East Kent Hospitals University NHS
NHS Foundation Trust

East Kent Hospitals University NHS Foundation Trust

Guideline for Patients Who Decline Blood and Blood Components

Version:	2.0
Ratified by:	Hospital Transfusion Committee
Date ratified:	06.12.2016
Name of originator/author:	Transfusion Practitioner Team
Director responsible for implementation:	Mary Tunbridge
Date issued:	Dec 2016
Review date:	Dec 2018
Target audience:	All staff Trust wide

This document is an adaptation of the publication by the Maidstone and Tunbridge Wells NHS Trust 'Guidelines on the Clinical Management of Jehovah's Witnesses' published January 2005

And

The London Regional Transfusion Committee
'Care pathways for the management of adult patients refusing blood (including Jehovah's Witness patients)' 2012

Putting patients first

Version Control Schedule

Version	Date	Author	Status	Comment
2.0	December 2016	Transfusion Practitioner Team		Review

Consultation and Ratification Schedule

Name and Title of Individual	Date Consulted
Edward Ziebart - Chair of Hospital Liaison Committee (HLC) for Jehovah's Witnesses	08.11.2016
Steven Pompeus - Trust Legal Services Manager	03.10.2016
Membership of the Hospital Transfusion Committee (HTC)	06.12.2016

Name of Committee	Date Reviewed
Hospital Liaison Committee for Jehovah's Witnesses	08.11.2016
Hospital Transfusion Committee (HTC)	06.12.2016

Contents

Section Page

1. Policy Summary

This guideline will address issues surrounding management options when patients decline the administration of blood components/products. The information is aimed at supporting East Kent Hospitals University NHS Foundation Trust (EKHUFT) staff in the delivery of a service to patients of EKHUFT, including those transfused at community hospitals, private/independent organisations or hospices served by EKHUFT.

2. Introduction

Informed, verbal consent is required prior to making any blood transfusion related decision for a patient. Patients can reserve the right to refuse blood and blood components and this should be discussed with the patient at the earliest opportunity, particularly for elective cases. The discussion and the patient's decision must be documented in the hospital notes.

3. Definitions

Blood Product – Blood components derived in Blood Transfusion Centres (red cells, platelets, plasma and cryoprecipitate) or plasma derivatives manufactured from pooled plasma donations (albumin, coagulation factors and immunoglobulins *(Handbook of Transfusion Medicine, 2013).*

Blood Component – Cellular aspect of whole blood including red cells, platelets, plasma and cryoprecipitate *(Handbook of Transfusion Medicine, 2013).*

Hospital Liaison Committee (HLC) – Groups established by the Watch Tower Society, the governing body of Jehovah's Witnesses. Available to support patients and clinicians in the use of bloodless treatments/care.

Gillick Competence/Fraser Guidelines - A term used to describe a child under 16 who is considered to be of sufficient age and understanding to be competent to receive advice without parental knowledge or consent. Used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

4. Purpose and Scope

This guideline is applicable to all staff and patients of EKHUFT. It is a guide for clinical staff when a patient has taken the decision that they do not wish to receive blood components/products. It does not cover patient capacity issues. The information should be read in conjunction with the Trust's general consent policy that details aspects of both legal and good clinical practice.

5. Duties

At the earliest opportunity, the patient must express their wishes to refuse blood component/product support. Where one exists, the patient must provide their Advanced Decision document.

It is the responsibility of the clinician to ensure that a full discussion has taken place with the patient and that the patient understands the consequences of refusal of blood component/product support. For elective procedures, it is also the responsibility of the clinician to discuss the case with medical colleagues and assess the suitability to continue. This may include referral to an alternative clinician or additional pre-operative treatment, e.g. correction of anaemia.

Where time permits, informed verbal consent must be obtained for all transfusions. Although ideally obtained by the prescribing clinician, this consent may be obtained by any healthcare professional with care responsibilities for the patient. If there is any doubt as to whether the patient is willing to accept blood components/products, this must be actioned before collection of any blood component/product.

6. Practicalities of Patient Case Management

Refer to care pathways/checklists in Appendices A-H for elective and urgent/emergency cases.

6.1 Refusal of Blood Components/Products

An Anaesthetist or Surgeon in an elective situation has the right to refuse to manage patients who have refused blood or blood components if they feel unable to comply with the patient's request. The clinician should offer to refer the patient to a suitable and agreeable colleague. In an emergency however, the clinician is obliged to provide care and must respect the patient's competently expressed wishes.

Refer to HLC representatives who can advise or assist in individual cases (Appendix K).

The table below details blood components/products that may/may not be accepted by a Jehovah's Witness patient.

Not Acceptable	Discretionary (Individual Patient Choice)	Is Acceptable
Primary components of blood: *Whole blood* *Red cells* *Platelets* *White cells* *Plasma (FFP)* This includes blood and components from pre-deposit autologous donations	Derivatives of the primary blood components: *Albumin* *Immunoglobulins* *Fibrinogen* *Haemoglobin* *Hemin* *Coagulation factors (non recombinant)* *Interferons*	Non blood derived products Crystalloids Synthethetc colloids Dextrans Hydroxyethylstarch (Hetastarch)

	Use of patients own blood: *Intraoperative cell salvage* *Post operative cell salvage* *Haemodilution* *Heart-Lung machine* *Dialysis* *Epidural blood patch* *Plasmapheresis* *Autologous platelet gel* *Diagnostic labelling/tagging*	Gelatins (haemaccel) Recombinant products (EPO, coagulation factors)
	Organ/stem cell transplantation	

6.2 Management of Elective Surgery

The patient must actively confirm their wishes at an early stage. Clinicians should decide whether they are willing to accept limitations in patient management and if not refer the patient to a co-operative clinician/Trust (*Royal College of Surgeons 2005).*

6.2.1 Preoperative Meeting

Careful advance planning is required. Structured discussion should take place between the Surgeon, Anaesthetist, Haematologist and patient at the earliest opportunity. The patient should be assured that the meeting is to formulate a plan for surgery that complies with their wishes and not to cause distress. The patient may request the presence of a local HLC representative.

The clinical team must agree (or disagree) with the patient to go forward with the surgery on the terms identified. This commitment must be documented in the hospital notes and on the consent form.

The meeting should include the following:

- The Surgeon should outline the proposed operation and possible complications that may result in bleeding. The patient is to be reminded of the risk of bleeding with any surgery. The patient's understanding must be documented in the notes.

- The Anaesthetist should outline the techniques used to avoid blood loss and to avoid transfusion of donated blood components/products. It should be determined which actions and therapeutic agents are/are not sanctioned by the patient if unconscious or otherwise unable to communicate and at risk from unexpected blood loss/haemorrhage. This must be documented on the appendix to consent form 1.

- If the patient has an Advanced Decision document, a copy must be placed in the hospital notes. This should be read to ensure it is applicable to the current circumstances. If in doubt, advice should be sought from the Trust's Legal Department (see Appendix K).

6.2.2 Pre-Operative Considerations

Pre-operative clinical assessment must include:

- History of bleeding episodes, anaemia, hypertension, evidence of chronic inflammation, infection or malignancy. These all predict a poor response to Erythropoiesis-Stimulating Agents (ESA).
- Drug history should be taken. Any medication that may affect coagulation/bleeding tendency must be reviewed.
- Consideration should be given accepting a lower haemoglobin (Hb) concentration.

6.3 Managing Life Threatening Bleeding

In an emergency, the clinician is obliged to provide care and must respect the patient's competently expressed views. Obtain a signed, witnessed Advance Decision or completed Trust declaration form for withholding consent for transfusion and place a copy of this in the medical records.

6.3.2 Unconscious Adult

Any documented evidence, e.g. an Advance Decision, stating that the patient will not accept donated blood components/products even in the event of life threatening bleeding should be obtained.

If no Advance Decision is available, the doctor must act in the best interests of the patient, which may involve giving blood. Relatives have no legal right to refuse or consent for treatment on a patient's behalf. Where time permits, full discussions should be entered into with the relatives to explain the situation.

A clear and signed entry of the steps taken and the thought processes involved must be documented in the patients notes.

6.4 Obstetric Management

Removal of blood component/product support from the management of maternal haemorrhage without modification of practice has the potential of placing women at increased risk.

Refer to the EKHUFT policy 'Management of Women Who Decline Blood Products' and The Royal College of Obstetricians and Gynaecologists Green-Top Guideline 47, 'Blood Transfusion in Obstetrics'.

6.5 Additional Legal Considerations

6.5.1 Adults

A competent adult has an absolute right to refuse any aspect of medical treatment. If the patient is treated against their will then Tort of Battery is committed. A written, signed declaration of refusal of blood components/products is legally binding and cannot be revoked by the court or a relative even if massive blood loss occurs whilst the patient is anaesthetised.

6.5.2 Children

Doctors may face criminal prosecution if a child has come to harm as a result of necessary treatment being withheld. Doctors can give life saving transfusions to a child despite parental refusal. (Refer to Appendix I and J.)

Where time permits, advice should be sought from EKHUFT Legal Services and Safeguarding Team.

If clinicians believe that surgery is unlikely to require blood components/products support, the operation may proceed with parents invited to sign the appropriate consent form signifying objection to transfusion. Either parent may sign a consent form permitting a transfusion. Full discussion should take place between the Surgeon, Anaesthetist, parents and child if the child is considered Fraser competent

Babies and Young Children: Those with parental responsibility are legally empowered to refuse treatment. Where there is a conflict between parental and clinical opinion, regarding what is in the best interests of the child, the matter should be referred to the court. However, in the first instance advice should be sought from the Trust's Legal Department and Safeguarding Team.

Gillick competent children (Fraser Guidelines) i.e. aged between16 -18, have a statutory right to consent to treatment on their own behalf. Where a child of any age has sufficient understanding and intelligence to make their own decision about treatment, their consent is valid and cannot be over-ruled by parental objection. However if a child deemed to be Gillick competent refuses blood transfusion, the matter can be referred to the court. Advice should be sought from the Trust's Legal Department and Safeguarding Team

In an emergency medical and nursing staff are not legally required to obtain consent before providing life saving treatment to a child against the wishes of their parents. If time permits, the following should be considered:

- Two doctors of Consultant status should make an unambiguous, clear and signed entry in the medical records that blood transfusion is essential or likely to become so to save life or prevent serious permanent harm *(Management of Anaesthesia for Jehovah's Witnesses, 2005)*

- Every attempt should be made for Trust solicitors to apply for an order from the High Court. Parents should be kept fully informed so they may be properly represented at the consequent hearing.

6.5.4 Patients with a mental health disorder

Such patients are still capable of making competent decisions. They should be able to demonstrate they understand in broad terms what the medical treatment is and for what purpose. They should be able to understand the principal benefits, risks and alternatives. They should be able to understand the implications of refusing treatment, make a free choice without pressure, retain the information and make an effective decision. In cases of uncertainty, contact the Legal Services Department.

7. Key Stakeholders, Consultation, Approval and Ratification Process

All clinical services where any aspect of blood transfusion practice is or may be a part of the patient care pathway. This includes Phlebotomy, department of Laboratory Medicine, nursing, midwifery, medical, governance and patient groups. The policy is approved and ratified by the Hospital Transfusion Committee (HTC).

8. Review and Revision Arrangements

All users of EKHUFT blood transfusion services will be consulted via the EKHUFT HTC prior to the review date. The items for review will be collated by the Transfusion Practitioner Team and the reviewed document presented to the HTC for their ratification prior to issue.

9. Dissemination and Implementation

This policy will be available on the intranet.

10. Document Control including Archiving Arrangements

This policy is stored on the intranet. Upon review, superseded versions will be archived.

11. Monitoring Compliance

Compliance will be monitored on a case by case basis and reported to the HTC.

12. References

Anaesthetic Management of Jehovah's Witnesses. C Timberlake, I Winkler. Anaesthesia Review 15:153-167

Code of Practice for the Surgical Management of Jehovah's Witnesses. The Royal College of Surgeons of England (2005) Vol 87, January

13. Associated Documentation

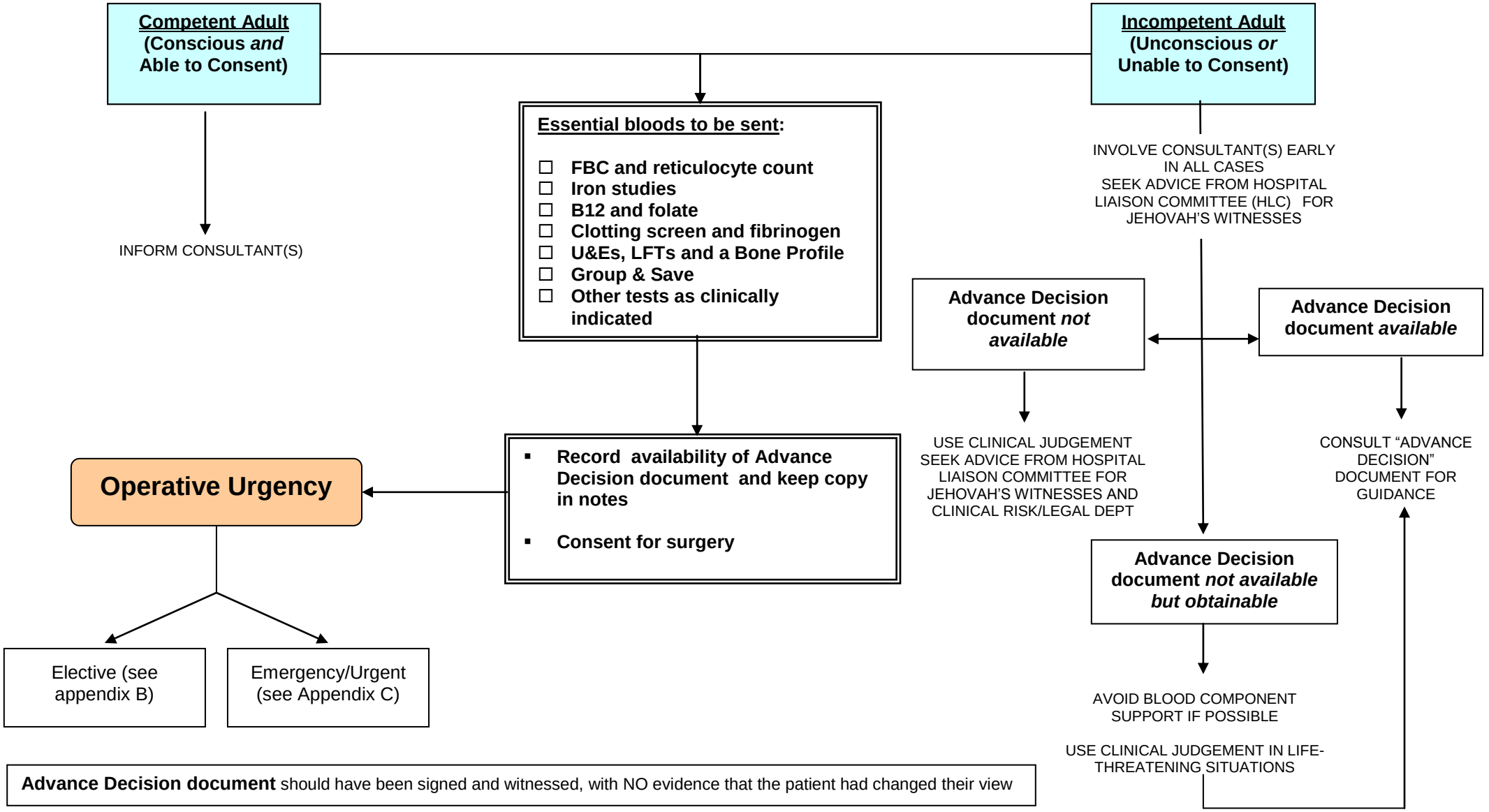
Directorate of Women's Health, **'**Guidelines for Clinical Practice**,** The Management of Women Who Decline Blood Products'.

EKHUFT policy 'Patient Information and Consent to Examination or Treatment'.

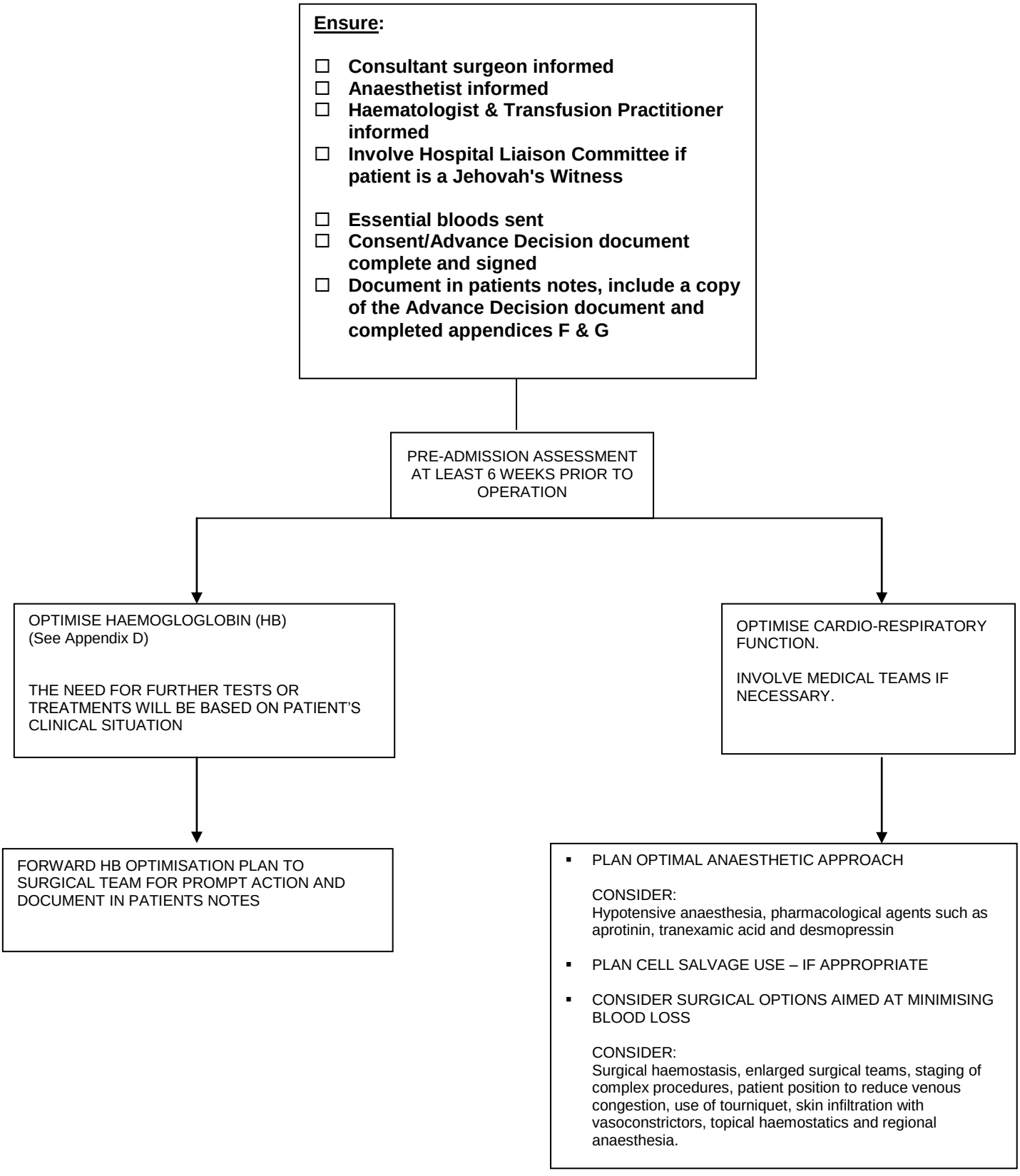
Refer to the appropriate EKHUFT policy on the intranet when considering patient medication review, e.g., anti-coagulation drugs.

14. Appendices

Appendix A - Care Pathway for *Adult* surgical patients refusing blood/blood component support (Including Jehovah's Witnesses)



Appendix B - Care Pathway for *Adult* patients refusing blood/blood component support (including Jehovah's Witnesses) and requiring **elective** surgery



Appendix C - Care Pathway for *Adult* patients refusing blood/blood component support (including Jehovah's Witnesses) and requiring **emergency or urgent** surgery

Ensure:

- ☐ **Consultant Surgeon involved**
- ☐ **Anaesthetist involved**
- ☐ **Haematologist & Transfusion Practitioner involved**
- ☐ **Involve Hospital Liaison Committee if patient is a Jehovah's Witness**

- ☐ **Essential bloods sent**
- ☐ **Advance Decision document complete and signed (where available)**
- ☐ **Document in patients notes, including a copy of the Advance Decision document (where one is available. Note if not available/obtainable)**

PRE-OP HAEMOGLOBIN OPTIMISATION MAY NOT BE FEASIBLE

EMPHASIS ON BLOOD CONSERVATION METHODS

AVOID UNNECESSARY LARGE VOLUME BLOOD SAMPLES

USE PAEDIATRIC TUBES FOR BLOOD TESTS

Discuss all cases with on-call Haematology Registrar or Consultant Haematologist

- PLAN OPTIMAL ANAESTHETIC APPROACH

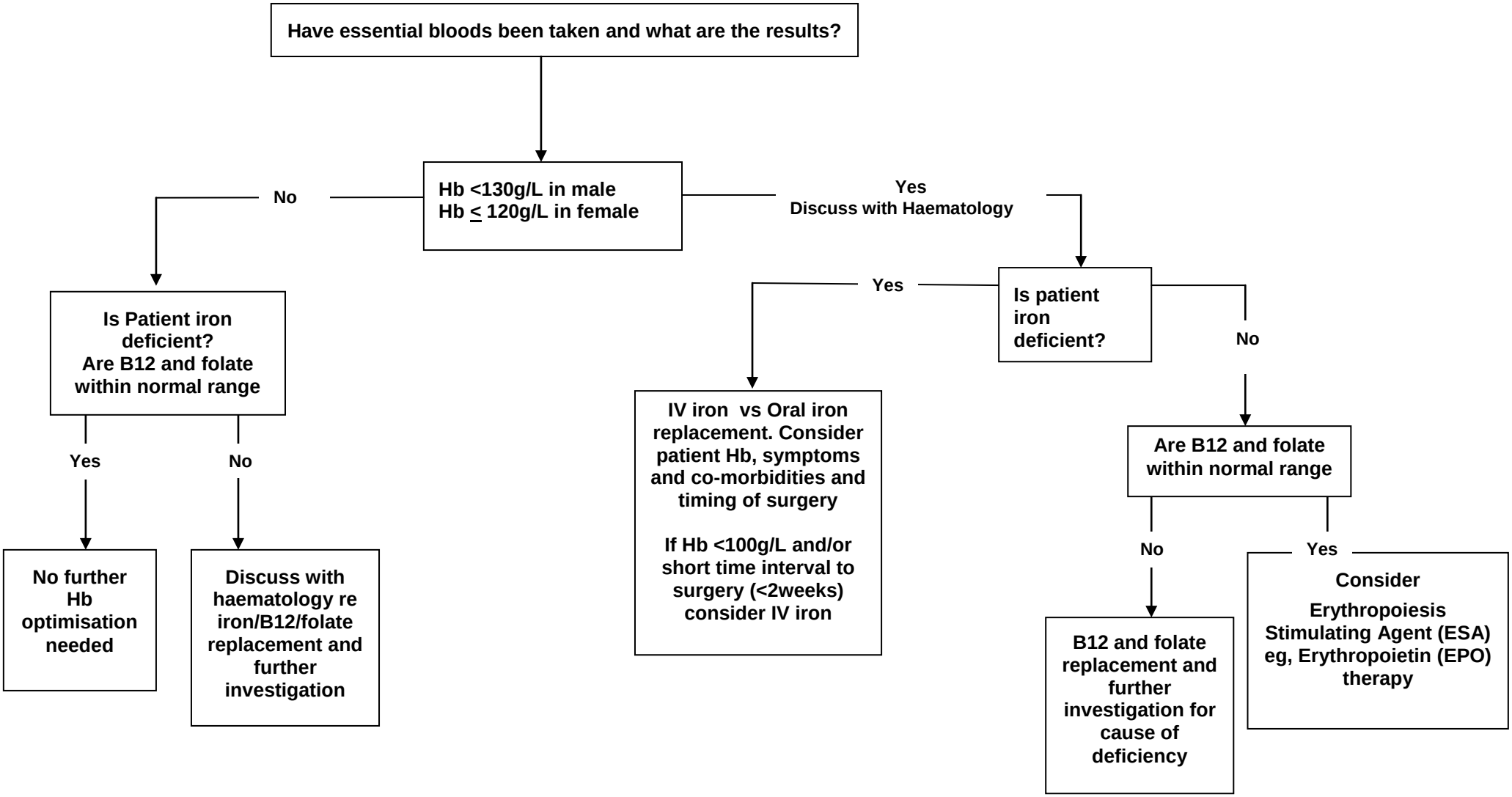
  CONSIDER:
  Hypotensive anaesthesia, pharmacological agents such as aprotinin, tranexamic acid and desmopressin

- PLAN CELL SALVAGE USE – IF APPROPRIATE/POSSIBLE

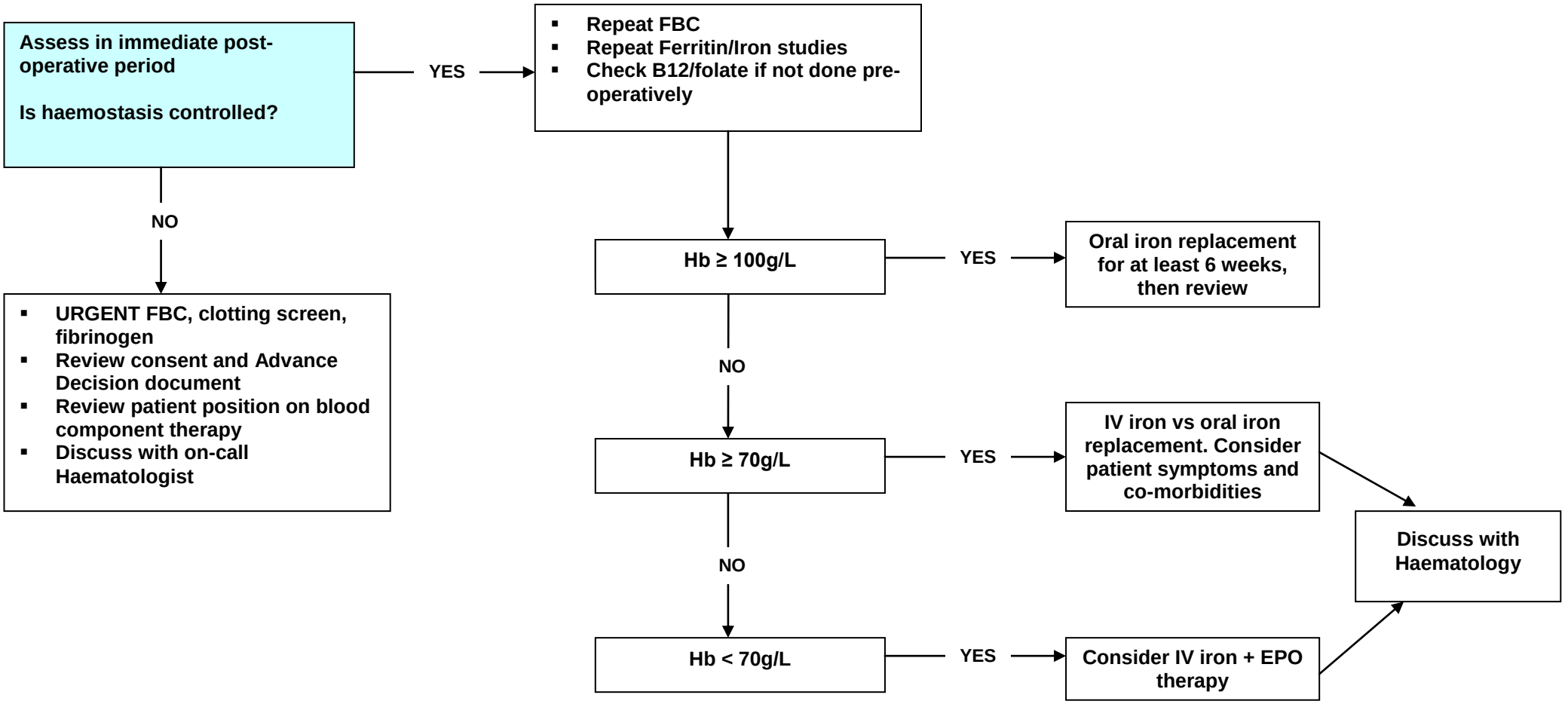
- CONSIDER SURGICAL OPTIONS AIMED AT MINIMISING BLOOD LOSS

  CONSIDER:
  Surgical haemostasis, enlarged surgical teams, staging of complex procedures, patient position to reduce venous congestion, use of tourniquet, skin infiltration with vasoconstrictors, topical haemostatics and regional anaesthesia.

Appendix D - Care Pathway for pre-operative optimisation of Haemoglobin of *Adult* patients refusing blood



Appendix E Care Pathway for **post-operative** management of *Adult* patients refusing blood



Appendix F - Checklist for surgical patients refusing blood/blood component support (including Jehovah's Witnesses)

	I accept				I accept		
	YES	NO	Not Discussed		YES	NO	Not Discussed
Red Blood Cells				Intra-op Cell Salvage			
Platelets				Post-op Cell Salvage			
Fresh Frozen Plasma				Fibrin glues and sealants (human)			
Cryoprecipitate				Fibrin glues and sealants (non-human)			
Albumin				Other treatment (Specify):			
Recombinant clotting factors (rVIIa)				Other treatment (Specify):			
Prothrombin Complex Concentrate (PCC)							

If required to save my life:	
Red Cells:	YES / NO
Platelets:	YES / NO
Fresh Frozen Plasma (FFP):	YES / NO
Cryoprecipitate:	YES / NO

The checklist must be completed IN FULL by the treating surgical team. Items not discussed on the first visit may be re-initialled by patient/witness after appropriate discussion.

- I, the named patient
  - Understand and am in agreement with all the information above.
  - Confirm understanding that this document will remain in force and binding to all those involved in care until it is personally revoked either verbally or in writing.
  - Am signing the relevant document of my own free will.

I accordingly absolve the health professionals involved in my care, the hospital and every member of the medical staff concerned from all responsibility and from any liability to me, or to my estate, or to my dependents, in any way arising out of or connected with this, my refusal to consent to blood-related treatment as detailed in this appendix.

Patient Signature …… Print Name ……....

Medical Practitioner Signature……..... Print Name ……..

Date ……..

Appendix G - Preliminary Plan for surgical patients refusing blood/blood component transfusions (including Jehovah's Witnesses)

Surname:	_____
First name:	_____
ID Number:	_____
DOB:	_____

Consultant:	_____
Department:	_____
Outpatient	☐
Inpatient	☐
Location	

Hb		**Ferritin**	
WCC		**B12**	
Platelets		**Serum Folate**	
APTT		**Retics**	
PT			
INR			
Fibrinogen			

A. Does NOT require pre-operative optimisation. ☐

B. Requires pre-operative optimisation. ☐

<u>Details</u>:

C. Requires interview to discuss component therapy. ☐

D. Pre-operative optimisation NOT feasible. ☐

Appointments made for Surgical appointment? Yes / No

Location: Date:

Appointment made for Anaesthetic review? Yes / No

Location: Date:

Advance Decision to Refuse Specified Medical Treatment

1. I, _____ (print or type full name), born _____ (date) complete this document to set forth my treatment instructions in case of my incapacity. **The refusal of specified treatment(s) contained herein continues to apply to that/those treatment(s) even if those medically responsible for my welfare and/or any other persons believe that my life is at risk.**
2. I am one of Jehovah's Witnesses with firm religious convictions. With full realization of the implications of this position I direct that **NO TRANSFUSIONS OF BLOOD or primary blood components (red cells, white cells, plasma or platelets)** be administered to me in any circumstances. I also refuse to predonate my blood for later infusion.
3. No Lasting Power of Attorney nor any other document that may be in force should be taken as giving authority to disregard or override my instructions set forth herein. Family members, relatives, or friends may disagree with me, but any such disagreement does not diminish the strength or substance of my refusal of blood or other instructions.
4. Regarding end-of-life matters: [initial one of the two choices]

   (a) _____ I do not want my life to be prolonged if, to a reasonable degree of medical certainty, my situation is hopeless.

   (b) _____ I want my life to be prolonged as long as possible within the limits of generally accepted medical standards, even if this means that I might be kept alive on machines for years.
5. **Regarding other healthcare and welfare instructions** (such as current medications, allergies, medical problems or any other comments about my healthcare wishes):

_____

_____

_____

_____

_____

_____

_____

_____

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6. I consent to my relevant medical records and the details of my condition being shared with the Emergency Contact below and/or with member(s) of the Hospital Liaison Committee for Jehovah's Witnesses.

7. _____ _ _ _ – – – – – – – – _____
Signature NHS No. Date

_____
Address

8. **STATEMENT OF WITNESSES:** The person who signed this document did so in my presence. He or she appears to be of sound mind and free from duress, fraud, or undue influence. I am 18 years of age or older.

_____ _____
Signature of witness Signature of witness

_____ _____
Name Occupation Name Occupation

_____ _____
Address Address

_____ _____

_____ _____
Telephone Mobile Telephone Mobile

---

9. **EMERGENCY CONTACT:**

_____
Name

_____
Address

_____

_____
Telephone Mobile

10. **GENERAL PRACTITIONER CONTACT DETAILS:** A copy of this document is lodged with the Registered General Medical Practitioner whose details appear below.

_____
Name

_____
Address

_____

_____
Telephone Number(s)

NO BLOOD

(signed document inside)

Advance Decision to Refuse
Specified Medical Treatment

Advance Decision to Refuse Specified Medical Treatment

(signed document inside)

NO BLOOD

Appendix I - Simplified procedure for application to courts for a ‘specific issue order’

1. Child and parents refuse consent to treatment. Doctors believe treatment must be given, in the best interests of the child. This would not be an emergency situation – if it is, the doctor should act in the best interest of the child, having taken a second opinion, and record his actions carefully in the medical notes.

2. Doctors seek advice from their Trust Legal Department who in turn seek solicitors’ advice. Parents should be kept informed and invited to case conferences.

3. If solicitors advise proceeding, they will involve the Official Solicitor, a Government- appointed solicitor, whose function is to represent the interests of minors or others who are ‘incompetent’. The Official Solicitor or a member of his staff will probably wish to see the parents and the child, to discuss the situation. The Official Solicitor may then instruct solicitors to act on his and the child’s behalf.

4. The Trust applies to the High Court for an order giving consent to the proposed treatment. The terms of the proposed order should be discussed in advance with the Official Solicitor.

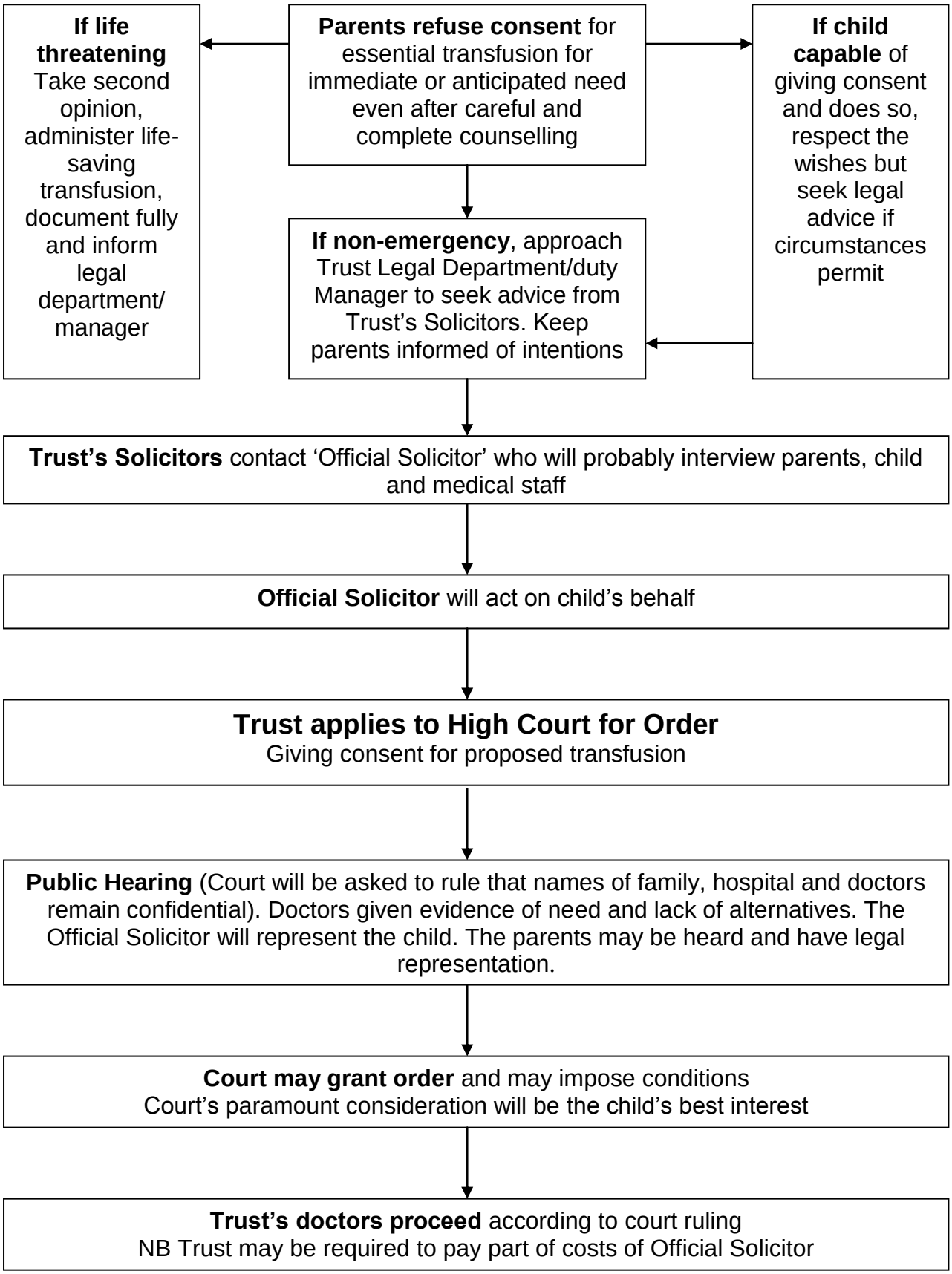
5. A hearing, which is generally heard in the chambers but can be held in public with the names of the family, the hospital and the doctors directly involved kept confidential, permits the doctor(s) recommending treatment to give evidence, based on a previously prepared affidavit. The court will wish the doctor to state the reasons for the recommended treatment, together with other options considered and the reasons for discarding those options. Independent expert advice may also be required. The Official Solicitor will probably call his own experts to give evidence. The parents may wish to have separate legal representation.

6. The court may grant the order and may impose further conditions. The court’s paramount consideration will be the welfare of the child.

7. The Trust and the doctors then consider how best to proceed in accordance with the court’s ruling.

8. The Trust may be required to pay a proportion of the legal costs of the Official Solicitor, as well as its own

Appendix J - Procedures for cases involving children



Appendix K – Useful Contacts

Hospital Liaison Committee (HLC) for Jehovah's Witnesses (EKHUFT Members)

QEQM - Edward Ziebart (Chair)	01843 843920 07926 084351	edward.ziebart@hlcme.org.uk
K&C - Graham Cowin	01227 728294 07778 062168	graham.cowin@hlcme.org.uk
WHH - Sam Britton	01304 206213 07931 633356	sam.britton@hlcme.org.uk

Hospital Information Services for Jehovah's Witnesses (Britain)
Watch Tower
The Ridgeway
London
NW7 1RN
Tel: (020) 890 62211 (24 hours)
Email: hid.gb@jw.org

EKHUFT Contacts

Legal Services	Direct line: 01227 864388	Extension: 722-4388
Legal Services Manager stevepompeus@nhs.net	Direct line: 01227864386	Extension: 722-4386/4392
Legal Services Manager fionao'neill@nhs.net	Direct line: 01227864391	Extension: 722-4391
Transfusion Practitioner K&C		Extension 722-8759
Transfusion Practitioner QEQM		Extension 725-5118
Transfusion Practitioner WHH		Extension 723-6713

Appendix L - Equality and Human Rights Analysis (EHRA)

This Equality Analysis should be attached to any policy, strategy or business case for decision.	
Name of the policy, strategy or business case:	Guidelines for Patients who Decline Blood Components
Details of person completing the Analysis	
Name	Angela Green
Job Title	Blood Transfusion Coordinator and Quality Lead
Division/Directorate	CSSD/Blood Transfusion Laboratory
Telephone Number	723-6718
What are the main aims, purpose and outcomes of the policy, strategy or business case?	The aim of this policy is to ensure that patients of EKHUFT are treated appropriately, safely and consistently when they make an informed decision to decline the use of donated blood components/products. The policy will offer guidance to staff ensuring they know the correct procedure to follow and where to seek advice.
Does it relate to our role as a service provider and/or an employer?	Yes – Service Provider
Information and research: • Outline the information and research that has informed the decision. • Include sources and key findings. Include information on how the decision will affect people with different protected characteristics.	N/A
Consultation: • Has there been specific consultation on this decision? • What were the results of the consultation? • Did the consultation analysis reveal any difference in views across the protected characteristics? Can any conclusions be drawn from the analysis on how the decision will affect people with different protected characteristics?	N/A

Is the policy, strategy or business case relevant to the aims of the equality duty? Guidance on the aims can be found in the EHRC's PSED Technical Guidance.	
Aim	**No**
Eliminate discrimination, harassment and victimisation	**N/A**
Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it	**N/A**
Foster good relations between persons who share a relevant protected characteristic and persons who do not share it	**N/A**

Assess the relevance of the decision to people with different protected characteristics and assess the impact of the decision on people with different protected characteristics. When assessing relevance and impact, make it clear who the assessment applies to within the protected characteristic category. For example, a decision may have high relevance for young people but low relevance for older people; it may have a positive impact on women but a neutral impact on men.		
Protected characteristic	**Relevance to decision** High/Medium/Low/None	**Impact of decision** Positive/Neutral/Negative
Age	**None**	**None**
Disability	**None**	**None**
Gender reassignment	**None**	**None**
Marriage and civil partnership	**None**	**None**
Pregnancy and maternity	**None**	**None**
Race	**None**	**None**
Religion or belief	**None**	**None**
Sex	**None**	**None**
Sexual orientation	**None**	**None**
Mitigating negative impact: Where any negative impact has been identified, outline the measures taken to mitigate against it.	N/A	
Conclusion: • Consider how due regard has been had to the equality duty, from start to finish. • There should be no unlawful discrimination arising from the decision (see PSED Technical Guidance). Advise on the overall equality implications that should be taken into account in the final	N/A	

decision, considering relevance and impact.	
Signature of person completing the Analysis	
Name	Angela Green
Signed	Click here to enter text.
Date	Click here to enter text.
Approval and sign-off Head of Department/Director	
Name	Click here to enter text.
Signed	Click here to enter text.
Date	Click here to enter text.
Chair of decision making Board/Group/Committee approval and sign-off	
Name	Click here to enter text.
Signed	Click here to enter text.
Date	Click here to enter text.

Appendix M – Author's Checklist of compliance with the

To be completed and attached to any policy when submitted to the appropriate committee for consideration and approval.

	Requirement:	Compliant Yes/No/ Unsure	Comments
1.	**Style and format**	Yes	
2.	**An explanation of any terms used in documents developed**	Yes	
3.	**Consultation process**	Yes	
4.	**Ratification process**	Yes	
5.	**Review arrangements**	Yes	
6.	**Control of documents, including archiving arrangements**	Yes	
7.	**Associated documents**	Yes	
8.	**Supporting references**	Yes	
9.	**Relevant NHSLA criterion specific requirements**		
10.	**Any other requirements of external bodies**	N/A	
11.	**The process for monitoring compliance with NHSLA and any other external and/or internal requirements**		

Appendix N – Plan for Dissemination of Policy

To be completed and attached to any policy when submitted to the appropriate committee for consideration and approval.

Acknowledgement: University Hospitals of Leicester NHS Trust (Amended)

Title of document:	Guideline for Patients Who Decline Blood Components		
Version Number:	2.0		
Approval Date:	06.12.2016	**Dissemination lead:**	Angela Green
Previous document already being used?	Guidelines on the Clinical Management of Jehovah's Witnesses		
If yes, in what format (paper / electronic) and where (e.g. Directorate / Trust wide)?	Electronic (SharePoint)		
Proposed instructions regarding previous document:	Archived and removed from SharePoint		

To be disseminated to:	**How will it be disseminated, who will do it and when?**	**Format (i.e. paper or electronic)**	**Comments:**
Members of the Hospital Transfusion Committee	Email Transfusion Committee Secretary	Electronically	

Author's Dissemination Record - to be used once Document is approved – to be kept with the master document

Date document forwarded to be put on the Trust's central register / in Sharepoint:		**Date document put on Directorate register (if appropriate) / on Directorate webpage (if applicable)**	

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