Australian and New Zealand Society of Blood Transfusion

October 2021

GUIDELINES FOR THE PRESCRIPTION OF BLOOD AND BLOOD PRODUCTS BY NURSE PRACTITIONERS

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Prepared by the:

Clinical Practice Improvement Committee
Australian & New Zealand Society of Blood Transfusion Ltd

145 Macquarie Street
Sydney
NSW 2000
AUSTRALIA

ANZSBT Clinical Practice Improvement Committee

Philip Crispin (Chair)	Australian Capital Territory
Chris Akers	Victoria
Kristen Brown	New South Wales
Alana Delaforce	Queensland
Anastasia Keegan	Western Australia
Fiona King	New Zealand
Amanda Ormerod	Victoria
Sandra Russell	Australian Capital Territory

Foreword

The Australian and New Zealand Society of Blood Transfusion (ANZSBT) Council is pleased to publish the first edition of the *Guidelines for the prescription of blood and blood products by nurse practitioners*. These new guidelines were developed by the ANZSBT Clinical Practice Improvement Committee (CPIC) and the Society is gratified to acknowledge their endorsement by the Australian College of Nurse Practitioners (ACNP).

The aim of these guidelines is to facilitate the consideration of prescribing blood and blood products by Nurse Practitioners where this is appropriate, and to foster the necessary education, training and governance to ensure safe and effective practice.

It is hoped the *Guidelines for the prescription of blood and blood products by nurse practitioners* provide much needed clarity and direction and are an important addition to our guidelines collection.

Simon Benson
President
ANZSBT

The ACNP endorses this guideline as an important step in improving the understanding of Nurse Practitioners and their role in prescribing of blood and blood products. Like other registered health professionals, the education and experience of individual Nurse Practitioners varies, and as such, the responsibility lies with the nurse practitioner to determine whether this is within their individual capability to prescribe blood and blood products, appropriate to both the patient and the setting in which they are practising, and ensuring the highest standards of quality and safety. These guidelines are an important interim measure in order to educate and inform Nurse Practitioners, employers, health professionals, and the public. They also provide guidance for privately practising Nurse Practitioners.

These Guidelines provide a bridge to clarity in an area where there has been a degree of uncertainty. In recognising the importance of transfusion in the care provided by Nurse Practitioners, they require that Nurse Practitioners needs are incorporated alongside those of other prescribers into all future blood and blood product education, policy and prescribing guidelines. We thank the ANZBST for engaging with us, and acknowledging the important role of Nurse Practitioners in health care.

Leanne Boase
President
ANCP

October 2021

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Abbreviations

ACNP	Australian College of Nursing Practitioners
ACSQHC	Australian Commission on safety and Quality of Health Care
AHPRA	Australian Health Practitioner Regulation Agency
ANZSBT	Australian and New Zealand Society of Blood Transfusion
CMV	Cytomegalovirus
HLA	Human leucocyte antigen
ISBT	International Society of Blood Transfusion
NBA	National Blood Authority (Australia)
NP	Nurse Practitioner
NSQHS	National Safety and Quality Health Standards
NZBS	New Zealand Blood Service (Te Ratonga Toto O Aotearoa)
PBM	Patient Blood Management
SABM	Society for the Advancement of Blood Management

Glossary

Antibody screening	Tests (by indirect agglutination) to detect clinically significant red cell antibodies
Blood component	Red cells, platelets, fresh frozen plasma, cryoprecipitate, cryodepleted plasma, whole blood or granulocytes
Blood product	Used to describe all blood components and plasma derivatives
Crossmatching	Test to assess compatibility between a blood component and the intended recipient
Health service	Used in this document to refer to institutions where health care is provided; transfusion of blood products may occur across a range of settings including hospitals and day treatment centres
Nurse Practitioner	A registered nurse who has undertaken advanced training and is licenced within their jurisdiction to practice independently, including the prescription of medicines, within their practice authority, according to their education and expertise (This may also be referred to as within their scope of practice, however this terminology is ambiguous, with variations in meaning between organisations, so has been avoided for clarity)
Patient	A person receiving health care; synonyms for 'patient' include consumer and client
Patient Blood Management (PBM)	The timely application of evidence-based medical and surgical concepts designed to maintain haemoglobin concentration, optimize haemostasis and minimize blood loss in an effort to improve patient outcome (from the Society for the Advancement of Blood Management; SABM https://sabm.org/)
Prescription	An authorisation written by a health-care professional for the administration of a blood product
Transfusion	The administration of all blood and blood products, regardless of their route of administration

Section 1
Introduction

Nurse Practitioners (NP) have become a recognised part of the clinical workforce with their roles including prescribing of medications within their practice authority, according to their education and expertise. NPs are senior nursing staff, responsible for overseeing all aspects of care of their patients. This includes prescribing of medications, and for appropriately experienced and qualified NPs, the prescribing of blood products. There has been no guidance for NPs or health services who would like to see NPs taking on this role. There has been uncertainty about the inclusion of prescribing of blood and blood products within NP practice. This uncertainty may make it difficult for NP roles to include blood product prescribing, could stifle organisations from considering blood products within NP services, or see NPs in prescribing roles for which they are poorly prepared. Each of these circumstances has the potential to limit or adversely affect patient care.

These guidelines aim to facilitate the consideration of prescribing by NP where appropriate, and foster appropriate education, training and governance to ensure the safe and effective prescribing of blood and blood products. These guidelines address Health services uncertainty of how to determine the need and assess competence to perform this task.

This document is not prescriptive, but sets out how NPs might gain and maintain the necessary knowledge and skills to prescribe, and how health services might assess the need for NP prescribing and ensure appropriate credentialing and governance procedures are implemented.

These guidelines should be read in conjunction with the regulatory requirements of the Australian Nursing and Midwifery Board and in particular the Framework for assessing standards for practice for registered nurses, enrolled nurses and midwives. In New Zealand, these guidelines should be read in conjunction with the regulatory requirements of Te Kaunihera Tapuhi o Aotearoa Nursing Council of New Zealand and Te Tatau o te Whare Kahu Midwifery Council of New Zealand.

1.1 Scope

While this guidance is directed at NP roles, the principal non-medical prescribers in Australasia, health care delivery is not static. Roles develop and change with new models of care. It is not anticipated that blood and blood product prescribing would be widely adopted outside of medical practitioners and in defined NP roles, but should other roles emerge (such as physician assistants) then these principles should be applied to other prescribers.

The purpose of this document is to outline the considerations that should be made in regards to assessing whether there is an organisational need for NPs to prescribe blood and blood products, and provides guidance as to how that practice may be governed. These guidelines assume that each organisation has in place existing accreditation policies and procedures that ensure the NP has the appropriate experience, qualifications and training to act in that role according to the relevant local, state and national laws.

This document also outlines a framework for determining the appropriate educational and training needs for NPs needing to prescribe blood as part of their clinical practice. These may be used by training organisations to structure training for or NPs, for NPs themselves to devise self-education and training plans and for credentialling committees to assess the appropriateness of training and expertise of NPs.

> These guidelines are intended where NPs are acting within their practice authority, according to their education and expertise, and making independent prescribing decisions. There may be other circumstances where institutions allow blood product administration under standing orders, for example anti-D prophylaxis for RhD negative women at specific antenatal visits. In these cases, the risks and benefits for the approved population are weighed by the endorsing medical officers and institution and the level of education, supervision and governance for administering nurses is not the same as that required for NPs making these decisions independently.

1.1.1 Unique features of blood prescribing

Why is blood and blood product prescribing different from medication prescribing?

1.1.1.1 Blood is a biological product

- Blood is a circulating body fluid which is comprised of living cells, plasma, nutrients, proteins and gases.
- Blood is different from a medication which is manufactured by a pharmaceutical company in a laboratory. Some medications are based on a biological compound but then are synthesised in the laboratory to make adequate amounts of the compound of interest, whereas blood is not standardised and may vary between donors and over time. This carries with it infectious, immunological and other risks that may be different with each transfusion.
- As a biological product, blood (and its components) have a limited shelf life and variation in the composition depending on the different blood donors.

1.1.1.2 Legal aspects

- In Australia, the *Therapeutic Goods Act 1989* regulates blood, blood components and plasma derivatives. The National Blood Authority (NBA) is responsible for the delivery of a safe, secure and affordable blood supply for Australia. Australian Red Cross Lifeblood has the licence to manufacture blood or blood components and CSL Behring is responsible for the manufacture of products derived from locally sourced human plasma.
- In New Zealand the *Medicines Act 1981* regulates blood, blood components and plasma derivatives. New Zealand Blood Service (NZBS) is responsible for the delivery of a safe, secure and affordable blood supply and has the licence to manufacture blood or blood components. CSL Behring in Melbourne is responsible for the manufacture of products derived from New Zealand sourced human plasma.
- Each country, state or territory has different laws/regulations regarding consent to transfusions or treatments with biological products. NPs should be familiar with the regulations in their jurisdiction for consent to treatment.

1.1.1.3 Ethical issues with donor-derived products

- Products derived from donors have an inherent risk however the risks are reduced with donor screening and testing of the donations.
- Ethical considerations for donor derived products include: renumerated or non-renumerated donors, the risks inherent with the donor, the availability of supply, the demand for the product, access to products, safety and efficacy of the products.

Section 2

Nurse practitioner prescribing within the organisation

2.1 Identify organisational need for blood and blood product prescribing

The decision to proceed with NP-led prescribing of blood and blood products should involve consideration of advantages to patient care, personal skills, organisational needs and governance, and the NP's experience and training. A NP in private practice will need to balance the needs of their patients, their expertise and needs for training and the availability of alternative resources before deciding to acquire or maintain transfusion prescribing expertise. Health care organisations have to consider these factors as well as the role of NP transfusion prescribing within the broader organisational context.

While this section outlines a suggested process from an organisational viewpoint, individual NPs may find this structure useful in considering their own professional development in practice needs.

2.1.1 Determine the need for NP prescribing (3 'Ps') within an organisation

2.1.1.1 Population

Consider the patient population covered by the NP (or intended to be covered by a new position) within their practice authority, education and expertise (for example, clinically stable, chronic vs acute). There should be sufficient numbers of patients to maintain the service and NP competency. This consideration should be made in a manner that weighs up the availability of organisational resources to support the NP in their role of prescribing blood products.

It is recommended that a thorough needs analysis is undertaken with consideration to the common contexts that NP work in, and the patient throughput. The need should also be determined by whether there is likely benefit to the patient cohort, such as reduced wait time and reduced need to travel.

2.1.1.2 Purpose

Consider what the intended purpose of the introduction of this service, or service gap or improvement will be. Safety, efficiency and patient experience may need to be considered.

2.1.1.3 Product

Consider whether prescribing be limited to specific products, for example red cells for a haematology chronic transfusion setting, or may be more general, for example, a NP in an emergency setting.

The "3 P's" in Practice: Examples to consider

Metropolitan contexts

A metropolitan emergency department is very busy and a NP to prescribe red cells is considered. However, investigation of the patient population shows that medical officers are usually present and available for high acuity patients and low acuity patients are often left waiting. Further options are explored and it is decided that a more efficient process for referral to a more appropriate lower acuity environment, such as an inpatient ward, short stay or medical day unit is more appropriate.

A metropolitan NP manages chronic haematology outpatients, mostly clinically stable patients, but they are also trained to identify and respond to unstable patients. With frequent contact they are able to respond to their needs and weigh the risks of transfusion day to day. In this instance the organisation needs to weigh up whether current processes may provide improved patient access and responsiveness and what products are prescribed frequently enough within this cohort to develop and maintain competencies.

Rural contexts

In a rural emergency department there is often a shortage of medical staff, who are often not in attendance. The scope of the NP may seem obvious in order to ensure the safe and timely management of patient care.

Baseline data tracking the frequency and urgency of emergency patient care where blood products are required are reviewed as a way of establishing the need for NP prescribing. Numbers are small and there are concerns that the NP may not be able to maintain competencies.

The hospital needs to consider whether the purpose of providing immediate access to blood products warrants expansion of scope to transfusion. A procedure for re-credentialing may be chosen with telephone support in place for real-time decision making when needed in addition to development of clear strategies for adverse outcome management. Organisations should consider how this might be provided.

2.2 Establishment of organisational policy and procedure

Incorporation of the NPs role in the prescribing and management of blood products should be incorporated into existing policy and procedure. The policies and procedures should:

- Explicitly outline the NP practice authority and recommended treatment provisions for patients of different acuity and health status.
- Outline reporting and monitoring processes for the performance of NP in regard to the provision of appropriate and timely blood product prescribing. This may include reporting to other practitioners (peer review), local blood management committees or respective hospital executive teams. This will vary according to facility.

Organisations should have policies and procedures on the expectations of training, and ongoing competency pertaining to the organisational wide administration, prescribing, storage and handling of blood and blood products, rather than establishing a separate procedure for NPs.

2.3 Consider the impact of NP prescribing on workflow

Consideration should be given to where NP prescribing fits within the organisation. Consider whether the NPs will improve patient flow. It may be a greater benefit where a NP has a specific relationship with or knowledge about a particular patient cohort.

2.4 Consider organisational resources to implement and provide clinical governance

2.4.1 Local procedures and policies may require updating to accommodate NP prescribing.

2.4.2 Ensure that there is adequate capacity to assist with adverse event/reaction management.

2.4.3 Capacity to monitor – development and implementation of monitoring tools such as auditing processes to assess compliance and patient outcomes.

Section 3

Health care organisation governance

3.1 Nursing and midwifery

3.1.1 Organisations should ensure that NPs are appropriately certified by the appropriate regulatory agencies.

3.1.2 There should be an identified professional nursing support structure.

3.2 Medical collegial support

3.2.1 NP independently prescribing blood products should still have the support of identified medical practitioners familiar with blood transfusion.

3.2.2 Medical practitioners providing collegial support should be familiar with the context in which the NP practices and be able to provide advice on patient blood management strategies that may limit the need for transfusion.

3.2.3 Specialist transfusion advice may be required before prescribing in a particular patient or circumstance, or for suspected adverse transfusion reactions. Pathways for accessing this advice should be identified.

3.2.4 In some circumstances, medical collegial support may not be available within the local healthcare organisation. Appropriate arrangements should be in place to ensure that NP have access to clinical advice as required, which may require agreements with external or remote practitioners.

3.3 Hospital transfusion committees

3.3.1 Transfusion Committees (or committees fulfilling these functions) should set standards and have oversight of all blood product prescription and use.

3.3.2 NPs should be included in communication, audits and quality interventions targeting prescribers.

3.3.3 Transfusion Committees should be a resource for all prescribers, including NPs providing clinical guidance, and clinical governance. The roles of transfusion committees are described in the current ANZSBT *Guidelines for the Administration of Blood Products*. In Australia, the Transfusion Committees' responsibilities may include ensuring organisational compliance with the NSQHS *Blood Management Standard* and ensuring that all prescribers are familiar with their responsibilities under the Standard.

Section 4

Structure of NP training and supervision

4.1 Defining the required content

4.1.1 In many roles, transfusion is only one aspect of the skills required by the NP. Transfusion training should be incorporated into a holistic approach to the training required for a specified scope of practice.

4.1.2 The knowledge and training required for a particular scope of practice in transfusion should be defined prior to establishing the role.

4.1.3 The knowledge and training for NP within a scope of practice should be reviewed periodically, including at any points where there are changed expectations with respect to the blood products to be prescribed or the expected case mix of patients being cared for.

4.1.4 Where a NP is working within a defined role, the nature and type of blood products may be restricted to products to be used in that setting. For example, an immunology NP may have a need only to prescribe immunoglobulin.

4.1.5 Where there are restrictions on the blood and products that may be prescribed, this may be reflected in clinical governance and training requirements, such that only the relevant blood prescribing specific training is required (Section 5).

4.1.6 Content should not be restricted to blood product specific issues. Prescribers should have the necessary skills and training to clinically evaluate the need for blood and blood products, consider alternative management approaches and to monitor, identify and respond to changes in a patient's condition that may occur during or be related to transfusion.

4.1.7 The content of training in transfusion should be predefined and approved by the institutional governance structures and mentors.

4.2 Knowledge assessment

4.2.1 Training should be assessed prior to NP being endorsed to undertake independent transfusion practice.

4.2.2 Competency assessment should be undertaken by an expert prescribing practitioner with a senior role in transfusion within the institution or network and align with an institution's procedures.

4.2.3 Competency assessment may include recognition of training certified by third party providers, including:

- Accredited course work (e.g. post graduate transfusion studies);
- Micro-training courses (such as BloodSafe eLearning Australia);
- Workplace competency assessment;
- A combination of above, designed to fulfil the needs of the NP in their role and assure the healthcare organisation of the competence to prescribe blood and/ or blood components.

4.2.4 The expectations of knowledge and skills assessments should be predefined, approved by the institutional governance structures and mentors and communicated clearly to trainees.

4.3 Clinical supervision and mentoring

4.3.1 While continuous professional development should create an environment for improved practice throughout a practitioner's career, initial training in blood transfusion provides an opportunity to ensure that practice is up to date.

4.3.2 During training, clinical mentors should be available to:

- Endorse the training program in transfusion;
- Ensure compliance with transfusion training;
- Ensure that the NP develops competency in all aspects of transfusion within their scope;
- Provide clinical advice within a clinically appropriate timeframe, including the appropriateness of transfusion, specialised blood product needs, managing adverse transfusion reactions, patient blood management strategies which may limit the need for transfusion, and other transfusion-related matters.

4.3.3 Mentors during training are required to:

- Be available and responsive to the need of trainees, particularly in acute circumstances, or ensure that arrangements are in place to provide for this;
- Collaboratively review the educational progress and clinical performance of the trainee;
- Maintain adequate knowledge of the advances in transfusion literature as it pertains to the NP scope of practice.

4.3.4 NP may have more than one mentor during training. This may be particularly relevant where a single local mentor may be practicing within a field where transfusion practice is relatively small component of the role and additional specialised expertise in transfusion is sought. Haematologists, transfusion medicine specialists or other specialists with a particular interest in transfusion of blood or products within the NP's scope of intended practice are recommended to be involved with trainees individually and/or in establishing training pathways.

Section 5

Content of NP training

5.1 The decision to transfuse

5.1.1 The decision to transfuse, and the consideration of other patient blood management strategies, must be based on a thorough clinical assessment of the patient and of that person's individual needs. (Section 1).

5.1.2 The NP should have an awareness of Patient Blood Management (PBM) Guidelines and how these might apply to their patient group.

5.1.3 Transfusion and patient blood management decisions should be made in conjunction with patients or their nominated advocates.

5.1.4 These principles are outlined in the most current ANZSBT Guidelines for the Administration of Blood Products.

5.2 Patient consent

5.2.1 Valid, informed consent for transfusion should be undertaken in accordance with established principles (see outlined in the most current ANZSBT Guidelines for the Administration of Blood Products).

5.3 Principles of blood transfusion compatibility.

5.3.1 NP should understand the principles of blood transfusion compatibility before prescribing red cells or other fresh blood products. This should include:

- The importance of ABO grouping for the prevention of acute haemolytic transfusion reactions;
- Being able to determine non-ABO identical ABO compatibility for red cells and plasma products;
- The importance of antibody screening and where appropriate crossmatching in compatibility testing;
- The relevance of transfusion history to transfusion decisions.

5.4 Blood components / manufactured products

5.4.1 The NP will understand the use of the blood product/s they have authority to prescribe in the particular patient group, including indications, any associate risks, prescribing requirements either within the health service or with the pathology provider.

5.4.2 The NP should have knowledge of the indications for specially modified or selected blood products (e.g. Irradiated, CMV negative or HLA-matched), within their practice scope.

5.4.3 Some manufactured products have specific restrictions on prescribing under local or national regulation, which need to be followed where these products are within the NP scope of practice.

5.4.4 Where prescribing scope of practice is limited (for example to red cells and not plasma or platelet products), training and credentialing may be restricted to the products approved in the scope.

5.5 Determining dose and infusion rates

For all prescribed products, prescribers should be able to determine an appropriate product, dose and rate of infusion based on the product and clinical factors.

5.6 Adverse events and their management

5.6.1 NP should be able to recognise and initiate treatment for adverse transfusion related events that may occur with blood and blood products within their scope of practice. These should include acute and delayed reactions.

5.6.2 The NP should be able to assess and respond to the patient with a suspected acute transfusion reaction, initiating treatment within their practice scope and know when they need to escalate care, and do so in a timely manner.

5.6.3 The NP should also be aware of the possibility of delayed reactions and potential long-term complications, which may be more common in some groups of patients. The NP should be able to determine patients at risk and assess them accordingly.

5.6.4 Transfusion-related adverse events can be associated with significant morbidity and, rarely, with mortality. Many of the serious adverse events following blood transfusion are unpredictable; however, prior history can be valuable. It is essential to 'recognise, respond and report' suspected adverse events. Any deterioration in a patient's condition during the transfusion of a blood product must be considered an adverse transfusion event unless assessed otherwise.

5.7 Haemovigilance

5.7.1 Prescribers should understand the importance of adverse event, including near miss events, surveillance and reporting in maintaining the safety of the blood supply.

5.7.2 The reporting and analysis of adverse events is an important aspect of a quality improvement system for blood transfusion. The NP requires knowledge of the management and reporting of adverse events relating to transfusion that includes:

- the procedure for reporting adverse events in local incident management systems, and how that may be reported up to state, territory or national haemovigilance systems;
- the mechanism for review of adverse events, the local procedures followed in the investigation of these events;
- requirements for reporting to the transfusion service provider, or to the Blood Service or manufacturer for specific products or reaction types.

5.7.3 NP should be able to initiate adverse event reports, contribute to investigating the cause of adverse events and contribute to corrective actions as required.

Section 6

Post implementation monitoring

6.1 Organisations have a duty to ensure that they monitor the practice of the NP to ensure it is in accordance with local, state and national requirements. This includes, but is not limited to Patient Blood Management (PBM) guidelines and haemovigilance requirements, the ANZSBT *Guidelines for the Administration of Blood Products* and the ACSQHC *National Quality and Safety Standards*.

6.2 Compliance with the above can be conducted through ongoing audit and reporting that identifies potential gaps in practice and can facilitate decisions regarding ongoing support through resource provision and education.

6.3 Audit processes should include assessment of documentation to determine that the treatment plan aligns with relevant local, national or international guidelines and that the risk benefit ratio has been considered with the proposed therapy determined to be beneficial. Documented evidence should include utilisation of supportive therapies where indicated and include patient involvement in the treatment plan and consent process.

6.4 NPs should also be monitored for other routine key requirements for safe and quality transfusion practice. These include completeness of documentation, valid consent, indication, product traceability, review post treatment to determine treatment outcome and adherence to monitoring throughout the procedure and the management of adverse reactions should they occur.

6.5 Reportable incident management and review. Organisations should already have in place routine processes for incident management and meetings at which incidents are reviewed, and NPs should be included as part of that process to identify opportunities for improvement and assess the level of severity and imputability of any reportable transfusion incidents. These meetings should be undertaken with the oversight of suitably qualified medical staff including clinical and laboratory haematologists where appropriate.

6.6 Adverse events should be assessed to determine variation from procedure and contributing factors which may provide opportunity for future improvements.

6.7 Patient experience. Patient experience should be considered as part of ongoing service monitoring. This may include, but is not limited to, quantitative and qualitative audit and survey. Services should consider measures to identify the impact of the role of the NP on the patient transfusion experience post-implementation.

> *Quantitative* measures may include reduced wait times, reduced travel distance for treatment access and increased inclusion of the patient in the treatment planning.
>
> *Qualitative* measures should be added to the evaluation systems, such as patient satisfaction surveys, if not already in place. Measures may incorporate overall satisfaction with the consent process, provision of information, patient engagement and understanding of the treatment plan, communication, impact on the patient's capacity to partake in daily living activities.

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Appendix A

Sources of training in blood transfusion prescribing

- Postgraduate training in transfusion
- NZBS *Transfusion Medicine Handbook* (https://www.nzblood.co.nz/assets/Transfusion-Medicine/PDFs/111G122.pdf)
- BloodSafe eLearning (https://bloodsafelearning.org.au/):
    - May already be required to complete clinical transfusion practice and/or refresher
    - Iron deficiency anaemia - preoperative, maternity, chronic and complex, paediatric (depending on area of work)
    - Patient blood management essentials, plus appropriate medical, acute care and surgical, obstetrics, neonates and paediatric (depending on area of work)
- Lifeblood online learning - attendance at or participation in appropriate sessions (https://learn.transfusion.com.au/course/index)
    - Webinars
    - Events
    - eLearning - Adverse events, Blood basics, Irradiated, RhD immunoglobulin
- ANZSBT guidelines https://anzsbt.org.au/guidelines-standards/anzsbt-guidelines/)
    - *Guidelines for transfusion and immunohaematology laboratory practice.*
    - *Guidelines for the administration of blood products.*
    - *Guidelines for prevention of transfusion-associated graft versus host disease*
- British Society for Haematology (BSH) guidelines Guidelines | British Society for Haematology (b-s-h.org.uk)
- LearnBloodTransfusion eLearning LearnBloodTransfusion Landing Page

Appendix B

Nurse Practitioners who want to prescribe as part of their role

Objective	Criteria
Identify the need	• Will patient care be improved by the NP having the ability to prescribe blood products? • Is this supported by current staff members caring for this patient group? • Does the need to prescribe occur often enough for the NP to maintain knowledge and skills? • Which components and/or products are included in the scope of practice? This will be different for Nurse Practitioners working in different areas.
Obtain approval from appropriate groups	• This may include Transfusion or Blood Management committee, Pharmacy, Nursing Executive, Risk Management etc. • Are all interested parties in agreement with the process?
Set up a governance structure to support the role	• Do current policies/procedures support the NP to prescribe blood products? Do changes need to be made to any guidelines/procedures? • Is there an ongoing audit or review process for transfusions prescribed by the NP? This may be part of other ongoing audit processes already in place.
Identify a clinical mentor	• This should be someone who is working with and able to provide supervision of transfusion prescribing. • This person should have a good working knowledge of current transfusion practice, particularly for the group of patients the NP is caring for, and be able to assess the competence of the NP to perform this task.
Develop program/portfolio to show competence	• Suggested activities: o BloodSafe elearning modules which are relevant to the clinical scope of the NP. o Australian Red Cross Lifeblood 'Transfusion Online Learning' – Practice, education, resources, adverse events, webcasts: https://learn.transfusion.com.au/course/index o National Blood Authority – PBM guidelines o Blood Matters – Specialist/graduate certificate o ISBT- webcasts o ANZSBT guidelines

Objective	Criteria
Undertake supervised practice	• Mentor to supervise and provide feedback as required. • Consider how many episodes of care need to be supervised prior to working independently. This will also need to ensure all elements of transfusion practice within the proposed scope of practice are covered. • Discussion/education to cover such areas as: • the need for consent in transfusion and what this incorporates in practice. • Patient assessment pre-transfusion to assess ability to tolerate the transfusion and risk of repeat transfusion reactions. • Patient blood management practices, as applicable for the patient group.
Management of transfusion reactions	• Determine scope of practice in consultation with clinical mentor and relevant groups approving NP capacity to prescribe. These should include clear escalation processes to more senior staff. • Ensure aware of required reporting systems both within the health service and to external sites if necessary.
Ongoing monitoring/audit	• Monitor the effectiveness of the NP prescribing e.g. decreased wait times for transfusion, increased patient satisfaction, completeness of consent and appropriateness of transfusion etc.