice and clinical competency, remaining within their scope of practice.

This SOP relates to Health Care Professionals (HCP)/ Nurses band 6 and above, who have completed the NMA course and have been signed off and added to the NMA register. (The HCP should have completed 3 months minimum supervision prior to the final sign-off by the mentor). The HCP must be post registration for at least one year. The HCP is accountable for their own actions. If a Non-Medical Authoriser changes clinical area or health board, continuation of NMA practice must be risk assessed by the specific clinical area or health board. The NMA must discuss continuation of their NMA role with their new manager and contact local Transfusion Practitioner to update GGC NMA register.

This SOP is to support HCP's in your area to deliver blood authorisation to patients within a defined criteria. The SOP should only be used in conjunction with the Policy for the authorisation of blood components by Non-Medical Authorisers and the United Kingdom and Ireland Blood Transfusion Network (UK&I BTN) Framework 2022 (Clinical Decision-Making and Authorising Blood Component Transfusion (transfusionguidelines.org) and the supporting documents produced by the Scottish National Blood Transfusion Service (SNBTS).

Please also refer to related transfusion policies & guidelines including -:

- GGC Clinical Transfusion Policy
- GGC Refusal of blood Policy

- GGC Special requirements policy
- GGC Major Hemorrhage Protocol

Guide Name	SOP- Non-Medical Authorisation of blood components – local template V.1
Version Number	Version 1.0
Implementation Date	23-10-2024
Review Date	
Responsible Person / Author	NHS GGC Overarching Transfusion Committee

Table of Contents

Section 1 Authors and approvers			
Hospital Name			
Clinical Area			
Completed by	Name(s):	Role(s):	Sig:
What is the service requirement for NMA within this clinical area?			
Have you read the NHS Greater Glasgow and Clyde Policy for the authorisation of blood components by Non-Medical Authorisers		Yes	No
Has NMA within this clinical area been formally risk assessed?		Yes	No

Section 2 Governance

(i) Responsibilities of the HCP	Non-medical authorisers must demonstrate appropriate knowledge and expertise in the following areas: • Ensure the patient remains at the Centre of all decisions taken • Patient assessment and clinical decision making – including the clear and accurate documentation of rationale of treatment, actions proposed and all conversations with patient/carer • Interpreting blood results accurately • Completing the Transfusion Record - Keep documentation that is accurate, clear and legible, including rationale for treatment and conversation with the patient/ carer • Pre-transfusion sampling procedures • Understanding of potential risks of transfusion and the appropriate actions to take in the event of any reported transfusion reaction/adverse event

	• Understanding of legal/regulatory requirements/ responsibilities within the transfusion process • Adherence to all GGC blood transfusion related policies, guidelines and procedures • Meets the professional standards of their governing body • Provide evidence of an extensive level of knowledge, skills and expertise in a relevant clinical specialty • Manage a caseload of patients, or work as part of a clinical team optimising the care of patients who may require a transfusion
Responsibilities of the clinical lead	The clinical lead must: - • Identify the patients that meet the inclusion criteria for non-medical authorisation within their clinical area and amend SOP accordingly • Act as mentor and assessor for the NMA's • Monitor the patients' clinical progress • Ensure all learn pro blood transfusion modules are up to date.
Education and Training	• Minimum requirement Band 6 RGN • Must be post registration for the period of at least _____year(s) (minimum is one year) • Valid blood transfusion Learn Pro modules: - • -Safe Transfusion Practice • -LBT: Blood Components and Indications for Use • -LBT: Acute Transfusion Reactions • -LBT: Consent for Transfusion • -NHS GGC Capacity and consent • Documented evidence of a completed portfolio of learning to support competence uploaded as a Sharepack on Turas with a 5-year expiry date.
Continuing Professional Development	• Blood transfusion training on Learnpro must be revalidated every 2 years • Meet annually with the line manager or senior NMA to appraise their role and performance in the previous 12 months- this should be recorded as part of the NMA's PDP

	• Demonstrate continuing professional and personal development in this subject, including reflective practice as appropriate • Individuals will be asked to update their sharepack expiry date after 5 years • HCP must notify local Transfusion Practitioner if they are no longer undertaking the role of Non-Medical Authoriser, leaving the organisation or changing area of clinical practice within the board
List of HCP's approved to use the protocol	• All staff working under the conditions set out in this protocol must have their name added to the list of approved staff held by the OTC. Contact your local Transfusion Practitioner if further information is required.

Section 3 Patient Inclusion Criteria

Definition of situation/condition	To be defined and documented here by clinical area.
Inclusion criteria **Mandatory GGC wide**	• Patients in (add in area of practice) _____ following discussion with clinical lead responsible for the area. • Patient's age range _____ • Patients who have been reviewed by appropriate clinician and have a diagnosis requiring a planned transfusion of packed red cells ☐, Platelets ☐, FFP ☐ or cryoprecipitate ☐ (**Mark** as appropriate)**.** • Patients who have received an information leaflet on transfusion and have given informed consent where appropriate. • Ensure TACO risk assessment is completed on NTR
Exclusion criteria	• The use of whole blood and granulocytes has been excluded from NMA due to infrequent requesting or restrictions of usage. If required these can be authorised by medical staff • Add further exclusion criteria if required
Clinical criteria which prompt discussion with appropriate clinician	• NMA to review all blood results and inform clinician of any significant changes in patients' health • Ongoing transfusion reactions

Section 4 References

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

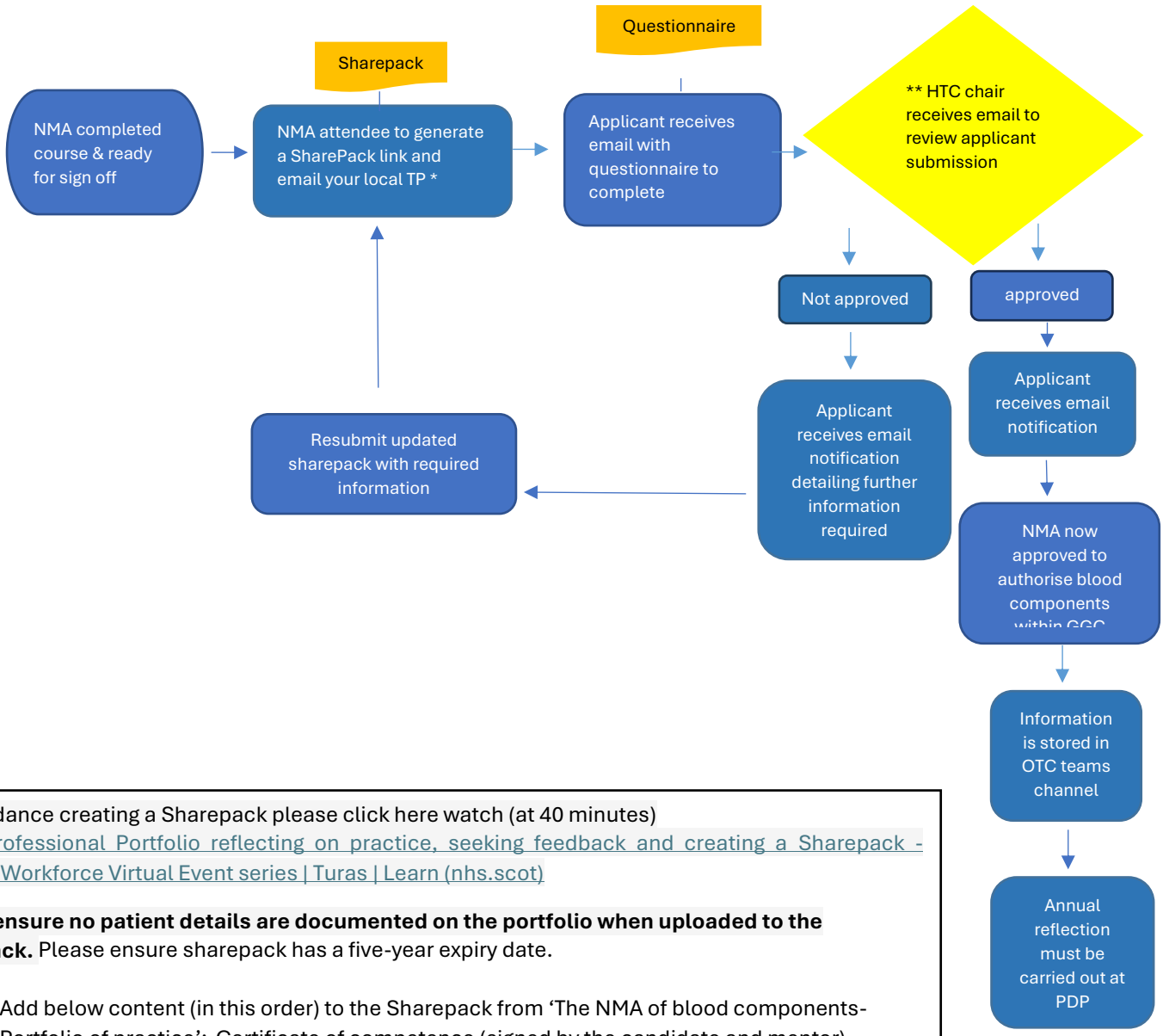
British Committee for Standards in Haematology, Blood Transfusion Task Force.

Guidelines for the administration of blood and blood components and the management of transfused patients. http://www.bcshguidelines.com

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

JPAC - Clinical Decision-Making and Authorising Blood Component Transfusion- Clinical Decision-Making and Authorising Blood Component Transfusion (transfusionguidelines.org)

Appendix 3 -Process flowchart for Completion and approval on to GGC OTC NMA register



*For guidance creating a Sharepack please click here watch (at 40 minutes)
Turas Professional Portfolio reflecting on practice, seeking feedback and creating a Sharepack - Support Workforce Virtual Event series | Turas | Learn (nhs.scot)

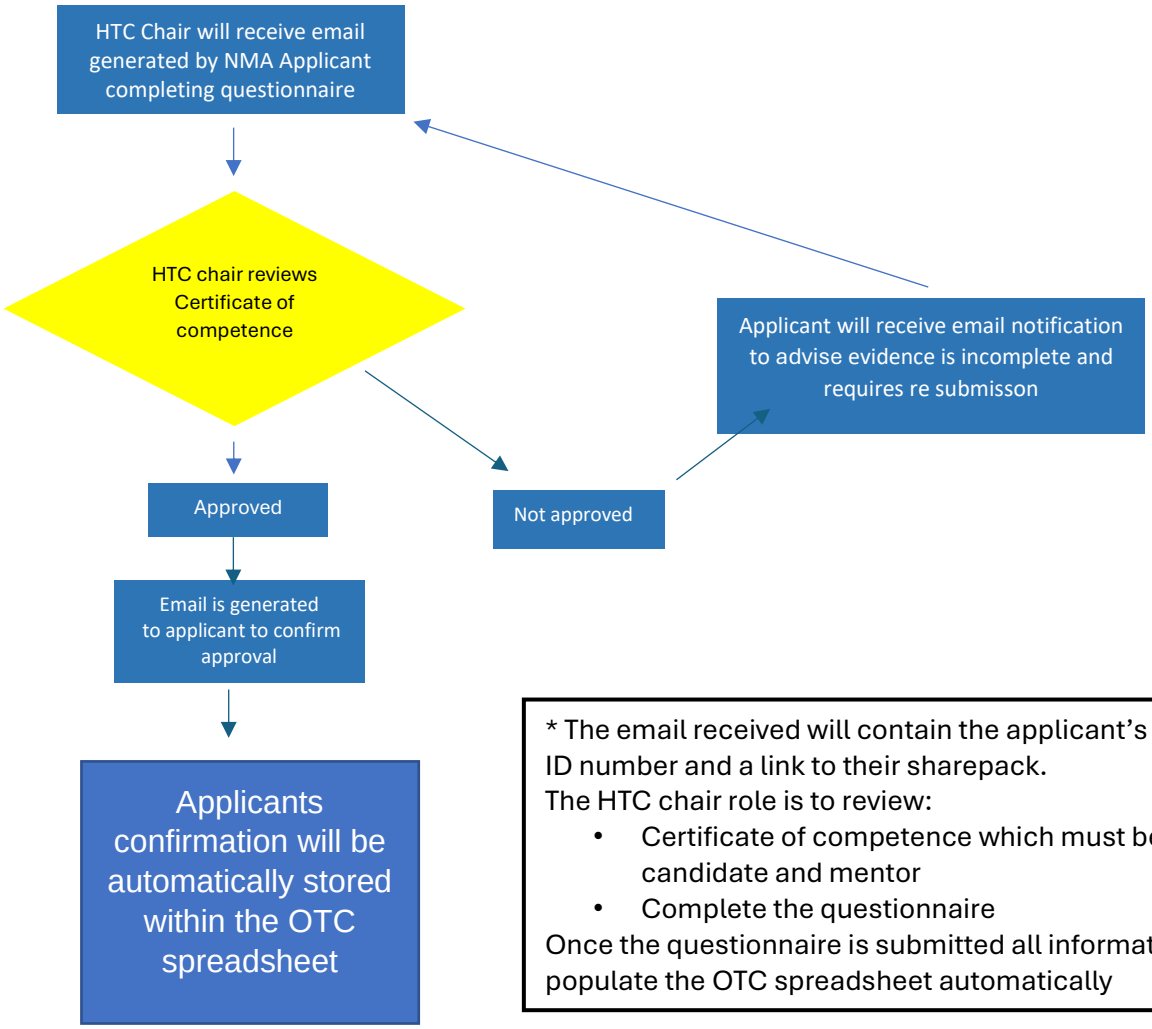
Please ensure no patient details are documented on the portfolio when uploaded to the sharepack. Please ensure sharepack has a five-year expiry date.

- Add below content (in this order) to the Sharepack from 'The NMA of blood components- Portfolio of practice':-Certificate of competence (signed by the candidate and mentor)
- The verified theoretical assessments (page 31 and 39)
- Five case studies (page 40-45)
- The Appendix log of case studies

Transfusion Practitioner contact details:-

- North – Gillian O'Donnell Gillian.O'Donnell2@nhs.scot
- South-
- Louisa Wood Louisa.wood@nhs.scot
- Lorna Sinclair Lorna.sinclair5@nhs.scot
- Clyde- Tina Watson Tina.watson2@nhs.scot

Appendix 4 - HTC process flowchart for HTC Chair approval of evidence submitted for GGC OTC NMA register

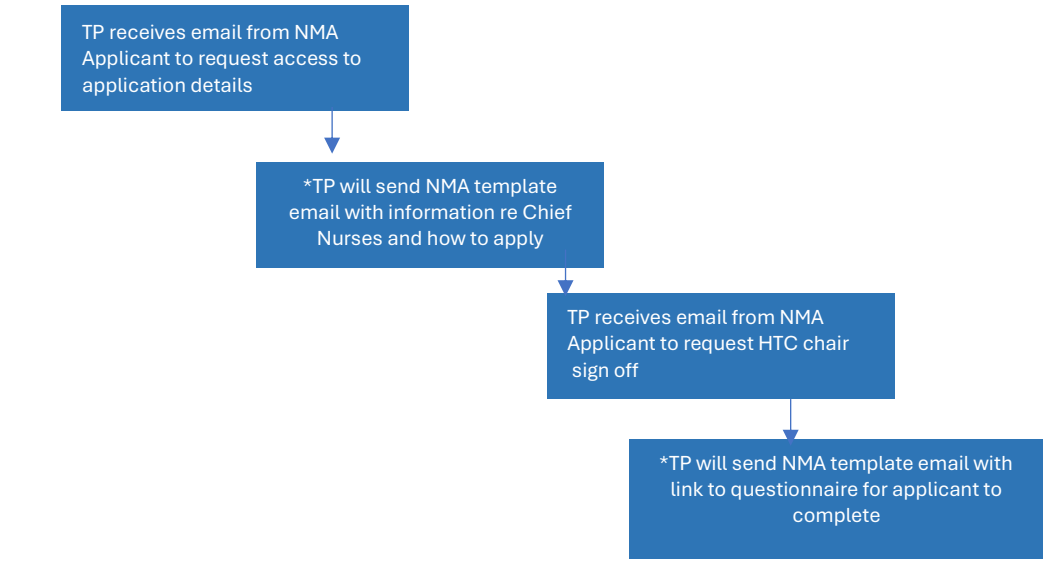


* The email received will contain the applicant's name, unique ID number and a link to their sharepack.
The HTC chair role is to review:

- Certificate of competence which must be signed by the candidate and mentor
- Complete the questionnaire

Once the questionnaire is submitted all information will populate the OTC spreadsheet automatically

Appendix 5 -Process flowchart for Transfusion Practitioners - responsibility to assist NMA's submission of evidence on to GGC OTC NMA register.



* Email templates located in OTC Teams channel