# Patient Blood Management Policy

## 1. Purpose

This policy provides for a consistent, organisation-wide approach to patient blood Management (PBM) in all WA Country Health Service (WACHS) facilities. It supports WACHS services to comply with WA and Commonwealth regulatory responsibilities related to blood management and provide safe and reliable blood management practice to patients across country WA.

## 2. Policy

This policy is applicable to all WACHS staff involved in prescribing, ordering, processing, storing, handling or administering blood and blood products.

WACHS endorses the use of the iTransfuse App developed by Australian Red Cross Lifeblood. The iTransfuse app promotes safe, appropriate and evidence-based transfusion by providing point-of-care access to transfusion education tools and resources. It can be downloaded for free from the App Store or Google Play.

### 2.1 Indications for transfusion

The decision to transfuse should be weighed carefully, taking into consideration the full range of available therapies and balancing the evidence for efficacy and improved clinical outcome against the potential risks. Transfusion should not be a default decision. It should not be dictated by a Hb concentration alone but should also be based on assessment of the patient's clinical status.

**Red blood cells**

| **Haemoglobin** | **Action** |
|---|---|
| Hb > 90 g/L | Transfusion is likely to be unnecessary and inappropriate unless the patient is actively bleeding. |
| Hb 70–90 g/L | Transfusion may not be required in well compensated patients.<br>**Medical patients**<br>Transfuse to relieve signs and symptoms of anaemia. Consider **ONE UNIT** RBC transfusion and reassess before requesting a second unit.<br>**Surgical patients**<br>Post-operative patients with acute myocardial infarction or cerebrovascular ischaemia: transfuse **ONE UNIT** RBC and reassess before requesting a second unit. |
| Hb < 70 g/L | Transfusion may not be required in well compensated patients.<br>RBC transfusion maybe appropriate to relieve clinical signs and symptoms of anaemia after excluding other causes of clinical presentation. Consider **ONE UNIT** RBC transfusion and reassess before requesting a second unit. |

Refer to the following implementation resources for further information:
- Prescribing red cells resource (external site)
- Red blood cell transfusion poster (external site)

**Other blood components**
Blood component therapy should be guided by patient clinical condition. For information on indications, contraindications, and dosage please refer to the following resources accessible via the Australian Red Cross Lifeblood® – Use of blood components website:
- Use of platelets
- Use of Group O RhD negative red cells
- Use of fresh frozen plasma
- Use of cryodepleted plasma
- Use of cryoprecipitate
- Blood Component Information: An Extension of Blood Component Labels.

**Fractionated plasma and recombinant products**
For information on indications, contraindications, and dosage please refer to the following resources accessible via the Australian Red Cross Lifeblood® - Fractionated plasma products website and Non-Fresh Blood Products Intravenous Administration Procedure:
- Albumin
- Factor concentrates (including Biostate®, Prothrombinex-VF®, Beriplex P/N® and Beriplex AU®)
- Immunoglobulins (including RhD Immunoglobulin-VF) including Intravenous immunoglobulin (IVIg).

## 2.2 Informed consent

If the need for a blood transfusion is anticipated, explicit consent must be sought after providing relevant information to the patient unless an exception applies for treatment in an emergency. The consent process must be compliant with the requirements of the WACHS Consent to Treatment Policy.

The informed consent discussion must be documented on the MR30G Consent to Blood Products. The critical information that must be included in the informed consent discussion includes:
- Reason for the proposed blood product transfusion
- Risks and benefits of receiving and refusing the proposed blood product
- Availability and appropriateness of any other blood management strategies
- An opportunity for the patient and / or their carer to ask questions.

The patient should receive the tear-off brochure from the MR30G WACHS Consent to Blood Products document or a copy of the WA Health Blood Transfusion Consent Information (for languages other than English refer to the Australian Red Cross Lifeblood®: Receiving a Transfusion patient information website).

The MR30A Patient Consent to Treatment or Investigation - Adult or Mature Minor form considers the use of blood products if required in the patient declaration, however if a blood transfusion is anticipated then the MR30G Consent to Blood Products should be completed as well.

**Language and cultural considerations**
The following should be taken into consideration:

- Staff should consider using interpreters and other communication strategies, as necessary – refer to the WA Health Language Services – Decision making tree for engaging an interpreter and the WA Health Language Services Policy - Language Services Guidelines for further information.
- Consider the use of the Australian Red Cross Lifeblood® - Resources: General guide to blood transfusion (translated materials) for selected language groups and the use of the use of the Yarning about Blood resource for Aboriginal peoples.

**Emergency treatment for patient aged <18 years**
In an emergency where a parent and / or guardian either refuses to authorise a blood transfusion or cannot be found within a reasonable timeframe to provide consent then treatment may be provided if the following conditions are met:

- Two medical practitioners must agree on:
  - the condition from which the young person is suffering from
  - that the blood transfusion is a reasonable and proper treatment for that condition
  - that without a blood transfusion the young person is likely to die.
- The medical practitioner who performs the blood transfusion on the young person has had previous experience in performing blood transfusions and has assured themselves that the blood transfusion is suitable for the patient prior to commencing the transfusion.

For further information refer to s.21 of the *Human Tissue and Transplant Act 1982* (WA).

**Refusal of consent for blood products**
People may decline blood products for a variety of reasons including as part of end-of-life management plans or as a faith-based decision. Refusal of consent for blood products, whether for religious or personal reasons must be documented in the patient's healthcare record in the Integrated Progress Notes and on the MR30H Refusal of Blood Products.

Clinical teams should discuss with the patient if there is an Advance Health Directive available outlining the refusal of consent to the use of blood and/or blood products. As part of the shared decision-making process for care planning the treating medical officer should discuss the availability of non-blood derived medical alternatives and determine an agreed treatment plan with the patient and a Haematologist.

For access to advice for clinicians treating Jehovah's Witnesses a local volunteer representative of the Jehovah's Witness Hospital Liaison Committee Network can be contacted during AEST business hours:

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| Gerry Fitzpatrick | 0408 955 822 |
| Jeremy McLuckie | 0403 279 042 |

**Validity of consent**
The transfusion of blood and blood products can involve more than one course. It must be clearly documented in the patient's healthcare record or on a MR30G WACHS Consent to Blood Products for the duration of consent. This may be up to 12 months if the patient does not withdraw consent or there is not a change in the patient's condition.

## 2.3 Blood product prescribing

Blood and blood products listed on the National Product List (National Blood Authority Australia) are the only blood and blood products authorised to be prescribed and administered to patients requiring treatment at a WACHS site.

Blood and blood products are to be prescribed on the MR175A WACHS Intravenous Blood Transfusion and Blood Product Treatment Order Chart by a Medical Officer or a Nurse Practitioner who's approved scope of practice authorises them to prescribe blood.

The prescription must be legible and contain:

- Patient identification details (including core identifiers: patient full name, date of birth, and unique medical record number (UMRN)
- Date, timing, and urgency of the transfusion
- Appropriate and consistent terminology for the blood product to be administered
- Special blood product requirements (e.g. irradiated)
- Route of administration
- Number of units or dose of blood product to be given using appropriate units of measure. Blood component volumes should be stated in millilitres for neonatal patients and children less than 20 kg
- Duration over which the blood product is to be administered
- Special instructions (e.g. use of a blood warmer, or any medication required before or after the transfusion) where applicable
- Legibly written name and signature of the prescriber and a contact telephone number.
- Intravenous Immunoglobulin (IVIg) should be prescribed as a total dose, prescribing by individual vial's causes delays with risk of error especially in patients where multiple days of treatment is required.

**Communicating for safety**

The following should be considered:

- The prescription must be available to check at the patient's bedside when the transfusion is administered and must form part of the pretransfusion verification checks (see below).
- Blood Component Administration Checklist
- Blood Product Administration Checklist
- Checking the patient and pack before transfusion
- Prescriptions for plasma-derived blood products and recombinant products should include the brand name. The need for recombinant products should be clearly defined on the prescription.

**Telephone and verbal orders**

A nurse or midwife may receive a blood product order from an authorised prescriber for an inpatient or a non-admitted patient verbally, by telephone or other electronic means.

The nurse or midwife who receives a verbal order must:

- Confirm and record the identity of the prescriber
- Confirm the identity of the patient with the prescriber using three core patient identifiers
- Record the order in writing on the MR175A WACHS Intravenous Blood Transfusion and Blood Product Treatment Order Chart and repeat the blood product order back to the prescriber

- Use a second checker (nurse or midwife) to confirm the order with the prescriber
- Ensure that both staff record and sign the verbal order on the medication chart.

Verbal orders are only valid for 24 hours and blood product should only be administered if there is a medical officer available on the premises.

## 2.4 Requesting blood products and pre-transfusion sample collection

Clinical staff involved in pre-transfusion sample collection:

- Must provide the required information and correctly complete the approved Request Form for sample collection and blood ordering.
- Must adhere to the collection and labelling requirements outlined in Tool 1: Pre-Transfusion Testing and Sample Collection Procedure
- Are strongly recommended that they complete the Collecting Blood Specimens Course (by BloodSafe eLearning Australia) – accessed via the MyLearning platform.

## 2.5 Storage, collection and transport of blood products

**Storage**

The Australian Standard AS3864.2 Medical refrigeration equipment - For the storage of blood and blood products specifies that:

- Red blood cells must only be stored in temperature-controlled, dedicated blood refrigerators, and not in ward or domestic refrigerators.
- All other blood components and products must also be stored according to their specific requirements and, as with red cells, must never be stored in ward or domestic refrigerators.
- Temperature-controlled storage refrigerators must have an uninterruptable power supply. Also, they should be appropriately sited to allow the required ventilation, rapid access by designated staff and protection from access by the general public.

For sites with no laboratory, refer to the WACHS Red Blood Cell Management for Sites with No Laboratory Procedure.

For further details with regards to the monitoring of dedicated blood refrigerators refer to the following guidance:

- Blood Product Refrigerator and Freezer Temperature Monitoring and Maintenance Policy (TMP525)
- Blood Product Storage Equipment Failure Policy (TMP531)
- Blood Product Refrigerator Temperature Monitoring and Maintenance Chart
- Hospital Blood Refrigerator Thermograph Chart
- Hospital Red Cell Record.

**Collection and transport**

Please refer to the following resources for practice guidance:

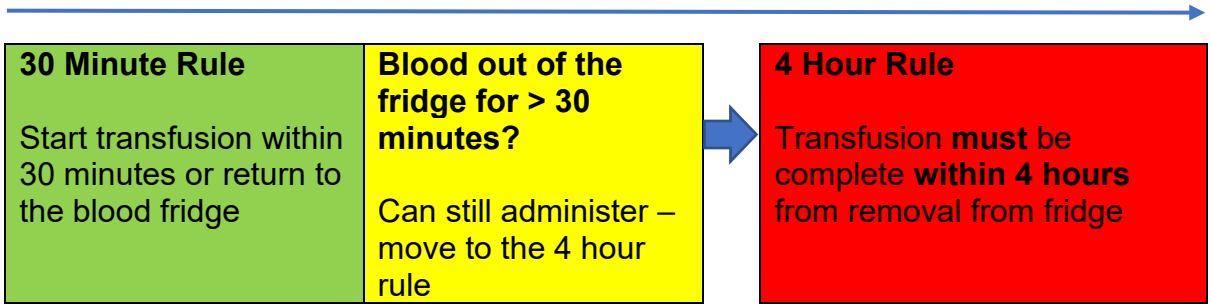
- Tool 2: Removing Blood from the Blood Fridge
- Packing a Blood Shipper Declaration (PABS EL1) eLearning.

Staff involved in the collection and transport of blood products:

- Should ensure both the patient and the clinician are adequately prepared to start the transfusion process without delay.

- Where a patient is haemodynamically stable, should only remove one unit of red blood cells at a time from a temperature-controlled storage refrigerator, both to avoid wastage and reduce risk. There is an increased risk of wrong transfusion when multiple units for more than one patient are collected.
- Must document product and patient details on the Blood and Blood Products Record (PathWest).
- Must take blood product immediately to the requesting clinical area.
- Must not:
  - open cooler bags / storage devices used for transport
  - stop for food, drinks, or in public areas, or mix the blood with pharmaceutical products
  - place the blood near hot or cold surfaces; do not shake blood.

**30 Minute / 4 Hour Rule**




Blood that is out of the fridge for > 30 minutes and no longer needed for transfusion will be discarded.

## 2.6 Administration of blood products

Refer to the Australian Red Cross Lifeblood®: Blood Component Administration Checklist for guidance on how to administer blood and blood products.

**ATTENTION**

Unidentified patients are given a temporary UMRN. All blood and blood products issues to the patient are issued against the temporary UMRN. Once the patient is identified and has an existing UMRN, all transfusion records and blood results are merged into the existing UMRN and the temporary UMRN is archived.

**Venous Access**

- Intravenous (IV) access cannula size must be large enough to maintain an adequate flow rate for the transfusion – 18-20 G or larger is recommended for non-emergency transfusions in adults.
- In critical bleeding scenarios, larger diameter IV access may be required to achieve adequate flow rates to resuscitate the patient. Additional IV access points may be required for administration of concurrent blood products.
- Most central venous access devices (i.e. PICC / CVC) have an adequate diameter to allow suitable flow; they may be used with an approved volumetric infusion device.

**Blood administration sets**

- Blood components must be transfused using an administration set with a filter pore size 170-200 micron.
- Platelets must be transfused through a new blood administration set unless administered in the setting of a major/rapid transfusion when platelets and plasma may need to be given through the same administration set.
- Platelets must not be transfused through a blood administration set which has been used for red cells as red cell debris may trap infused platelets that may not be ABO compatible.
- Red cells may follow platelets through the same giving set but not precede platelets.
- Blood and other solutions can be infused through the separate lumens of multi-lumen CVCs because rapid dilution occurs in the bloodstream. Where possible, one lumen should be reserved for the administration of blood components.
- Albumin and IV immunoglobulin formulations that do not require reconstitution may be administered via either a standard administration set without a filter, or a blood administration set – refer to individual product information for other plasma-derived blood products.

**Priming and connecting**

- Blood product should be mixed thoroughly by gentle inversion before use.
- The blood administration set may be primed with 0.9% sodium chloride or the blood product.
- Blood administration sets must be connected to directly to a dedicated IV cannula.
- Attachment to extension tubing (minimum flow 18G) on an IV cannula is acceptable.

**Flushing blood administration set**

- At completion of the transfusion episode, the blood administration set may be flushed with the minimum volume of 0.9% sodium chloride to ensure the patient receives the entire blood product and to maintain IV access if the next red cell unit is not readily available.
- For fluids compatible with plasma-derived and recombinant products refer to the individual product information.

**Changing blood administration sets and disposal**

- The blood component administration set must be changed when the transfusion is completed or every eight (8) hours if the transfusion episode is not completed.
- The blood component administration set must be changed after transfusing two units of red cells, during a critical bleed / MHP this may be exceeded provided the flow rate remains adequate.
- If transfusion is uneventful at completion, then dispose of container in clinical waste bin.

**Infusion methods / devices**

- **Gravity flow IV blood administration sets** are the preferred method for blood and blood product administration unless otherwise noted in product specific guidelines.
- **Volumetric infusion pumps** may be used for administration of blood components. If the use of volumetric infusion pump is required from clinical assessment and / or clinical judgement of the patient (e.g. free flow gravity is unreliable or where controlled rates are required) or local ward preference; the following criteria must be met:
    - Blood components which can be transfused via a pump include red cells, platelets, fresh frozen plasma, and cryoprecipitate.

  - Confirmation that the pump is validated by the manufacturer for blood component administration.
  - A blood administration set incorporating a 170-200 micron filter is used.
  - The checking procedure before spiking and hanging the blood must include a check of the device and device settings, as well as the blood product and the patient's identity checks refer to Tool 3: Blood Checking Procedure.
  - The pump settings and volume delivered must be monitored hourly throughout the infusion to ensure that the expected volume is delivered.
- **External pressure devices (bags) and rapid infusion devices** are used to assist infusion of large volumes of red cells in the setting of a critical bleeding; rapid infusion devices are also able to warm the red cells. In critical bleeding a large gauge PIVC or CVAD must be used:
  - In the absence of critical bleeding, external pressure devices are not recommended.
  - When used, external pressure devices (bags) should:
    - exert pressure evenly over the entire bag
    - have a gauge to measure pressure
    - not exceed 300 mmHg of pressure
    - be monitored at all times when in use.

## 2.7 Blood warmers

The use of blood warmers may be appropriate in specific clinical situations. The device must be validated by the manufacturer for the administration of blood products and used as specified by the manufacturer.

**Indications for blood warmers**

- large volume rapid transfusions (i.e. >50 mL/kg/hour in adults or >15 mL/kg/hour in children)
- exchange transfusions
- plasma exchange for therapeutic apheresis in adults
- patients with clinically significant cold agglutinins
- trauma situations in which core-rewarming measures are indicated.

**General recommendations**

- Red cells should only be warmed as they flow through a blood administration set using a specifically designed, approved commercial device with a visible thermometer and audible warning alarm.
- Blood warmers must undergo a regular maintenance program by the health service biomedical provider.
- The operating temperature of the commercial blood warmer must be recorded on the patient's observation record when used to warm red cells.
- Red cells must not be warmed above the set point temperature of the approved device.
- Blood administration sets (incorporating a 170-200 micron filter) used with blood warmers must be primed as for other blood administrations sets prior to use.
- Only dry heat blood warming devices should be used due to the risk of contamination from infected water baths.

**ATTENTION**

Improvised warming such as putting the pack in hot water, in a microwave oven or on a radiator must **NEVER** be used. These methods may damage the red cells and cause harm to the patient.

## 2.8 Compatible fluids and medications

**Compatible fluids**

- The only IV fluid universally compatible with blood components is 0.9% sodium chloride.
- Red cells are compatible with ABO-compatible plasma and 4% albumin.
- For fluids compatible with plasma-derived and recombinant products refer to the individual product information.
- The current formulation of GELOFUSINE® (available in Australia) as stated in the product information.

**Incompatible fluids**

- Electrolyte and colloid solutions containing any calcium (e.g. Haemaccel®, Hartmann's solution, lactated Ringer's solution) should not be administered with blood components where the anticoagulant contains citrate, as they may cause clotting of the infusion line.
- 5% dextrose in water or hypotonic sodium chloride solutions may cause red cells to haemolyse.

**Medications**

- Must not be added to the blood bag or the blood administration set / IV line prior to, or during the transfusion.
- Medication may interact with the anticoagulant, additive solutions, or the blood component contained in the bag. A break in the integrity of the infusion line may increase the risk of bacterial contamination of the component. Finally, if an adverse reaction occurs, it is difficult to ascertain whether the medication or the blood component was responsible for the adverse effect.

## 2.9 Major haemorrhage protocols

Each applicable WACHS site is required to develop a Major Haemorrhage Protocol (MHP) using the approved templates and must consider:

- local laboratory and blood test availability
- local blood product availability.

The approved templates can be accessed via the following links:

- WACHS Major Haemorrhage Protocol for sites WITH Blood Products
- WACHS Major Haemorrhage Protocol for Sites WITHOUT Blood Products
- WACHS Major Haemorrhage Protocol for sites WITH ONLY EMERGENCY Blood Products

These templates must be reviewed at a minimum on an annual basis via the district Clinical Governance Committee.

## 2.10 Blood shortage

In the event of a blood shortage staff are to contact the PathWest Laboratory for guidance on actions to be taken and the resources to be used when responding to a critical incident. The approach will be informed by the National Blood Supply Contingency Plan.

## 2.11 Competency and training requirements

WACHS monitors blood administration and prescribing training across all districts at sites that regularly administer blood and blood products. Clinicians (nursing, midwifery, anaesthetic technicians and medical staff) that work in the following areas:

- emergency
- obstetrics/maternity
- surgical
- theatre
- cancer
- day therapy units/IV lounges; and

at the following sites:

- South West (Augusta, Boyup Brook, Bridgetown, Bunbury, Busselton, Collie, Harvey, Manjimup and Margaret River)
- Great Southern (Albany and Katanning)
- Wheatbelt (Merredin, Narrogin and Northam)
- Goldfields (Kalgoorlie and Esperance)
- Kimberley (Broome, Derby and Kununurra)
- Midwest (Geraldton, Carnarvon, Exmouth and Meekatharra)
- Pilbara (Karratha, Hedland, Onslow, Paraburdoo, Tom Price and Newman)

who administer and/or prescribe blood and blood products will have monitored training for the Clinical Transfusion Practice (BLDCT EL2) course available on MyLearning.

All other sites that do not regularly administer blood products have access to the WACHS Blood Management Policy for guidance and are able to utilise the Emergency Telehealth Service (ETS) for virtual support when administering these products.

There is no requirement to complete the Clinical Transfusion Practice (BLDCT EL2) course annually, as the module is designed by BloodSafe as a once only course.

Staff who have completed the Clinical Transfusion Practice (BLDCT EL2) course can access the module at any time if they feel they need to refresh their practice or alternatively they can complete the Clinical Transfusion Practice Refresher (BLDTF EL2) course.

### Other blood related services

Healthcare workers involved in non-clinical handling/transport of blood products will require monitoring of their training in the form of Transporting Blood (BLDTB EL2) course available on MyLearning.

District clinical governance committees are responsible for providing compliance monitoring reports for their areas on a regular basis. Reports can be accessed from the BloodSafe Monitored Courses dashboard.

## 3. Roles and Responsibilities

The **District Director** is responsible for:

- Implementation of this policy and the associated tools and procedures for their area of responsibility.
- Provide leadership in the development of a culture of safety and quality improvement aligned to legislation, regulation and organisation requirements associated with blood management.
- Provide leadership to ensure partnering with consumers and/or their carers to support effective blood management.
- Monitor the workforce's participation in training associated with the safe and appropriate use of blood.
- Monitor actions taken in response to variation in practice identified by regular review of audits and agreed benchmarks.
- Where there are variations in practice that cannot be resolved by managers and senior clinicians, take action to address the gaps.

The **Medical Officer** is responsible for ensuring:

- the transfusion is clinically appropriate
- the expected benefits outweigh the potential hazards
- valid, informed patient consent has been obtained and documented
- clinical staff caring for the patient are informed that the blood product has been prescribed
- patient risk factors are identified and assessed, and special requirements are documented
- the patient's known allergies, history of adverse drug reactions and previous transfusion reactions have been considered.

The **Nurse / Midwife / Anaesthetic Technician** is responsible for ensuring:

- they are competent in the administration of blood products
- consent, prescription, transfusion history, indication and special requirements are documented prior to commencing any stage of the transfusion process
- the patient understands the procedure as well as risks and benefits
- circumstances are appropriate to proceed, including staff availability
- the right patient receives the right blood; Checking the patient and pack before transfusion
- Double Independent Checking (BloodSafe video)
- observations **must** be completed and documented in accordance with the Australian Red Cross Lifeblood®: Blood Product Administration Checklist
- monitoring and reporting of the patient for transfusion reactions – refer to the Australian Red Cross Lifeblood® Acute Transfusion Reactions resource
- all documentation is completed by both nurses/midwives at the completion of the transfusion.

The **Patient Support Service staff** are responsible for ensuring they are competent in the collection process including documentation and delivery to ward area.

The **Safety and Quality Program** is responsible for ensuring:

- The policy and associated implementation tools for blood management in collaboration with the WACHS Blood Management Committee and senior subject matter experts.
- Involve consumers and the workforce in the review of safety and quality performance and systems related to blood management.
- Monitor organisational performance and accountability through regular review of audits and agreed benchmarks, providing specific feedback to districts and clinical programs as relevant.
- Use the information from the analysis of variation and incidents to identify potential improvement activities.

## 4. Monitoring and Evaluation

Compliance with the requirements of this policy is the responsibility of the WACHS Blood Management Committee.

Monitoring activities include:

- National Blood Authority Blood Discard Reports (accessed via BLOODPortal)
- Clinical audit data (via WACHS Blood Dashboard)
- WA Haemovigilance Report (biannual)
- Case review reports of all MHP activations presented at local committee's utilising Tool 5: Major Haemorrhage Protocol Case Review Report Template

A biannual evaluation report outlining the following minimum dataset is to be prepared by the WACHS Blood Management Committee and tabled at the WACHS Safety and Quality Executive Committee including summaries of:

- clinical audit findings for adherence to transfusion practices including any trends and remedial actions
- blood and blood product discard data
- haemovigilance reported data
- findings of case reviews of MHP activations.

### 4.1 Haemovigilance reporting

Adverse reactions to blood and blood products including suspected transfusion reactions are to be documented on the MR175B WACHS Acute Transfusion Reaction Reporting Form and reported in accordance with Tool 4: Haemovigilance Reporting Flowchart.

All reported incidents and adverse reactions are to be referred to the Clinical Nurse Consultant-Blood Management (CNC-Blood Management) for review. The CNC-Blood Management will investigate any adverse reactions to determine if it is a haemovigilance reportable event in accordance with the WA Haemovigilance Reporting Guideline.

## 5. References

1. Australian and New Zealand Society of Blood Transfusion Ltd, Royal College of Nursing Australia. Guidelines for the Administration of Blood Products. 3rd Edition. Sydney, NSW.
2. Australian and New Zealand Society of Blood Transfusion (2020). Guidelines for Transfusion and Immunohaematology Laboratory Practice (First Edition). ANZSB National Blood Authority Australia. Patient Blood Management Guidelines: Module 1

Critical Bleeding (Internet). Canberra: National Blood Authority; 2023. Available from: Patient blood management guideline for adults with critical bleeding | National Blood Authority National Blood Authority. Patient Blood Management Guidelines: Module 2 Perioperative (Internet). Canberra: National Blood Authority; 2012. Available from: Module 2 Perioperative: Patient Blood Management Guidelines | National Blood Authority National Blood Authority. Patient Blood Management Guidelines: Module 3 Medical (Internet). Canberra: National Blood Authority; 2012. Available from: Module 3 Medical: Patient Blood Management Guidelines | National Blood Authority National Blood Authority. Patient Blood Management Guidelines: Module 4 Critical Care (Internet). Canberra: National Blood Authority; 2012. Available from: Module 4 Critical Care: Patient Blood Management Guidelines | National Blood Authority National Blood Authority. Patient Blood Management Guidelines: Module 4 Critical Care (Internet). Canberra: National Blood Authority; 2012. Available from: Module 4 Critical Care: Patient Blood Management Guidelines | National Blood Authority Australian and New Zealand Society of Blood Transfusion (2020). Guidelines for Transfusion and Immunohaematology Laboratory Practice (First Edition). ANZSBT

## 6. Document Summary

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| **Coverage** | WACHS-wide |
| **Audience** | Medical officers, nurses, midwives and patient support services staff involved in blood management processes. |
| **Records Management** | Health Record Management Policy |
| **Related Legislation** | *Human Tissue and Transplant Act 1982* (WA) |
| **Related Mandatory Policies / Frameworks** | • MP 0175/22 WA Health Consent to Treatment Policy<br>• MP 0171/22 Recognising and Responding to Acute Deterioration Policy |
| **Related WACHS Policy Documents** | • Consent to Treatment Policy<br>• Patient Identification Policy<br>• Primary Postpartum Haemorrhage Guideline<br>• Non-Fresh Blood Product Intravenous Administration Procedure<br>• Venesection Procedure<br>• Red Blood Cell Management for Sites with no Laboratory Procedure<br>• Recognising and Responding to Acute Deterioration Policy<br>• Medication Prescribing and Administration Policy |
| **Other Related Documents** | • Australian & New Zealand Society of Blood Transfusion Ltd (ANZSBT) Guidelines: Administration of Blood<br>• Australian Red Cross Lifeblood® Blood Component Information: An Extension of Blood Component Labels<br>• CSL Behring's Product Information publication for each plasma product<br>• Maternity SASA – RhD immunoglobulin<br>• Standards Australia. AS 3864.2 (2012) Medical refrigeration equipment for the storage of blood and blood products: Part 2: user-related requirements for |

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| | care, maintenance, performance verification and calibration |
| **Related Forms** | • MR30G WACHS Consent to Blood Products<br>• MR30H WACHS Release of Liability - Refusal of Blood Products<br>• MR175A WACHS Intravenous Blood Transfusion & Blood Product Treatment Order Chart<br>• MR175B WACHS Acute Transfusion Reaction Reporting Form<br>• MR70B WACHS Rh D Immunoglobulin (Anti D) Record<br>• MR72A WACHS Primary Postpartum Haemorrhage Record<br>• MR55A WACHS Integrated Progress Notes |
| **Related Training Packages** | Via MyLearning:<br>• BloodSafe: Clinical Transfusion Practice Declaration (BLDCT EL2)<br>• BloodSafe: Clinical Transfusion Practice Refresher Declaration (BLDTF EL2)<br>• BloodSafe: Collecting Blood Specimen Declaration (BLDCB EL2)<br>• BloodSafe: Transporting Blood Declaration (BLDTB EL2) |
| **Aboriginal Health Impact Statement Declaration (ISD)** | ISD Record ID: 2813 |
| **National Safety and Quality Health Service (NSQHS) Standards** | 7.01 |
| **Aged Care Quality Standards** | Nil |
| **Chief Psychiatrist's Standards for Clinical Care** | Nil |

## 7. Document Control

| Version | Published date | Current from | Summary of changes |
|---|---|---|---|
| 8.00 | 10 July 2026 | 10 July 2026 | Formal review<br>• Previously titled Blood Management Policy.<br>• Updated product information.<br>• Update to consent information as per changes to MP0175/22 Consent to Treatment Policy.<br>• Development of new implementation tools.<br>• Hyperlinks checked and updated. |

## 8. Approval

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| **Policy Owner** | Executive Director Clinical Excellence |
| **Co-approver** | Executive Director Nursing and Midwifery Services |
| **Contact** | Blood Management Clinical Nurse Consultant |
| **Business Unit** | Patient Safety & Quality |
| **EDRMS #** | ED-CO-15-91133 |



**This document can be made available in alternative formats on request.**