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WELSH HEALTH CIRCULAR

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Title: Independent Authorisation of Blood Component Transfusion (IABT)

Date of Expiry / Review: October 2026

Action by: All Health Boards, NHS Trusts and NHS employed HCPs in Wales.

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Enclosures: All Wales Policy Independent Authorisation of Blood Component Transfusion (IABT) (annexe 1)

Llywodraeth Cymru
Welsh Government

Professor Sir Frank Atherton

Prif Swyddog Meddygol/Cyfarwyddwr Meddygol, GIG Cymru

Chief Medical Officer/Medical Director NHS Wales

Xx **November 2023**

Dear Colleagues,

Independent Authorisation of Blood Transfusion Requirements for Practice in Wales

The All-Wales Policy for Independent Authorisation of Blood Transfusion (IABT) describes the process for selection, education, approval, and support of Health Care Professionals (HCPs) undertaking this role within Wales. For standardisation and safety reasons the only recognised route to practice is through acquisition of an agreed, accredited programme of education and assessment. HCPs undertaking the IABT role will have completed a specific Higher Education Institution (HEI) accredited programme of education and assessment, commissioned by Health Education and Improvement Wales (HEIW).

There are other IABT training programmes delivered in the other countries of the UK, which are recognised by healthcare organisations outside Wales. If HCPs have completed such a programme and their employing organisation wishes them to practice IABT in Wales there are certain requirements they must fulfil to gain accreditation in Wales; the extent of this will be determined through an assessment of the evidence learning from the other training programme and gap analysis against the IABT programme, undertaken by the IABT programme lead and the HEI. This will provide reassurance that they have acquired equal knowledge, skills and experience to the HCPs who have completed the IABT training programme in Wales, and as such are deemed fit to practice within Wales.

The employing Health Board/NHS Trust will ensure that the required criteria of identified clinical need, suitability of candidate, appropriate level of IABT practice (i.e., level 6 or 7) and support of a clinical mentor exist. A standard application for admission to the programme will need to be submitted, and assessed as appropriate by the programme leads, who will agree the appropriate level of study in collaboration with the HCP, their employer, and the HEI.

Yours sincerely,

PROFESSOR SIR FRANK ATHERTON

Annexe 1

All Wales Policy

Independent Authorisation of Blood Component Transfusion (IABT)

[*formerly* Non-Medical Authorisation of Blood Component Transfusion (NABT)]

EXECUTIVE SUMMARY

(Independent Authorisation of Blood Component Transfusion)

Overview:	Historically it has been the responsibility of medical practitioners to make the decision to transfuse and to provide the written instruction (authorisation) for transfusion of blood components but there is no specific legislation that states this. At the request of the Welsh Government Health Minister a project group was formed to oversee the design and implementation of a specific programme of study to equip appropriate health care professionals (HCPs) who are not medical practitioners for the role of authorisation of blood component transfusion. This policy defines the requirements of the programme, the service and individual HCPs for undertaking this role in Wales. Independent authorisation of blood component transfusion (IABT) is not suitable for all HCPs or indeed for all clinical areas.
Who is the policy intended for:	For all Health Boards and NHS Trusts in Wales intending to use HCPs to authorise transfusion of blood components.
Key Messages included within the policy:	• There is no legal obstacle to HCPs making the decision to transfuse and providing the written instruction (authorisation) to transfuse. • The Health Board/NHS Trust must identify a clear clinical need for the IABT role before asking non-medical HCPs to take on this additional responsibility. • The HCP must meet the selection criteria for undertaking the IABT role. • The HCP will undertake an agreed, HEI accredited programme of education and assessment to prepare them for the role. • The HCP must be supported by an identified clinical mentor for the duration of the educational programme and for ongoing support in their clinical practice. • The Health Board/NHS Trust must have governance structures in place in regard to IABT, with supporting documentation, to protect patients, HCPs and the organisation. • The Health Board/NHS Trust is responsible for ensuring there is a defined documented scope of practice for the HCP, that the role is described within the individual job description and contained within the ESR. • The HCP and the Health Board/NHS trust are responsible for ensuring competence in IABT practice is maintained and the Health Board/NHS trust must agree to release the IABT practitioner for updates as required.
PLEASE NOTE THIS IS ONLY A SUMMARY OF THE POLICY AND SHOULD BE READ IN CONJUNCTION WITH THE FULL POLICY DOCUMENT	

Contents

Introduction

1. Policy statement

1.1. This policy sets out the framework for the Independent Authorisation of Blood Component Transfusion (IABT) in Wales and the accredited programme of education and assessment required for the role.

1.2. Blood component transfusion is an essential therapy for some patients and must be managed by appropriately trained staff at every stage in the process.

1.3. The framework document *Clinical Decision-Making and Authorising Blood Component Transfusion*[1] (UK&IBTN 2022) recommends that Health Care Professionals (HCPs) other than those who are medically trained may undertake training to take on the role of making the decision to transfuse and providing a written instruction for transfusion.

1.4. The *All-Wales Guidelines for Delegation*[2] (HEIW 2020) should be used to help identify appropriate HCPs to undertake the IABT role.

1.5. An HCP practicing IABT must do so in accordance with the standards of professional practice and requirements for maintaining competence/continual professional development (CPD) as required by their respective registering body, including the use of clinical logs as evidence of practice (see point 12.3).

2. Background

2.1. Historically it has been the responsibility of medical practitioners to provide the written instruction (authorisation) for transfusion but there is no specific legislation that states this[1].

2.2. In 2005, Section 130 of the Medicines Act (1968)[3] was amended by Regulation 25 of The Blood Safety and Quality Regulations (2005)[4] with the effect of excluding human blood components from a legal definition of medicinal products. More recently The Human Medicines Regulations (2012)[5] exclude whole blood and blood components other than plasma prepared by a method involving an industrial process. The Blood Safety and Quality (Amendment) (EU Exit) Regulations (2018)[6] make necessary amendments to enable [the 2005] Regulations to continue to operate after the withdrawal of the United Kingdom from the European Union.

2.3. The term '*prescription*' applies to medicines and as blood components do not come under these regulations, the term '*authorisation*' is used instead.

2.4. In 2010, at the request of the Health Minister for Wales, a steering group, and subsequently a working group was formed to oversee the development of a National programme to provide the necessary training, assessment and qualification to allow suitably qualified HCP's, namely nurses, midwives and pharmacists, to take on this extended role. The purpose was to adopt a standardised approach throughout Wales to allow transferability between organisations and safeguard patients, staff and Health Board/NHS Trusts.

2.5. A specifically designed accredited programme of education and assessment underpinned by work-based learning, and appropriate for HCPs from different backgrounds, was developed and implemented in 2011.

2.6. The increasing challenge for work force planning, applying prudent principles and optimising skill mix for health care delivery has identified additional groups of HCPs required to undertake this extended role of independent authorisation of blood component transfusion (IABT).

2.7. Original development and ongoing monitoring responsibility for this programme for Wales was undertaken by the relevant subject matter experts, educators and Health Board representatives of the Steering Group, and subsequent Working Group, on behalf of the Health Minister and NHS Wales. The Blood Health National Oversight Group (BHNOG) is now responsible for oversight of the programme.

3. Scope of the policy

3.1. This policy applies to all Health Boards, NHS Trusts and NHS employed HCPs in Wales.

3.2. The role of IABT is not suitable for all HCPs and should only be implemented within the agreed governance structures of the individual Health Board/NHS Trust/Service after careful consideration of service requirements and clinical needs as described in the All-Wales Delegation Guidelines[2].

3.3. The route to IABT practice in Wales is through a programme of education and assessment which is accredited by a Higher Education Institution (HEI), commissioned by Health Education and Improvement Wales (HEIW).

3.4. Two levels of practice are identified for IABT (see Appendix 1). The first (level 6) relates to HCPs working within a clearly defined clinical management plan (CMP) for the patient. The second (level 7) relates to autonomous HCPs to whom a higher level of responsibility is devolved, giving them authority to develop the CMP as part of the multidisciplinary team and to practice IABT.

3.5. The HCP will undertake the IABT role within a clearly defined and personally relevant sphere of competence and expertise detailed within their individual scope of practice document.

3.6. IABT applies to management of patients in defined specialties or clinical situations agreed between the individual Health Board/NHS Trust/Service and the HCP; this may be scheduled care, or urgent or emergency care where the need for transfusion may be expected due to the patient groups or clinical setting.

3.7. If a transfusion related adverse reaction is suspected the HCP should initiate emergency management of the clinical situation appropriate to their role and training and must contact a medical practitioner without delay and comply with relevant local policy and procedure.

3.8. Where an HCP has been trained and deemed competent to authorise blood component transfusion elsewhere in the UK, and their Health Board/NHS Trust is requiring them to undertake IABT practice in Wales, the HEI will undertake an assessment of the evidence the HCP can provide in relation to this and consider

how recognition of prior learning (RPL) can be applied; this will be done in conjunction with the IABT subject matter expert/programme lead for Wales.

3.9. This policy must be used in conjunction with the local blood transfusion policy, and any other relevant policies directing use of blood component transfusion.

3.10. This policy will be reviewed 3-yearly to allow for amendments in response to changes in the roles and responsibilities of the non-medical workforce; this will also be informed by evaluation of the accredited HEI programme(s).

4. Aims and objectives

4.1. To enable experienced HCPs to make the clinical decision and provide the written instruction for blood component transfusion for patients within their own clinical specialty, area of competence and expertise, and as delegated to them by the clinical team, thereby:

- streamlining the patient pathway,
- providing an holistic approach,
- safeguarding the patient, the HCP and the employer.

4.2. To set out the administrative and procedural steps needed to enable authorised, individual HCPs to undertake the IABT role.

5. Responsibilities

5.1. A Health Board/NHS Trust in Wales seeking to use HCPs for IABT must first identify the need within the specific department/service and ensure inclusion in service delivery plans, in line with the All-Wales Delegation Guidelines[2].

5.2. To proceed a Health Board/NHS Trust must continue to provide adequate support for relevant personnel within the organisation.

5.3. The HCP seeking to take on the IABT role should undertake the approved and recognised programme of education and assessment at a level specific to the needs of the individual and the organisation (as per points 3.3 and 3.4 above).

5.4. Applicants will be required to meet the selection criteria and must be supported by an appropriate clinical mentor from their own specialty.

5.5. Clinical mentors are required to meet the agreed criteria for mentors (see section 9 below) and are responsible for supporting the student/s throughout their work-based learning and clinical practice assessment. They will also contribute to the final agreement to practice. The clinical mentor should also provide support for the HCPs during their preceptorship period in IABT practice (as appropriate).

5.6. The lead Clinician for the patients/clinical service retains ultimate responsibility for patient treatment and delegates responsibility for clinical management to the identified HCP through a Clinical Management Plan or other agreed and documented process.

5.7. On successful completion of the approved programme of education and assessment by the individual, the Health Board/NHS Trust is responsible for final agreement to practice, for recording completion of the accredited programme of

education and assessment on the individual's Electronic Staff Record (ESR) and inclusion of IABT within the HCP's job description.

6. Definitions

6.1. Blood Component: includes red cells, platelets, fresh frozen plasma and cryoprecipitate.

6.2. Health Care Professional: within the context of this document includes nurses, midwives, pharmacists, critical care practitioners, paramedics and other appropriate HCPs registered with the Health and Care Professions Council, and physician associates.

Policy Implementation

7. Identifying need

7.1. Before identifying specific individuals to take on the IABT role, it is essential that the Health Board/NHS Trust first identifies the need within the organisation and the specialty and includes this need within service delivery plans. This process is illustrated in the appended flowchart (Appendix 3).

8. Selection criteria for HCPs

8.1. The HCP applying for either level of IABT practice must:

- be either:
  - a level 1 registered nurse or registered midwife
  - a registered pharmacist
  - an appropriate HCP, registered with Health and Care Professions Council
  - a registered physician associate: currently the Physician Associate Managed Voluntary Register is held by the Faculty of Physician Associates, part of the Royal College of Physicians, pending statutory regulation and registration,
- have written support of line manager and clinical consultant,
- have at minimum 3 years post registration experience,
- have at minimum 1 year working within the relevant specialty, with 6 months immediately preceding,
- manage a clinical caseload or work as part of a clinical team managing the needs of the patient group,
- hold a relevant a first degree, diploma or justifiable, relevant experience,
- be deemed competent by their employer,
- have an agreed clinical mentor for the period of education and training.

8.2. HCPs seeking to complete the programme at level 7 to be fully autonomous IABT practitioner must possess advanced decision-making skills and already be practicing with a high degree of autonomy.

8.3. HCPs should also have, or be prepared to gain, experience in pre-transfusion blood sampling and administration of blood components, and where relevant, have been assessed as competent using the All-Wales Transfusion Competency Assessments.

9. Clinical mentor

9.1. The clinical mentor must be a healthcare profession registered practitioner who:

- has overall responsibility for medical care of the patient group that the mentee will manage, or has been delegated this responsibility,
- is working within the same clinical specialty as the HCP mentee in the Health Board/NHS Trust, and has had at least three years clinical responsibility for patients in the same field of practice as the HCP (incorporating authorisation of blood component transfusion),
- has the support of the Health Board/NHS Trust to act as the clinical mentor who will provide supervision, support and opportunities to develop competence in authorisation of blood transfusion practice,
- has experience or training in teaching, assessments and/or supervising in practice,
- works with the mentee on a regular basis as part of normal service delivery.

9.2. Any prospective clinical mentor should be informed of the requirements of this role and competent to undertake them (see Appendix 4).

10. Programme of study

10.1. The programme is a 40-credit course at graduate (6) or postgraduate (7) level in Independent Authorisation of Blood Component Transfusion comprising one 20 credit theoretical and one 20 credit work-based learning module (both at either level) delivered and accredited by a HEI commissioned by HEIW.

10.2. All students are allocated an academic supervisor from the HEI in addition to their clinical mentor.

10.3. The programme is completed within one academic year and assessed by a multiple-choice examination, observed clinical practice (assessed by clinical mentor) and formal assessment of a submitted portfolio of evidence.

10.4. Successful completion of the programme confirms competence and fitness to practice, through attendance, examination and portfolio as assessed by the clinical teaching team and the HEI.

11. Recognition of accredited programme of education and assessment by the Health Board/NHS Trust

11.1. On successful completion of the programme of education and assessment the decision for the HCP to authorise blood component transfusion (at either level) is made by HCPs professional lead (or nominated delegate) within the Health Board/NHS Trust, in conjunction with the individual (HCP) and representative from the programme delivery team. This is documented in the tri-partite sign off process (see Appendix 5). It is best practice to include the clinical mentor in this process also.

11.2. Once approved, it is the responsibility of the employer to ensure the completion of the accredited programme of education and assessment is added to the individual's ESR and that the individual's job description is updated.

11.3. Where there is an HCP who has met point 11.1 and has been practicing IABT, who moves to work in a different clinical setting or organisation and is seeking to continue to practice IABT, then any additional training required (as identified by

clinical leads) should be undertaken by the HCP, a new scope of practice should be drafted, and a governance signoff process (using the tri-partite sign off documentation) completed in conjunction with the IABT programme lead.

12. Documentation

12.1. *Clinical Management Plan (CMP*)

- Before a level 6 IABT practitioner can authorise blood component transfusion it is essential that a Clinical Management Plan (CMP) be in place relating to each individual patient and their specific condition (see Appendix 6 for generic template example).
- The CMP should be agreed by a responsible medical practitioner in conjunction with the relevant HCP and should be included in the patient's records (refer to Appendix 1 for levels of HCP practice).
- Where it is impractical to have individual CMPs there should be an alternative document that clearly identifies the scope of practice for the HCP that is agreed by the clinicians delegating responsibility for clinical management.
- This document should be identified and described in the Health Board/NHS Trust policy.

12.2. *Patient Group Directives (PGD)*

- It is possible that some HCPs taking on the IABT role to authorise transfusion will not be independent prescribers.
- In such instances, a patient group directive (PGD) may need to be developed by the Health Board/NHS Trust to allow administration of certain medicines that are commonly associated with blood component transfusion, namely:
  - Paracetamol,
  - Chlorphenamine,
  - Furosemide,
  - Hydrocortisone.
- If at any time a transfusion reaction is suspected, it is essential that a medical practitioner is informed and asked to attend.

12.3. *Clinical Log*

- It is good practice that the HCP should continue to maintain a clinical log of patients for whom they authorised transfusion. This will contribute to ongoing practice and continual professional development as a reflective journal (see Appendix 7 for generic template example).

12.4. *All Wales Transfusion Record*

- The All-Wales Transfusion Record should be used for providing the written instruction to transfuse (see Appendix 8).

13. Clinical practice

13.1. HCPs should only authorise blood component transfusion for patients in clinical situations that fall within the scope of practice agreed with their employing Health Board/NHS Trust (see points 3.6, 3.7 and 7.1).

13.2. Any requirement for blood component transfusion falling outside of the HCPs scope of practice should be referred to a medical practitioner. In the case of an emergency this may include use of fast bleep or cardiac arrest bleep.

13.3. The reason for blood component transfusion should be clearly documented in the patient's clinical notes (in accordance with local policy).

13.4. Consent for transfusion should be established for all patients in accordance with local policy. There should be documented evidence of this consent in the patient's records[7]

14. Revalidation

14.1. HCPs should undertake an appropriate period of preceptorship with the support of the clinical mentor after completing the accredited programme of education and assessment. It is the responsibility of the mentor, in discussion with the IABT practitioner, to determine the duration required prior to autonomous practice.

14.2. HCPs should attend, or receive meeting minutes and other circulated documents from, their Health Board/Trusts transfusion committee or team.

14.3. IABT peer support sessions will be coordinated by the Welsh Blood Service Blood Health Team (BHT) twice yearly. The purpose of these is to foster a practice community to avoid individuals becoming isolated in their activity, and to create a route for sharing relevant transfusion practice updates.

14.4. HCPs will be included in the distribution of the Blood Health Team (BHT) update bulletin.

14.5. HCPs should provide evidence of safe IABT practice, and evidence that they are keeping themselves up to date with recommendations relating to transfusion practice, as part of their professional revalidation process (see point 1.5).

15. Governance

15.1. All Health Boards/NHS Trusts using IABT practitioners should have IABT practice (and associated practitioner training) written into policy; this All Wales Policy can be utilised as a template.

15.2. A Health Board/NHS Trust that has put an HCP through the IABT training and completed the tri-partite sign-off will have responsibility for maintaining the requisite governance relating to the HCPs subsequent IABT practice whilst they are doing so in that organisation.

15.3. A Health Board/NHS Trust that employs an HCP from another organisation who is already an IABT practitioner and will be continuing to practice will assume responsibility for maintaining the requisite governance.

15.4. A Health Board/NHS Trust should hold a register of all HCPs currently practicing IABT in the organisation, along with evidence of any CPD required since completed the IABT training; it is recommended that there is a formal process for IABT practitioners to re-affirm continuing practice at a set frequency (e.g. annually).

16. Monitoring

16.1. The Health Board/NHS Trust is responsible for ensuring that patient safety and clinical effectiveness are not adversely affected by introduction of IABT practice by monitoring of patient safety incidents and clinical audit.

17. Equality impact assessment

18. This policy has been screened for relevance to equality. No potential negative impact has been identified so a full equality impact assessment is not required.

19. References

1. United Kingdom & Ireland Blood Transfusion Network (UK&IBTN) Education Working Group (2022). Clinical Decision-Making and Authorising Blood Component Transfusion: A Framework to Support Non-Medical Healthcare Professionals. https://www.transfusionguidelines.org/transfusion-practice/clinical-decision-making-and-authorising-blood-component-transfusion
2. Health Education and Improvement Wales (HEIW) (2020). All Wales Guidelines for Delegation. https://heiw.nhs.wales/files/weds-practicing-appropriate-delegation/all-wales-guidelines-for-delegation-2020/
3. Department of Health (1968). Medicines Act. TSO.
4. The Blood Safety and Quality Regulations S.I. 2005 (50): http://www.legislation.gov.uk/uksi/2005/50/contents/made.
5. Department of Health (2012). The Human Medicines Regulations. S.I. 2012 No. 1916. TSO.
6. The Blood Safety and Quality (Amendment) (EU Exit) Regulations S.I. 2019 (4): https://www.legislation.gov.uk/uksi/2019/4/made
7. Advisory Committee for the Safety of Blood, Tissues and Organs (SaBTO) (2020). Patient consent for blood transfusion. https://www.gov.uk/government/publications/blood-transfusion-patient-consent

20. Relevant legislation, professional regulators, and voluntary registers

- The Human Medicines Regulations 2012: http://www.legislation.gov.uk/uksi/2012/1916/contents/made
- Nursing and Midwifery Council (NMC): https://www.nmc.org.uk/
- General Pharmaceutical Council (GPhC): https://www.pharmacyregulation.org/
- Health and Care Professions Council (HCPC): http://www.hcpc-uk.co.uk/
- Physician Associate Managed Voluntary Register (PAMVR): https://fparcp.co.uk/employers/pamvr

21. Getting help

For further information and to obtain electronic versions of appended documents you are directed in the first instance to:

Blood Health Team, Welsh Blood Service

Ely Valley Road, Talbot Green, Pontyclun, CF72 9WB

Email: WBS.BloodHealthTeam@wales.nhs.uk

Appendix 1: Levels of IABT practice

The scoping exercise by members of the steering group identified resources and described existing practice in the participating Health Board/NHS Trust. Review of this material indicates two different levels of practice and responsibility for Health Care Professionals (HCPs) authorising transfusion.

- Graduate (level 6)
    - HCP working within the relevant clinical area
    - frequent exposure to transfusion
    - following a defined clinical management plan (CMP) for individual patients or groups of patients
    - undertaking clinical assessment according to the CMP
    - working within strict parameters for practice
- Postgraduate (level 7)
    - HCP working within the relevant clinical discipline
    - frequent exposure to transfusion
    - participating in the writing of and following a CMP for individual patients
    - supporting HCP at graduate level (6)
    - undertaking clinical examination
    - advanced decision making skills
    - a high degree of autonomy

Appendix 2: Requirements for IABT practice in Wales

Independent Authorisation of Blood Transfusion

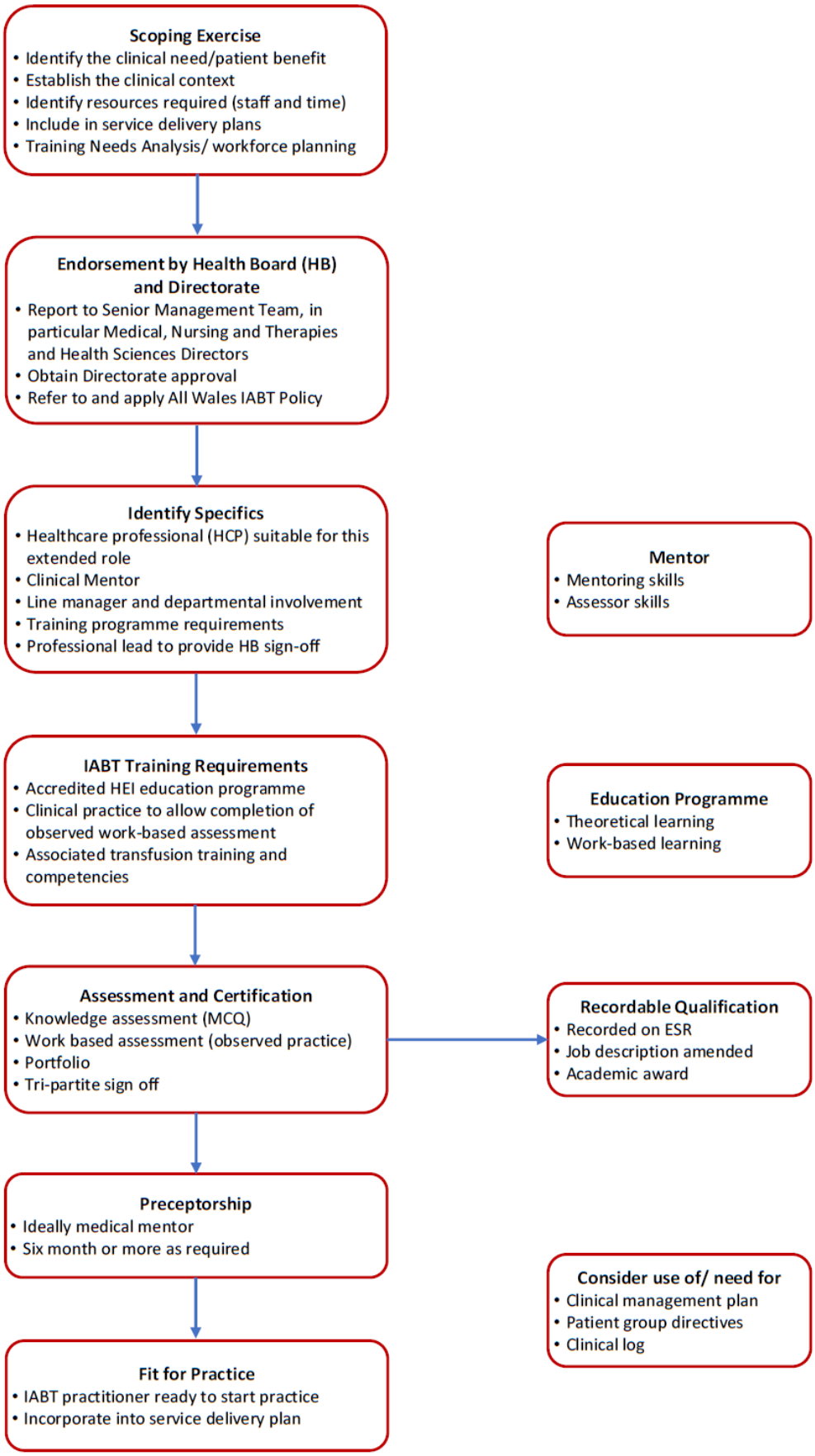
Requirements for Practice in Wales

The All-Wales Policy for Independent Authorisation of Blood Transfusion (IABT) describes the process for selection, education, approval and support of Health Care Professionals (HCPs) undertaking this role within Wales. For standardisation and safety reasons the only recognised route to practice is through acquisition of an agreed, accredited programme of education and assessment. HCPs undertaking the IABT role will have completed a specific Higher Education Institution (HEI) accredited programme of education and assessment, commissioned by Health Education and Improvement Wales (HEIW).

There are other IABT training programmes delivered in the other countries of the UK, which are recognised by healthcare organisations outside Wales. If HCPs have completed such a programme and their employing organisation wishes them to practice IABT in Wales there are certain requirements they must fulfil to gain accreditation in Wales; the extent of this will be determined through an assessment of the evidence learning from the other training programme and gap analysis against the IABT programme, undertaken by the IABT programme lead and the HEI. This will provide reassurance that they have acquired equal knowledge, skills and experience to the HCPs who have completed the IABT training programme in Wales, and as such are deemed fit to practice within Wales.

The employing Health Board/NHS Trust will ensure that the required criteria of identified clinical need, suitability of candidate, appropriate level of IABT practice (i.e. level 6 or 7) and support of a clinical mentor exist. A standard application for admission to the programme will need to be submitted, and assessed as appropriate by the programme leads, who will agree the appropriate level of study in collaboration with the HCP, their employer and the HEI.

Appendix 3: Flowchart



Appendix 4: Role of the Clinical Mentor

The clinical mentor (CM) has a crucial role in educating and assessing for Independent Authorisation of Blood Component Transfusion (IABT).

This role involves:

- Establishing a learning contract with the Healthcare Professional (HCP) IABT trainee
- Planning a learning programme which will provide the opportunity for the HCP to meet their learning objectives and gain competency in making the decision to transfuse and authorising blood components
- Facilitating learning by encouraging critical thinking and reflection
- Providing dedicated time and opportunities for the HCP to observe how the CM conducts a consultation / interview with patients and / or carers and development of a management plan
- Allowing opportunities for the HCP to carry out consultations and suggest clinical management and blood component transfusion options, which are then discussed with the CM
- Helping ensure that the HCP integrates theory with practice
- Taking opportunities to allow in-depth discussion and analysis of clinical management using a random case analysis approach, when patient care and authorisation of blood transfusion behaviour can be examined further
- Assessing and verifying that, by the end of the course, the HCP is competent to assume the IABT practitioner role

Clinical Mentor Training and Support

All CMs and HCPs are offered support and guidance from the IABT programme delivery to guide their mentorship role and development. One to one meetings and additional can be arranged on request, as necessary.

A clinical mentor handbook is provided at the commencement of the IABT programme.

CM training is recommended for:

- Clinical practitioners who have no experience of clinical mentoring
- Clinical practitioners who have no experience conducting a work-based competency assessment of HCPs (as this competency assessment will be conducted by the CM)

Mentoring During Training

It is unlikely that an individual will need to spend all of the period of learning in practice with their CM, as other clinicians may be equally well placed to provide some of the learning opportunities. Other peer IABT practitioners working in the clinical areas may be a highly valuable resource here.

However, the CM remains responsible for assessing whether all of the work-based learning outcomes have been met.

Appendix 5: Tri-partite sign off document

NHS WALES GIG CYMRU

Independent Authorisation of Blood Component Transfusion (IABT)

TRI-PARTITE SIGN OFF DOCUMENT

This document constitutes a record of agreement between the Health Board/NHS Trust (HB/Trust), the Independent Authorisation of Blood Component Transfusion (IABT) programme delivery team and the IABT student, that the requirements to become an IABT practitioner and practice in Wales have been met.

It confirms competency to practice as assessed by their medical mentor and endorsed by the employing HB/Trust to enable the IABT practitioner to operate within a defined and agreed scope of practice.

The signatories below are confirming that all components of the assessment strategy for the IABT programme are completed, and the student is now able to take up the role of IABT practitioner making the decision to transfuse and providing the written instruction for blood component transfusion within the agreed scope of practice.

The IABT practitioner accepts professional responsibility for their practice including completion of clinical logs relating to the decision to transfuse (or not), as part of their clinical practice.

The HB/Trust representative confirms that there will be continued support for the IABT practitioner from their medical mentor for a minimum of six months, or longer as needed, and that there will be support for the IABT practitioner to attend six monthly IABT peer supervision meetings.

An electronic copy of this signed document will be securely held by the IABT programme delivery team as evidence of sign-off.

IABT Student ..... Sign and date .....

HB/Trust Representative ..... Sign and date .....

IABT Programme
Delivery Team Representative ..... Sign and date .....

Appendix 6: Clinical Management Plan

Generic Clinical Management Plan for Transfusion

Patient ID N°: Name: Address: DOB:	Patient medication sensitivities/allergies:
Responsible Medical Practitioner (RMP):	Transfusion Authoriser Name:
Diagnosis:	Condition to be treated:
Aim of treatment:	

Relevant medication as PGD:			
Preparation	Indication	Dose schedule	Specific indications for referral back to RMP

Guidelines/protocols supporting the Clinical Management Plan *(identify specific care bundles and care plans)*
Shared records to be used by RMP and Transfusion Authoriser:
Action in case of adverse events or required aim not achieved:
Agreed interval for review by RMP *(state frequency)* by Transfusion Authoriser *(state frequency)*

Agreed by RMP (Name)	Date	Agreed by Transfusion Authoriser (Name)	Date	Date agreed with patient / carer
Signature		Signature		

Appendix 7: Clinical Log

Clinical Log for Patients Requiring Blood Transfusion

Patient ID N°: ..... Name: ..... Address: .... DOB:	Diagnosis: Condition to be treated:
Assessed by:	Date:
Reason for transfusion:	
Assessment sheet completed YES / NO	Variances YES / NO
Comments:	
Action taken:	

Appendix 8: All Wales Transfusion Record (v5, 2023)

ALL WALES TRANSFUSION RECORD

This is a permanent record of transfusion and must be filed or scanned

Patient Details			
Affix addressograph here or write patient details		Hospital/Unit:	Weight (kg):
Hospital/NHS No:	Sex:	Ward/Dept:	
Forename:	Surname:		
Address:	Date of birth:	Consultant:	

Consent to Transfusion
– to be completed by the authoriser prior to authorising blood component transfusion

Informed and valid consent for transfusion should be completed for all patients who will likely, or definitely, receive a transfusion[1]. Confirm if the following have taken place:

[1] SaBTO 2020

1. Reason for transfusion, intended benefits, risks and alternatives have been discussed with the patient — Yes ☐ No ☐
2. The patient has been offered a '*Receiving a Blood Transfusion*' Patient Information Leaflet (PIL) *[see QR code below]* — Yes ☐ No ☐
3. The right to withdraw consent at any point and possible consequences of this has been discussed with the patient — Yes ☐ No ☐
4. The points above, and the outcome of the discussion, are documented in the patient's healthcare record — Yes ☐ No ☐
5. The patient has consented to having a blood transfusion — Yes ☐ No ☐

If 'No' to any of the above, state the reason: _____

Signature:_____ **Print Name:**_____ **Date:**_____

Specific Transfusion Requirement
– to be completed by the authoriser prior to authorising blood component transfusion

Indicate if the patient has any of these specific transfusion requirement	Irradiated ☐	CMV Negative ☐	HLA matched ☐

Transfusion Associated Circulatory Overload (TACO) Risk Assessment
– to be completed by the authoriser prior to authorising blood component transfusion

- Does the patient have a diagnosis of 'heart failure' congestive cardiac failure (CCF), severe aortic stenosis, or moderate to severe left ventricular dysfunction?
- Is the patient on a regular diuretic?
- Does the patient have severe anaemia?

- Is the patient known to have pulmonary oedema?
- Does the patient have respiratory symptoms of undiagnosed cause?

- Is the fluid balance clinically significantly positive?
- Is the patient receiving intravenous fluids (or received in previous 24 hours)?
- Is there any peripheral oedema?
- Does the patient have hypoalbuminaemia?
- Does the patient have significant renal impairment?

Table adapted from the SHOT TACO checklist, accessible here:

Following assessment, was a risk of TACO identified? Yes ☐ No ☐

If Yes, clearly document in the patient's healthcare record details of the risk assessment and any intervention/actions to manage the risk.

Signature:_____ **Print Name:**_____ **Date:**_____

Note: The person administering the blood component transfusion must ensure that the consent to transfusion and TACO risk assessment above have been completed. If there are any concerns regarding either of these, they must be resolved with the person making the decision to transfuse/authorising the transfusion prior to commencing administration.

Transfusion Reactions:

Acute reactions to blood components may manifest during the transfusion or up to 24 hours after; refer to local protocols for management of reactions, and seek expert advice as appropriate (e.g., haematologist, transfusion practitioner, transfusion laboratory).

It is recommended that patients discharged within 24 hours of transfusion are given a contact card with 24-hour access to clinical advice.