Blood and Blood Product Refusal Policy

V3.0

January 2021
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)
All patients should complete an AHD to specifically describe their position relating to refusal of blood components or products. This should be stored in the legal section of the notes. There should be a flag added to PAS to show that the patient has an AHD in place. In a non-Jehovah Witness patient 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.

Jehovah Witnesses
There is a specific AHD used by the Jehovah Witness community.

Paediatric Patients
Paediatric patients may need a high court referral for transfusion. This 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: Mon-Fri 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 6260 or 020 7947 6000
Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the DPA18 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.

DPA18 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the DPA18 please see the Information Use Framework Policy or contact the Information Governance Team 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 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 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
   AHD – Advanced Healthcare Directive
   Hb – Haemoglobin
   HTC – Hospital Transfusion Committee
   HTT – Hospital Transfusion Team
   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 or blood products as part of their treatment.
- Ensuring appropriate support is provided for patients, relatives and staff when required.

6. **Standards and Practice**

6.1. Consent forms must clearly state the wishes of patients relating to refusal of all or specific blood components. See following pages.

6.2. Patients who do not have an AHD 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.

6.3. **Blood Refusal in Pregnancy**

In addition to this policy see Declining Blood Products in Maternity Clinical Guideline:


6.4. **Haemoglobin Optimisation**

6.4.1. Any patient refusing blood transfusion but undergoing an elective procedure that may ordinarily require blood transfusion should attend pre assessment clinics where their Hb and haematonic status can be ascertained.

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

6.5. **Management of adults over the age of 18**

6.5.1. Establishing clear understanding of patient views.

6.5.2. 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:
6.5.3. Review non-blood medical alternatives and treat without using blood components or products.

6.5.4. Consult with other doctors experienced in non-blood management and treat without using blood components or products.

6.5.5. If necessary, transfer patient to another hospital where appropriate facilities are available before the patient’s condition deteriorates.

6.6. **In the event of the patient being a Jehovah’s Witness**

6.6.1. 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).

6.6.2. With permission of the patient consult with the local Hospital Liaison Committee of Jehovah’s Witnesses, who can be contacted at any time:

- Barry Gardiner 07890177160 01726 77757 bgardiner@jw-hlc.org.uk
- Jim Kelley 07712667277 01726 828386 jkelley@jw-hlc.org.uk
- Tim Le Vine 07876028226 01726 869057 tlevine@jw-hlc.org.uk
- Paul White 07771528326 01579 386973 pwhite@jw-hlc.org.uk

6.6.3. 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 advisers / elders 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.

6.7. **Jehovah’s Witnesses position on medical treatment and related matters**

6.7.1. **Acceptable Medical Treatment**

6.7.1.1. 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:

6.7.1.2. Blood tests.
6.7.1.3. Non-blood volume expanders such as crystalloids (e.g. saline, Hartmann’s and dextrose) and colloids (e.g. Gelatin, Dextran, Hetastarch).

6.7.1.4. Techniques such as Hypotensive Anaesthesia, Meticulous Haemostasis and Diathermy.

6.7.1.5. Agents such as Erythropoietin, Aprotinin, Desmopressin, vasoconstrictors and recombinant Factor VIIa.

6.7.1.6. Pharmacological agents such as intravenous iron or tranexamic acid.

6.7.2. Matter of Patient Choice

6.7.2.1. 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:

6.7.2.2. Intra-operative cell salvage, haemodialysis and haemodilution.

6.7.2.3. ‘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).

6.7.2.4. Organ transplants and donations.

6.7.3. Unacceptable Medical treatments for Jehovah’s Witness patients.

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

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

6.7.3.3. Elective termination of pregnancy.

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

6.8. Children under the age of 18 with Jehovah’s Witness parents

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

6.8.2. 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.
6.8.3. It recognises that some Witness parents may accept intra- and post-operative 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.

6.8.4. 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.

6.8.5. 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.

6.8.6. 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 6.9.) 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.

6.8.7. Management

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

6.8.8. Strategy

6.8.8.1. 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.

6.8.8.2. 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.

6.8.8.3. 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.

6.8.8.4. 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.

6.8.8.5. 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.
6.8.9. **Liaison with Jehovah’s Witnesses**

In the event of difficulties with such procedures being anticipated, the Consultant or Trust may, with due patient consent, contact the local Hospital Liaison Committee for Jehovah’s Witnesses. They may be able to provide further information about hospitals and doctors with experience of management of the condition without blood components. The Liaison Committee (see 6.6.2.) can also provide support and guidance for the parents.

6.9. **Court Referral**

6.9.1. There may be occasions where transfusion is deemed necessary in an emergency against the belief and wishes of the parents.

6.9.2. In this situation the hospital legal advisors must be notified, via the on call Hospital Manager.

6.9.3. 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 Mon-Fri 9-6pm 020 3681 2751. Outside normal working hours the Royal Courts of Justice must be contacted in the first instance 020 7947 6260 or 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.

6.9.4. 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

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>Effectiveness of strategy to treat patient effectively without blood.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead</td>
<td>Consultant Lead for Transfusion and Lead Transfusion Practitioner.</td>
</tr>
<tr>
<td>Tool</td>
<td>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.</td>
</tr>
<tr>
<td>Frequency</td>
<td>Ongoing monitoring Information disseminated via HTT (monthly) and HTC (quarterly).</td>
</tr>
<tr>
<td>Reporting arrangements</td>
<td>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)</td>
</tr>
<tr>
<td>Acting on recommendations and Lead(s)</td>
<td>Transfusion Lead Consultant will communicate changes to senior clinicians following consultations and ratification of changes.</td>
</tr>
<tr>
<td>Change in practice and lessons to be shared</td>
<td>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.</td>
</tr>
</tbody>
</table>

9. Updating and Review

9.1. This policy will normally be reviewed biannually 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, Inclusion & Human Rights 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

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Blood and Blood Product Refusal Policy V3.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>This document replaces (exact title of previous version):</td>
<td>Blood and Blood Product Refusal Policy V2.0</td>
</tr>
<tr>
<td>Date Issued/Approved:</td>
<td>November 2020</td>
</tr>
<tr>
<td>Date Valid From:</td>
<td>January 2021</td>
</tr>
<tr>
<td>Date Valid To:</td>
<td>January 2024</td>
</tr>
<tr>
<td>Directorate / Department responsible (author/owner):</td>
<td>Pedro Valle Vallines, Lead Transfusion Practitioner and Dr. David Tucker, Consultant Haematologist Lead for Transfusion.</td>
</tr>
<tr>
<td>Contact details:</td>
<td>01872 25 3093</td>
</tr>
<tr>
<td>Brief summary of contents</td>
<td>Information for staff and patients about alternative treatments and the process of decision making in emergency situations in patients refusing blood or blood products.</td>
</tr>
<tr>
<td>Suggested Keywords:</td>
<td>Transfusion; Jehovah’s Witness; blood product; refusal; blood.</td>
</tr>
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<td>Target Audience</td>
<td>RCHT</td>
</tr>
<tr>
<td>Executive Director responsible for Policy:</td>
<td>Medical Director</td>
</tr>
<tr>
<td>Approval route for consultation and ratification:</td>
<td>Hospital Transfusion Team</td>
</tr>
<tr>
<td></td>
<td>Hospital Transfusion Committee</td>
</tr>
<tr>
<td></td>
<td>CS Governance DMB</td>
</tr>
<tr>
<td>General Manager confirming approval processes</td>
<td>Hannah Falvey</td>
</tr>
<tr>
<td>Name of Governance Lead confirming approval by specialty and care group management meetings</td>
<td>Sarah Pointon</td>
</tr>
<tr>
<td>Links to key external standards</td>
<td>None</td>
</tr>
<tr>
<td>Related Documents:</td>
<td>Blood Transfusion Policy</td>
</tr>
<tr>
<td>Training Need Identified?</td>
<td>No</td>
</tr>
<tr>
<td>Publication Location (refer to Policy on Policies – Approvals and Ratification):</td>
<td>Internet &amp; Intranet ✓ Intranet Only</td>
</tr>
<tr>
<td>Document Library Folder/Sub Folder</td>
<td>Clinical / Haematology</td>
</tr>
</tbody>
</table>
### Version Control Table

<table>
<thead>
<tr>
<th>Date</th>
<th>Version No</th>
<th>Summary of Changes</th>
<th>Changes Made by</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>1</td>
<td>Document written</td>
<td>Deb Thomas, Lead Transfusion Practitioner</td>
</tr>
<tr>
<td>June 2009</td>
<td>1.1</td>
<td>Contact details for out of hours Official Office of Solicitor</td>
<td>Deb Thomas, Lead Transfusion Practitioner</td>
</tr>
<tr>
<td>Dec 2011</td>
<td>1.2</td>
<td>Put into new document template. Change contact details for Jehovah’s Witness Liaison Committee.</td>
<td>Deb Thomas, Lead Transfusion Practitioner</td>
</tr>
<tr>
<td>July 2012</td>
<td>1.2</td>
<td>Into new revised doc template. Previous version was not uploaded due to upload error.</td>
<td>Deb Thomas, Lead Transfusion Practitioner</td>
</tr>
<tr>
<td>Sept 2014</td>
<td>1.3</td>
<td>New and updated contact numbers</td>
<td>Nicki Jannaway, Transfusion Practitioner</td>
</tr>
<tr>
<td>Nov 2015</td>
<td>1.4</td>
<td>Reviewed and statement regarding JWL details Additional information regarding AHD</td>
<td>Deb Thomas</td>
</tr>
<tr>
<td>June 2018</td>
<td>2</td>
<td>Updated contact numbers, other minor changes to flow chart and detail of AHD</td>
<td>Nicki Jannaway, Lead Transfusion Practitioner/ Abie Parsons, Transfusion Practitioner</td>
</tr>
<tr>
<td>November 2020</td>
<td>3</td>
<td>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 contact details for JW Hospital Liaison Committee. Updated details on Appendix 1.</td>
<td>Pedro Valle Vallines, Lead Transfusion Practitioner</td>
</tr>
</tbody>
</table>

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

**This document is to be retained for 10 years from the date of expiry.**

**This document is only valid on the day of printing**

**Controlled Document**

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy for the Development and Management of Knowledge, Procedural and Web
Appendix 2. Equality Impact Assessment

### Section 1: Equality Impact Assessment Form

<table>
<thead>
<tr>
<th>Name of the strategy / policy / proposal / service function to be assessed</th>
<th>Is this a new or existing Policy?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood and Blood Product Refusal Policy V2</td>
<td>Existing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Directorate and service area:</th>
<th>Name of individual/group completing EIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haematology, Blood Transfusion</td>
<td>Pedro Valle Vallines</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of individual/group completing EIA</th>
<th>Contact details:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>01872 25 3093</td>
</tr>
</tbody>
</table>

1. **Policy Aim**
   - Who is the strategy / policy / proposal / service function aimed at?
   - 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 the 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.

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?**

<table>
<thead>
<tr>
<th>Workforce</th>
<th>Patients</th>
<th>Local groups</th>
<th>External organisations</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

b). **Please list any groups who have been consulted about this procedure.**

<table>
<thead>
<tr>
<th>Local Jehovah’s Witness Liaison Committee and local representative, Mr. Barry Gardiner.</th>
</tr>
</thead>
</table>

c). **What was the outcome of the consultation?**

| General update of the policy: contact details and other minor wordings. |
### 7. The Impact

Please complete the following table. If you are unsure/don't know if there is a negative impact you need to repeat the consultation step.

Are there concerns that the policy **could** have a positive/negative impact on:

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
<th>Rationale for Assessment / Existing Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sex</strong> (male, female non-binary, asexual etc.)</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Gender reassignment</strong></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Race/ethnic communities /groups</strong></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Disability</strong> (learning disability, physical disability, sensory impairment, mental health problems and some long term health conditions)</td>
<td></td>
<td>X</td>
<td></td>
<td>Consulted with Jehovah’s Witness Liaison Committee.</td>
</tr>
<tr>
<td><strong>Religion/ other beliefs</strong></td>
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<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Marriage and civil partnership</strong></td>
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<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pregnancy and maternity</strong></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sexual orientation</strong> (bisexual, gay, heterosexual, lesbian)</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If all characteristics are ticked ‘no’, and this is not a major working or service change, you can end the assessment here as long as you have a robust rationale in place.

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 you have ticked ‘yes’ to any characteristic above OR this is a major working or service change, you will need to complete section 2 of the EIA form available here: [Section 2. Full Equality Analysis](#)

For guidance please refer to the Equality Impact Assessments Policy (available from the document library) or contact the Human Rights, Equality and Inclusion Lead debby.lewis@nhs.net