Blood and Blood Product Refusal Policy

V1.4

November 2015
Summary.

Any patient refusing consent for any or all blood component or product 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.

In the absence of an appropriate AHD the patient must make their wishes clear to the medical staff.

**Jehovah Witnesses**

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

**Paediatric Patients**

Please see section 6.6

**Court Referral**

6.6.10
# Table of Contents

Summary. .............................................................................................................................................. 2
1. Introduction........................................................................................................................................ 4
2. Purpose of this Policy/Procedure ........................................................................................................ 4
3. Scope ................................................................................................................................................ 4
4. Definitions / Glossary .......................................................................................................................... 4
5. Ownership and Responsibilities ........................................................................................................ 4
6. Standards and Practice ....................................................................................................................... 5
7. Dissemination and Implementation .................................................................................................. 9
8. Monitoring compliance and effectiveness .......................................................................................... 10
9. Updating and Review ......................................................................................................................... 10
10. Equality and Diversity ...................................................................................................................... 10

Appendix 1. Governance Information .................................................................................................. 11
Appendix 2. Initial Equality Impact Assessment Form .......................................................................... 14
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. This version supersedes any previous versions of this document.

2. **Purpose of this Policy/Procedure**

2.1. The aims of this policy are:

2.2.1. To protect the rights of individuals – in respect of their refusal - to be treated with blood and blood products

2.2.2. To provide information to clinicians about the management of these patients

2.2.3. To facilitate and expedite non-blood medical management for any patient refusing blood products

2.2. Whilst it is acknowledged that the majority of patients refusing blood transfusion will be Jehovah’s Witnesses there are an increasing number of refusals from the non Witness population. This policy will cover issues arising from either group.

3. **Scope**

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

4. **Definitions / Glossary**

Hb – Haemoglobin
HTT – Hospital Transfusion Team
HTC – Hospital Transfusion Committee
AHD- Advanced Healthcare Directive

5. **Ownership and Responsibilities**

5.1. The policy has been produced with input from the Jehovah’s Witness Hospital Liaison Committee (local and national) and will be managed by the Hospital Transfusion Team, including the Consultant in charge of 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.

5.2. Role of the Managers

Line managers are responsible for:

5.2.1. Ensuring staff are aware of the policy.

5.3. Role of Individual Staff

All staff members are responsible for:

5.3.1. Ensuring the policy is followed whenever a patient refuses blood or
blood products as part of their treatment.

5.3.2. Ensuring appropriate support is provided for patients, relatives and staff when required

6. Standards and Practice

6.1. Advanced Healthcare Directives (AHD)

6.1.1. Jehovah’s Witness patients should carry a copy of a current AHD with them or have a copy filed in the legal section of their notes.

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

6.1.3. Patients that do not have an AHD refusing blood components must be given information about blood transfusion (NHS information sheet 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. AHD are completed prior to and in anticipation of the need of blood. They are drawn up and independently witnessed.

6.1.4. The AHD is not available to complete at the time of blood transfusion. There is a nationally accepted AHD available online

6.2. Haemoglobin Optimisation

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

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

6.3.1.1. 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:

6.3.1.2. Review non-blood medical alternatives and treat without using blood components or products
6.3.1.3. Consult with other doctors experienced in non-blood management and treat without using blood components or products

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

6.4.2. Barry Gardiner 01726 77757 (mob 07890 177160)

6.4.3. Michael Passmore (Plymouth) 01752 511345 (mob 07977879897)

6.4.4. Paul White 01579 386973 (mob 07771 528326)

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.

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

6.5.1. Acceptable Medical Treatment

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:

6.5.1.2. Blood tests

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

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

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

6.5.2. Matter of Patient Choice

6.5.2.1. 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:
6.5.2.2. Intra-operative cell salvage, haemodialysis and haemodilution.

6.5.2.3. ‘Fractions’ of plasma or cellular components (e.g. albumin, immunoglobulins, clotting factors, vaccines, haemoglobin based oxygen carriers)

6.5.2.4. Organ transplants and donations

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

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

6.5.3.2. Preoperative autologous blood collection and storage for later infusion

6.5.3.3. Elective termination of pregnancy

6.5.3.4. 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 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.

6.6.4. 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 (11.3) has directed that such cases should come before it, and it operates a 24hour duty system for this purpose, it would be normal to involve the court unless time does not permit
6.6.7. Management

6.6.7.1 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.

6.6.9. Liaison with Jehovah’s Witnesses

6.6.9.1. 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 (2.2) can also provide support and guidance for the parents.
6.6.10. Court Referral

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

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

6.6.10.3. The matter should be presented to the High Court. This can be achieved via the Office of the Official Solicitor, Court of Protection Heathcare and Welfare, during Mon-Fri 9-6pm 020 3681 3751. Outside normal working hours the Royal Courts of Justice must be contacted in the first instance 02079476260. 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 2 consultants.

6.6.10.4. 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. As the policy has not changed significantly staff will be notified via RCHT all staff communications of the new 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>Transfusion Lead</td>
</tr>
<tr>
<td>Tool</td>
<td>Audit</td>
</tr>
<tr>
<td>Frequency</td>
<td>Ongoing monitoring Information disseminated via HTT (monthly) and HTC (3x year).</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 1 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 annually unless an earlier review is required.

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 & Human Rights Policy'.

10.2. 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</th>
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</thead>
<tbody>
<tr>
<td>Date Issued/Approved:</td>
<td>January 2016</td>
</tr>
<tr>
<td>Date Valid From:</td>
<td>January 2016</td>
</tr>
<tr>
<td>Date Valid To:</td>
<td>January 2017</td>
</tr>
<tr>
<td>Directorate / Department responsible (author/owner):</td>
<td>Deb Thomas, Lead Transfusion Practitioner</td>
</tr>
<tr>
<td>Contact details:</td>
<td>01872 253093</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</td>
</tr>
<tr>
<td>Target Audience</td>
<td>RCHT ✔ PCH  CFT  KCCG</td>
</tr>
<tr>
<td>Executive Director responsible for Policy:</td>
<td>Medical Director</td>
</tr>
<tr>
<td>Date revised:</td>
<td>November 2015</td>
</tr>
<tr>
<td>This document replaces (exact title of previous version):</td>
<td>Blood and Blood Product Refusal v1.3</td>
</tr>
<tr>
<td>Approval route (names of committees)/consultation:</td>
<td>Hospital Transfusion Team, Hospital Transfusion Committee (07/01/2016) CSSC Governance DMB</td>
</tr>
<tr>
<td>Divisional Manager confirming approval processes</td>
<td>Sally Kennedy, Divisional Director CSSC</td>
</tr>
<tr>
<td>Name and Post Title of additional signatories</td>
<td>Not required</td>
</tr>
<tr>
<td>Name and Signature of Divisional/Directorate Governance Lead confirming approval by specialty and divisional management meetings</td>
<td>[Original Copy Signed]</td>
</tr>
<tr>
<td>Janet Gardner, Divisional Governance Lead, CSSC</td>
<td></td>
</tr>
<tr>
<td>Signature of Executive Director giving approval</td>
<td>[Original Copy Signed]</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>
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</tbody>
</table>
Links to key external standards

<table>
<thead>
<tr>
<th>Related Documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td>BSQR, CQC standard</td>
</tr>
<tr>
<td>RCHT acknowledges RUH and Helen Maria for their permission to use Care of Jehovah’s Witness as a basis for this policy.</td>
</tr>
<tr>
<td>RCHT Transfusion Policy V4.4</td>
</tr>
<tr>
<td>Royal College of Surgeons Code of Practice for the Surgical Management of Jehovah’s Witnesses (RCS 2002)</td>
</tr>
<tr>
<td>Clinical Strategies for Managing Haemorrhage and Anaemia without Blood Transfusion (January 2002, available from the JW Hospital Liaison Committee)</td>
</tr>
<tr>
<td>Association of Anaesthetists of Great Britain and Ireland Management of Anaesthesia for Jehovah’s Witnesses (AAGBI 2005)</td>
</tr>
<tr>
<td>Gohel et al How to Approach Major Surgery where Patients refuse Blood Transfusion (including Jehovah’s Witnesses) (Ann R Col Surg Engl 2005; 87: 3-14)</td>
</tr>
<tr>
<td>Family Care and Medical Management for Jehovah’s Witnesses</td>
</tr>
<tr>
<td>A Manual for Blood Conservation (edited by Dafydd Thomas, John Thompson, Biddy Ridler)</td>
</tr>
<tr>
<td>Basics of Blood Management (Seeber, Shander)</td>
</tr>
<tr>
<td>Pre operative Assessment Guidelines RCHT</td>
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Training Need Identified?

No – covered in mandatory Transfusion Training

Version Control Table

<table>
<thead>
<tr>
<th>Date</th>
<th>Version No</th>
<th>Summary of Changes</th>
<th>Changes Made by (Name and Job Title)</th>
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<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>
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<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>
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</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 on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.
### 7. The Impact

Please complete the following table.

Are there concerns that the policy **could** have differential impact on:

<table>
<thead>
<tr>
<th>Equality Strands:</th>
<th>Yes</th>
<th>No</th>
<th>Rationale for Assessment / Existing Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Category</td>
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<td></td>
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</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-----</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex (male, female, transgender / gender reassignment)</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Race / Ethnic communities / groups</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability - Learning disability, physical disability, sensory impairment and mental health problems</td>
<td>✓</td>
<td></td>
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</tr>
<tr>
<td>Religion / other beliefs</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marriage and civil partnership</td>
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</tr>
<tr>
<td>Pregnancy and maternity</td>
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</tr>
<tr>
<td>Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian</td>
<td>✓</td>
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</table>

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:
- You have ticked “Yes” in any column above and
- No consultation or evidence of there being consultation - this excludes any policies which have been identified as not requiring consultation. or
- Major service redesign or development

8. Please indicate if a full equality analysis is recommended.  Yes  No

9. If you are not recommending a Full Impact assessment please explain why – minor changes in policy only.

Full statement of commitment to policy of equal opportunities is included in the policy

<table>
<thead>
<tr>
<th>Signature of policy developer / lead manager / director</th>
<th>Date of completion and submission</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Names and signatures of members carrying out the Screening Assessment

1. Nicki Jannaway
2. Deb Thomas

Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead, c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa, Truro, Cornwall, TR1 3HD

A summary of the results will be published on the Trust’s web site.

Signed ____________________

Date ____________________