



Royal Cornwall Hospitals
NHS Trust

Blood and Blood Product Refusal Policy

V4.0

March 2024

Summary

Any patient refusing consent for any or all blood components or products should be supported with reference to this policy.

Advanced Healthcare Directives (AHD) / Advance Decision to Refuse Treatment (ADRT)

All patients declining blood products or blood components should complete and carry an AHD/ADRT with them to specify what treatment they would accept/refuse.

A copy of this is to be stored in the legal section of the notes and a flag needs to be added to PAS to show that the patient has an AHD/ADRT in place (medical records to be contacted).

Further advice should be obtained from the legal team.

In the absence of an appropriate AHD the patient must make their wishes clear to the medical staff and this should be clearly documented in the patient's notes. Transfusion Laboratory must be informed to add a warning to their electronic system.

If the patient is lacking mental capacity, there is no AHD/ADRT available and there is no previous discussion documented in the medical notes, the patient will be treated in his/her best clinical interest.

Jehovah Witnesses

There is a specific AHD/ADRT used by the Jehovah Witness (JW) community.

Paediatric Patients

Paediatric patients may need a high court referral for transfusion.

This referral should be done in the patient's best interest and only after exploring all other options to avoid transfusion.

Court Referral (for paediatric patients)

If paediatric transfusion is deemed necessary against the wishes and consent of the parents, then the legal services team must be contacted via the on-call hospital manager. The High Court will then be contacted to give assistance.

Tel: Monday-Friday 9am-6pm Office of the Official Solicitor, Court of Protection

Healthcare and Welfare: 020 3681 2751

Out of Hours: Royal Courts of Justice: 020 7947 6000

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Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

- 1.1. This policy is designed to support both patients and staff in the event that a patient refuses the administration of blood components as part of their treatment.
- 1.2. Transfusion documentation is collected and stored according to the Blood Safety and Quality Regulations 2005.
- 1.3. This version supersedes any previous versions of this document.

2. Purpose of this Policy/Procedure

The aims of this policy are:

- 2.1. To protect the rights of individuals – in respect of their refusal – to be treated with blood components and blood products.
- 2.2. To provide information to clinicians about the management of these patients.
- 2.3. To facilitate and expedite non-blood medical management for any patient refusing blood products.

3. Scope

This policy applies to all those staff whose role involves administering, prescribing or taking samples for transfusion.

4. Definitions / Glossary

ADD – Advance Decision Document.

ADRT – Advance Decision to Refuse Treatment.

AHD – Advanced Healthcare Directive.

Hb – Haemoglobin.

HTC – Hospital Transfusion Committee.

HTT – Hospital Transfusion Team.

HLC – Hospital Liaison Committee.

JW – Jehovah Witness.

NHSBT – NHS Blood and Transplant.

5. Ownership and Responsibilities

The policy will be managed by the Hospital Transfusion Team, including the Consultant Lead for Transfusion, the Transfusion Laboratory Manager and the Transfusion Practitioners. Updates and amendments will be sanctioned through HTT in the first instance but also through the HTC including wider ratification.

5.1. Role of the Managers

Line managers are responsible for:

- Ensuring staff are aware of the policy.

5.2. Role of Individual Staff

All staff members are responsible for:

- Ensuring the policy is followed whenever a patient refuses blood components or blood products as part of their treatment.
- Ensuring appropriate support is provided for patients, relatives and staff when required.

6. Standards and Practice

Consent forms must clearly state the wishes of patients relating to refusal of all or specific blood components or products.

Patients who do not have an AHD/ADRT refusing blood components must be given information about blood transfusion (NHSBT information booklet available on all ward areas) by the consenting clinician. If the patient has chosen to refuse blood components the reasons for this refusal should be documented in the notes and signed by both the doctor and patient.

6.1. Blood refusal in pregnancy

In addition to this policy see [Declining Blood Products in Maternity Clinical Guideline](#).

6.2. Haemoglobin optimisation

6.2.1. Any patient refusing blood transfusion but undergoing an elective procedure where the estimated blood loss may exceed 500 mL should attend pre assessment clinics for anaemia screening and Hb optimisation.

6.2.2. There should be a robust follow up for these patients to ensure that Hb levels are optimised before admission.

6.3. Management of adults over the age of 18

6.3.1. Establishing clear understanding of patient views.

6.3.2. In elective and urgent cases, when blood transfusion may be likely or possible, it is essential that medical and nursing staff discover the views of the patient and where possible the patient should be allowed time alone without any relatives present. If it is the wish of the patient not to receive blood components or products, the following actions should be considered:

- Review non-blood medical alternatives and treat without using blood components or products.
- Consult with other doctors experienced in non-blood management and treat without using blood components or products.
- If necessary, transfer patient to another hospital where appropriate facilities are available before the patient's condition deteriorates.

6.4. In the event of the patient being a Jehovah's Witness

- 6.4.1. Jehovah's Witness patients should carry a copy of a current AHD with them and have a copy filed in the legal section of their notes. Advanced Decision Document (ADD).
- 6.4.2. With permission of the patient consult with the local Hospital Liaison Committee of Jehovah's Witnesses, who can be contacted at any time:

Name:	Contact number:	Contact email:
James Kelley	07712667277	jkelly@jw-hlc.org.uk
Tim Le Vine	07876028226	tlevine@jw-hlc.org.uk
Kye Farley	07956727265	kfarley@jw-hlc.org.uk
Rupert Le Vine	07922054430	rlevine@jw-hlc.org.uk
Daniel Hurst	07716711949	dhurst@jw-hlc.org.uk
Barry Gardiner	07890177160	bgardiner@jw-hlc.org.uk

- 6.4.3. In case of unavailability of the above contacts, the Jehovah's Witness National Hospital Information Service is available 24/7 on 0208 3713415.

Contact details for Jehovah's Witnesses Hospital Liaison Committee (HLC) are included as a courtesy to the JW community. If these details are passed to a patient or their representative it should be explained that the JW advisors / elders are not employees of the RCHT Trust, and that the Trust carries no responsibility for their advice or actions.

6.5. Jehovah's Witnesses position on medical treatment and related matters

6.5.1. Matter of Patient Choice

- 6.5.1.1. Jehovah's Witnesses accept most medical treatments, surgical and anaesthetic procedures, devices and techniques, as well as haemostatic and therapeutic agents that do not contain blood. They accept:

- Blood tests.
- Non-blood volume expanders such as crystalloids (e.g. saline, Hartmann's and dextrose) and colloids (e.g. Gelatin, Dextran, Hetastarch).
- Techniques such as Hypotensive Anaesthesia, Meticulous Haemostasis and Diathermy.
- Agents such as Erythropoietin, Aprotinin, Desmopressin, vasoconstrictors and recombinant Factor VIIa.
- Pharmacological agents such as intravenous iron or tranexamic acid.

6.5.1.2. Each patient will decide whether he or she wishes to accept the following as a matter of personal choice. Hence it is essential to discuss whether or not these procedures are acceptable with each patient:

- Intra-operative cell salvage, haemodialysis and haemodilution.
- Administration of 'fractions' of plasma or cellular components (e.g. albumin, immunoglobulins, clotting factors, vaccines, haemoglobin based oxygen carriers, some topical haemostatic agents such as fibrin glue or prothrombin complex concentrate).
- Organ transplants and donations.

6.5.2. **Usually unacceptable Medical treatments for Jehovah's Witness patients.**

6.5.2.1. Transfusions of whole blood, packed red cells, white cells, platelets and plasma.

6.5.2.2. Preoperative autologous blood collection and storage for later infusion (this is not available locally).

6.5.2.3. Elective termination of pregnancy.

6.5.2.4. ALWAYS ENDEAVOUR TO DISCUSS ALL ASPECTS OF BLOOD TRANSFUSION WITH THE PATIENT CONFIDENTIALLY.

6.6. **Children under the age of 18 with Jehovah's Witness parents**

6.6.1. This policy acknowledges that Witness parents actively seek medical care for their children.

6.6.2. It endeavours to facilitate their choice of treatment that does not involve allogeneic blood and/or its primary components, i.e. red cells, white cells, plasma and platelets.

- 6.6.3. It recognises that some Witness parents may accept intra- and postoperative cell salvage, haemodilution, haemodialysis and the use of 'fractions' of plasma or cellular components. It is therefore essential to establish the parents' personal views on these procedures and treatments.
- 6.6.4. It recognises that a blood transfusion may be essential to either save the life of a child in an emergency or as part of major elective surgery.
- 6.6.5. For children up to the age of 18 it might be necessary, in an imminently life-threatening situation for doctors to request such transfusions and give them, even against parental wishes.
- 6.6.6. If legal advice is required, the Trust legal advisors should be contacted. Where this is not possible in a timely manner the High Court (see 6.7.) has directed that such cases should come before it, and it operates a 24-hour duty system for this purpose, it would be normal to involve the court unless time does not permit.

6.6.7. **Management**

The following staged management plan will be adopted in caring for any child or neonate whose parents are Jehovah's Witnesses.

6.6.8. **Strategy**

- 6.6.8.1. Despite the fact that the medical team and the Jehovah's Witness parents may have different value systems, both parties should respect each other for having the best interests of the child at heart.
- 6.6.8.2. The paediatric team will fully explore its options for utilising bloodless medicine and surgery in order to treat without recourse to allogeneic blood or primary blood components.
- 6.6.8.3. This should include careful assessment of the benefits and risks of all management options followed by a detailed discussion with the parents. The timing and length of this will be determined by the paediatric Consultants' assessment of the urgency of the requirement for treatment.
- 6.6.8.4. If there does not appear to be a way of managing the surgical procedure without recourse to blood components it is essential that medical advice is sought from an outside consultant e.g. at Bristol Children's Hospital.
- 6.6.8.5. If for technical or professional reasons the procedure could be managed elsewhere without recourse to blood products it is the responsibility of the consultant in charge of such care to arrange an outside referral.

6.7. Court referral

- 6.7.1. There may be occasions where transfusion is deemed necessary in an emergency against the belief and wishes of the parents.
- 6.7.2. In this situation the hospital legal advisors must be notified, via the on-call Hospital Manager.
- 6.7.3. The matter should be presented to the High Court. This can be achieved via the Office of the Official Solicitor, Court of Protection Healthcare and Welfare, during Monday-Friday 9-6pm 020 3681 2751. Outside normal working hours the Royal Courts of Justice must be contacted in the first instance 020 7947 6000. This number is the Security Control room and a request must be made to seek representation from the Official Solicitor, details will be taken and the duty officer will then contact the Trust. This allows immediate contact with a judge in the Family Division of the High Court. The parents should be kept fully informed and have the opportunity to be represented. It is recommended that where possible this action be agreed by two consultants.
- 6.7.4. In the rare situation where Court assistance is deemed necessary, the parents or guardian and patient (depending on maturity) should be notified immediately of the intended action and invited to any case conference. It is normal procedure to refer the case to the Child Protection Team of Social Services. It would be expected that the following steps had been considered or acted on:
 - All non-blood medical management options have been fully explored.
 - The risks of using blood have been fully considered.
 - Is there another hospital willing to treat without blood.
 - The Hospital Liaison Committee for Jehovah's Witnesses have been approached for assistance.

7. Dissemination and Implementation

- 7.1. The current version of the policy will be available to all staff on the document library.
- 7.2. Staff will be notified via RCHT all staff communications of this new updated version.

8. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Effectiveness of strategy to treat patient effectively without blood.
Lead	Consultant Lead for Transfusion and Lead Transfusion Practitioner.
Tool	Adherence to guidelines will be monitored as part of the ongoing audit process within the department on a Word or Excel template specific to the topic.
Frequency	Ongoing monitoring. Information disseminated via HTT (monthly) and HTC (quarterly).
Reporting arrangements	Information disseminated via HTC, HTT. Relevant stakeholders (Jehovah's Witness Hospital Liaison Committee representative) will be invited to discuss changes and sent relevant minutes (as per HTC ToR).
Acting on recommendations and Lead(s)	Transfusion Lead Consultant will communicate changes to senior clinicians following consultations and ratification of changes.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within one month. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.

9. Updating and Review

- 9.1. This policy will normally be reviewed every 3 years unless an earlier review is required.
- 9.2. Any revision activity is to be recorded in the Version Control Table as part of the document control process.

10. Equality and Diversity

- 10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the [Equality Diversity And Inclusion Policy](#) or the [Equality and Diversity website](#).
- 10.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Blood and Blood Product Refusal Policy V4.0
This document replaces (exact title of previous version):	Blood and Blood Product Refusal Policy V3.0
Date Issued / Approved:	February 2024
Date Valid From:	March 2024
Date Valid To:	March 2027
Author / Owner:	Pedro Valle Vallines, Lead Transfusion Practitioner and David Tucker, Consultant Haematologist Lead for Transfusion.
Contact details:	01872 25 3093
Brief summary of contents:	Information for staff and patients about alternative treatments and the process of decision making in emergency situations in patients refusing blood or blood products.
Suggested Keywords:	Transfusion; Jehovah's Witness; blood product; refusal; blood.
Target Audience:	RCHT: Yes CFT: No CIOS ICB: No
Executive Director responsible for Policy:	Chief Medical Officer
Approval route for consultation and ratification:	Hospital Transfusion Team. Hospital Transfusion Committee.
Manager confirming approval processes:	Ian McGowan
Name of Governance Lead confirming consultation and ratification:	Suzanne Atkinson
Links to key external standards:	None
Related Documents:	Blood Transfusion Policy
Training Need Identified:	No

Information Category	Detailed Information
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical/ Haematology

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
2007	V1.0	Document written.	Deb Thomas, Lead Transfusion Practitioner
June 2009	V1.1	Contact details for out of hours Official Office of Solicitor.	Deb Thomas, Lead Transfusion Practitioner
December 2011	V1.2	Put into new document template. Change contact details for Jehovah's Witness Liaison Committee.	Deb Thomas, Lead Transfusion Practitioner
July 2012	V1.2	Into new revised doc template. Previous version was not uploaded due to upload error.	Deb Thomas, Lead Transfusion Practitioner
September 2014	V1.3	New and updated contact numbers.	Nicki Jannaway, Transfusion Practitioner
November 2015	V1.4	Reviewed and statement regarding JWL details Additional information regarding AHD.	Deb Thomas, Transfusion Practitioner
June 2018	V2.0	Updated contact numbers, other minor changes to flow chart and detail of AHD.	Nicki Jannaway, Lead Transfusion Practitioner/ Abie Parsons, Transfusion Practitioner
November 2020	V3.0	Re-wording of the policy to be inclusive for all patients declining blood and blood products, not just JWs. General amendments to structure and format to comply with RCHT template. Hyperlinks updated. Added PCC to 6.8.1 Updated	Pedro Valle Vallines, Lead Transfusion Practitioner.

Date	Version Number	Summary of Changes	Changes Made by
		contact details for JW Hospital Liaison Committee. Updated details on Appendix 1.	
February 2024	V4.0	Policy reviewed, included ADRT (Advanced Decision to Refuse Treatment) term as a synonym to AHD (Advance Health Directive). Updated the OOH Royal Court of Justice phone number. Hyperlinks and glossary updated. Updated contact details for the JW HLC. Merged sections in 6.7 into two and added 10.2 as per latest Trust Template. Page 2 summary updated.	Pedro Valle Vallines, Lead Transfusion Practitioner.

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team
rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Blood and Blood Product Refusal Policy V4.0
Department and Service Area:	General Surgery and Cancer Services, Haematology.
Is this a new or existing document?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Pedro Valle Vallines, Lead Transfusion Practitioner.
Contact details:	01872 25 3093

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	To protect the rights of individuals – in respect of their refusal –not to be treated with blood and blood products.
2. Policy Objectives	To provide information to staff and patients about alternative treatments and the process of decision making in emergency situations in paediatrics.
3. Policy Intended Outcomes	All stakeholders feel fully informed and supported in the decision making and treatment process.
4. How will you measure each outcome?	Through close working relationships with stakeholders: Patients, Jehovah's witness Liaison committee and clinicians. Inclusion to HTC meeting mins and attendance on ad hoc basis.

Information Category	Detailed Information
5. Who is intended to benefit from the policy?	Patients who are refusing blood products or those who have yet to fully consent. Family of patients who may require additional support. Staff who will care for patients when the direct outcome of the lack of treatment may be increased morbidity or death.
6a. Who did you consult with? (Please select Yes or No for each category)	<ul style="list-style-type: none"> • Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: Yes • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Please record specific names of individuals/ groups: Local Jehovah's Witness Hospital Liaison Committee member, Mr. Tim Levine. Hospital Transfusion Committee.
6c. What was the outcome of the consultation?	Approved
6d. Have you used any of the following to assist your assessment?	National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys: Yes

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	

Protected Characteristic	(Yes or No)	Rationale
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	Consulted with Jehovah's Witness HLC
Marriage and civil partnership	No	
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment:

Pedro Valle Vallines, Lead Transfusion Practitioner.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
[Section 2. Full Equality Analysis](#)