Checklist for implementation of Non-Medical Authorisation and approval of new Non-Medical Authorisers (NMA)

This checklist should be used to ensure that NHS Lothian meets all the requirements set out within the NHS Lothian Authorisation of Blood Components by Non-Medical Authorisers Policy [hyperlink to be added] and therefore the standards within the [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), produced by the United Kingdom & Ireland Blood Transfusion Network Education Working Group in 2022.

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| --- | --- | --- | --- | --- | --- | --- |
| Hospital/site name: | |  | | | | |
| Clinical area: | |  | | | | |
| **Pre-training/Implementation Checklist**  **(Completed by direct line manager, ward/nursing manager or clinical lead\*)** | | | | | | |
| Is NMA already implemented within this clinical area? | | | Yes |  | No |  |
| What is the service requirement for NMA within this clinical area? | | | | | | |
|  | | | | | | |
| Have you as the line manager read the NHS Lothian Authorisation of Blood Components by Non-Medical Authorisers Policy? | | | Yes |  | No |  |
| Has NMA within this clinical area been formally risk assessed? | | | Yes |  | No |  |
| Staff member identified for NMA (please include e-mail) | | | | | | |
| Name: |  | | | | | |
| Job title: |  | | | | | |
| Email: |  | | | | | |
| Does staff member meet criteria as set out within the NHS Lothian Authorisation of Blood Components by Non-Medical Authorisers Policy? | | | Yes |  | No |  |
| Has the professional clinical lead agreed attendance on the course? | | | Yes |  | No |  |

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| Has a clinical assessor been identified and approved by the NHS Lothian Transfusion Committee chair? Please state name and job title of assessor: | | | Yes |  | No |  |
| Name: |  | | | | | |
| Job title: |  | | | | | |
| Email: |  | | | | | |
| Has funding for staff to attend the SNBTS NMA Education Programme been agreed? | | | Yes |  | No |  |
| Does the staff member’s job description reflect the roles and responsibilities of a NMA, therefore ensuring appropriate indemnity cover? | | | Yes |  | No |  |
| Has the staff member completed the appropriate Learn Blood Transfusion eLearning as stated in the NHS Lothian Authorisation of Blood Components by Non-Medical Authorisers Policy? | | | | | | |
| Safe Transfusion Practice | | | Yes |  | No |  |
| Blood Components and Indication for Use | | | Yes |  | No |  |
| Acute Transfusion Reactions | | | Yes |  | No |  |
| Consent for Transfusion | | | Yes |  | No |  |
| Is the direct line manager aware that the staff member’s annual appraisal should include confirmation of continuing competence to practice NMA? | | | Yes |  | No |  |
| **Pre- training/implementation checklist completed by:** | | | | | | |
| Print name: | |  | | | | |
| Job role: | |  | | | | |
| Sign name: | |  | | | | |
| Date: | |  | | | | |

\*See Authorisation of Blood Components by Non-Medical Authorisers Policy for definition of clinical lead