Standard 7: Blood and Blood Products

Clinical leaders and senior managers of a health service organisation implement systems to ensure the safe, appropriate, efficient and effective use of blood and blood products. Clinicians and other members of the workforce use the blood and blood product safety systems.

The intention of this Standard is to:

Ensure that the patients who receive blood and blood products do so appropriately and safely.

Context

It is expected that this Standard will be applied in conjunction with Standard 1, 'Governance for Safety and Quality in Health Service Organisations' and Standard 2, 'Partnering with Consumers'.

Criteria to achieve the Blood and Blood Products Standard:

- Governance and systems for blood and blood product prescribing and clinical use
- Documenting patient information
- Managing blood and blood product safety
- Communicating with patients and carers
Criterion: Governance and systems for blood and blood product prescribing and clinical use
Health service organisations have systems in place for the safe and appropriate prescribing and clinical use of blood and blood products.

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</table>
| C   | 7.1 Developing governance systems for safe and appropriate prescription, administration and management of blood and blood products | 7.1.1 Blood and blood product policies, procedures and/or protocols are consistent with national evidence-based guidelines for pre-transfusion practices, prescribing and clinical use of blood and blood products | Policies, procedures and/or protocols for safe and appropriate prescription, prescription, administration and management of blood and blood products that adhere to national guidelines and best practice, and address areas such as:
- pre-transfusion and sampling practices such as specimen collection
- processes that relate to laboratory-hospital interface
- consent procedure
- tools for transfusion that are available
- storage and transportation of blood and blood products
- Orientation of the workforce including nursing, junior medical officer and consultants which reflect current national guidelines and criteria relating to blood and blood products management.
- Education resources related to blood components management
- Training attendance records.
- Evaluation reports of education and training

(i) Examples of areas that could be audited to assess appropriateness and administrative practices:
- clinical audit of fresh frozen plasma
- clinical audit of red cell use in orthopaedic surgery
- audit of blood transfusion policy and administration practices
- blood storage and handling survey

7.1.2 The use of policies, procedures and/or protocols is regularly monitored | Agenda papers, meeting minutes and/or reports of relevant committee(s) that detail monitoring of the use of policies, procedures and/or protocols, such as a clinical review group or transfusion committee
- Strategic plan where it relates to blood and blood products
- Risk register or log that includes actions to address identified risks
- Documentation on consultation processes in the development and review of policies, procedures and/or protocols
- Clinicians checklist for prescribing blood components to ensure blood products are only released for transfusion when guidelines have been satisfied
- Audits of the use of forms and tools for prescription, request and administration of blood products
- Reports on transfusions provided to clinical units, senior and relevant committee(s)
- Reports of vetting of transfusion requests.
- Documentation such as request forms or blood administration forms for ordering or

Self assessment | MM  SM  NM - add to action plan | MM  SM  NM - add to action plan
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|     |                                   | Action is taken to increase the safety and appropriateness of prescribing and clinically using blood and blood products | - Audit of patient clinical records that assess compliance with national guidelines such as the rationale for administering blood and blood products  
  - Observational audit of use of policies, procedures and/or protocols  
  - Feedback of audit provided to clinical groups  
  - Education resources and training attendance records relating to blood and blood products  
  - Peer review and self-audit tools and reports on outcomes  
  - Agenda papers, meeting minutes and/or reports of relevant committee(s) that detail improvement actions  
  - Quality improvement plan includes actions to address issues identified  
  - Examples of improvement activities that have been implemented and evaluated  
  - Communication material developed for the workforce and/or patients | MM  
  SM  
  NM - add to action plan |
|     | 7.1.3                              | 7.1.3           | (i) Standardised data items collected that are used to assess ‘appropriateness’ rates include:  
  - blood component given  
  - clinical or laboratory indications  
  - reasons for giving blood component if not in accordance with guidelines  
  - other relevant medical history of condition  
  - number of units required | MM  
  SM  
  NM - add to action plan |
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| C   |                                  | 7.2.2 Action is taken to reduce the risks associated with transfusion practices and the clinical use of blood and blood products | • Patients clinical record that shows patients are informed of the risks and benefits of transfusion  
• Education resources and training attendance records related to the prescription and clinical administration of blood and risk assessment  
• Agenda papers, meeting minutes and/or reports of relevant committee(s) that detail improvement actions  
• Examples of modifications to policies, procedures, protocols or work practices to address issues of non-compliance  
• Communication material developed for the workforce and/or patients | MM  
SM  
NM - add to action plan |
| C   | 7.3 Ensuring blood and blood product adverse events are included in the incidents management and investigation system | 7.3.1 Reporting on blood and blood product incidents is included in regular incident reports | • Policies, procedures and/or protocols for reporting and managing incidents relating to use of blood and blood products  
• A current register for reporting adverse events with transfusion of blood or blood components and includes actions to address identified risks.  
• Records of healthcare blood product adverse events  
• Documented incidents are investigated  
• Incident reporting management system, such as a register or log, that documents analysis and review of incidents relating to use of blood and blood product  
• Agenda papers, meetings minutes and/or reports of relevant committees that demonstrate incidents relating to use of blood and blood products are routinely reviewed  
• Root cause analysis of breaches of policies, procedures and/or protocols resulting in a serious breach or sentinel event  
• Audits of patient clinical records that demonstrate reporting and investigation of incidents relating to use of blood and blood products  
• Audit of compliance with policies, procedures and/or protocols  
• Data that reports trends in incidents relating to use of blood and blood products are recorded, such as in meeting minutes or annual reports  
• Information relating to use of blood and blood products presented to the senior executive and/or relevant committees  
• Peer review processes for transfusion practice such as quality assurance meetings | MM  
SM  
NM - add to action plan |
| C   |                                  | 7.3.2 Adverse blood and blood product incidents are reported to and reviewed by the highest level of governance in the health service organisation | • Agenda papers, meeting minutes and/or reports of relevant committees or groups with responsibility for management of blood and blood products such as medical advisory and management committee  
• Reports of adverse blood and blood product incidents provided to relevant committees and senior executive | MM  
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NM - add to action plan |
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<td>7.3.3 Health service organisations participate in relevant haemovigilance activities conducted by the organisation or at state or national level</td>
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<td>• Policies, procedures and/or protocols identifying all haemovigilance reporting obligations for the organisation</td>
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<td>• Schedules of haemovigilance reporting</td>
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<td>• Reports provided to organisations monitoring haemovigilance</td>
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<td>C</td>
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<td>7.4 Undertaking quality improvement activities to improve the safe management of blood and blood products</td>
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<td>7.4.1 Quality improvement activities are undertaken to reduce the risks of patient harm from the clinical administration of blood and blood products</td>
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<td>• Risk register or log that includes actions to address identified risks</td>
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<td>• Agenda papers, meeting minutes and/or reports of relevant committee(s) that detail improvement actions taken</td>
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<td>• Examples of improvement activities that have been implemented and evaluated</td>
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<td>• Communication material developed for the workforce and/or patients</td>
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**Criterion: Documenting patient information**

The clinical workforce accurately records a patient’s blood and blood product transfusion history and indications for use of blood and blood products.

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<td>7.5 As part of the patient treatment plan, the clinical workforce accurately documenting: relevant medical conditions, indications for transfusion, any special product or transfusion requirements, known patient transfusion history, type and volume of product transfusion, patient response to transfusion</td>
<td>7.5.1 A best possible history of blood product usage and relevant clinical and product information is documented in the patient clinical record</td>
<td>Policies, procedures and/or protocols provide tools, forms and/or specified process for taking a history of blood product usage; Audit of patient clinical records for use of tools, forms and specified process; Review of incidents related to poor patient records management; Education material and attendance at training related to patient record taking</td>
<td>MM SM NM - add to action plan</td>
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<td>C</td>
<td>7.5.2 The patient clinical records of transfused patients are periodically reviewed to assess the proportion of records completed</td>
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<td>Education resources and training attendance records related to patient record taking and auditing of patient records; Audit of patient clinical record and reports on the proportion of patients with complete patient history reviewed by relevant committees; Audit of compliance with policies procedures and/or protocols; Agenda papers, meetings minutes and/or reports that relate to transfusion practices are routinely reviewed by management</td>
<td>MM SM NM - add to action plan</td>
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<td>C</td>
<td>7.5.3 Action is taken to increase the proportion of patient clinical records of transfused patients with a complete patient clinical record</td>
<td>7.5.3 Action is taken to increase the proportion of patient clinical records of transfused patients with a complete patient clinical record</td>
<td>Audit of patient clinical record shows that clinical records for transfused patients are complete</td>
<td>MM SM NM - add to action plan</td>
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<td>C</td>
<td>7.5.4 The clinical workforce documenting any adverse reactions to blood or blood products</td>
<td>7.5.4 Adverse reactions to blood or blood products are documented in the patient clinical record</td>
<td>Policies, procedures and/or protocols on documentation and reporting of adverse reactions; Record of the clinical workforce attending education on adverse reaction documentation and reporting; Audit of patient clinical records for information on adverse reactions</td>
<td>MM SM NM - add to action plan</td>
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| C   | 7.6.2 Action is taken to reduce the risk of adverse events from administering blood or blood products | - Posting of policy, procedures and/or guideline on health service communication board or web site  
- Education resources and training attendance records related to appropriate prescribing and administration of blood products  
- Audit results of compliance with policies procedures and/or protocols provided to clinical workforce and relevant committees  
- Risk register or log that includes actions to address identified risks  
- Agenda papers, meeting minutes and/or reports of relevant committee(s) include the outcomes of actions taken in response to identified risks  
- Quality improvement plan includes actions to address issues identified  
- Examples of improvement activities that have been implemented and evaluated such as change to policies or procedures, publication of medicine information bulletin | MM  
SM  
NM - add to action plan |
| C   | 7.6.3 Adverse events are reported internally to the appropriate governance level and externally and as appropriate to the pathology service provider, blood service or product manufacturer whenever appropriate | - Adverse reaction reports included in agenda papers, meeting minutes or reports of relevant committees  
- Agenda papers, meeting minutes and/or reports of relevant committee(s) that detail improvement actions  
- Reports from incident reporting and management systems that have been sent to external organisations, including pathology service providers and manufacturers  
- Communication material developed for the workforce and/or patients | MM  
SM  
NM - add to action plan |
**Criterion: Managing blood and blood product safety**

Health service organisations have systems to receive, store, transport and monitor wastage of blood and blood products safely and efficiently.

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| C   | 7.7 Ensuring the receipt, storage, collection and transport of blood and blood products within the organisation are consistent with best practice and/or guidelines | 7.7.1 Regular review of the risks associated with receipt, storage, collection and transport of blood and blood products is undertaken | • Audit of transportation and storage of blood and blood products against with policies, procedures and/or protocols  
• Delegation documentation for access to the secure blood fridge  
• Review of access to secure blood fridge where 24 hour on-site pathology service is not available  
• Register of current blood components  
• Audit of documentation accompanying blood components  
• Delegation documentation for responding to storage alarms and taking corrective action  
• Positions descriptions, employment contracts or policies, procedures and/or protocols specify blood related delegations  
• Observational audit show that labels and dates are checked each time blood components are handled  
• Records of disposal rates of blood products | MM  
SM  
NM - add to action plan |
| C   | 7.7.2 Action is taken to reduce the risk of incidents arising from the use of blood or blood product control systems | 7.7.2 Action is taken to reduce the risk of incidents arising from the use of blood or blood product control systems | • Same evidence options as 7.4.1 | MM  
SM  
NM - add to action plan |
| C   | 7.8 Minimising unnecessary wastage of blood and blood products | 7.8.1 Blood and blood product wastage is regularly monitored | • Reports from pathology laboratories regularly reviewed and reconciled by a clinical team  
• Audit of compliance of usage and disposal against policy  
• Review of audit results by relevant committees | MM  
SM  
NM - add to action plan |
| C   | 7.8.2 Action is taken to minimise wastage of blood and blood products | 7.8.2 Action is taken to minimise wastage of blood and blood products | • Same evidence options as 7.4.1 | MM  
SM  
NM - add to action plan |

(i) Australian Standard for Medical Refrigeration Equipment – For the Storage of Blood and Blood Products (AS3864) is a resource which specifies the requirements for refrigerators and used for the storage of blood and blood products.
**Criterion: Communicating with patients and carers**

Patients and carers are informed about the risks and benefits of using blood and blood products and about the available alternatives when a plan for treatment is developed.

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| C   | 7.9 The clinical workforce informing patients and carers about blood and blood product treatment options, and the associated risks and benefits | 7.9.1 Patient information relating to blood and blood products, including risks, benefits and alternatives, is available for distribution by the clinical workforce | • Materials used in patient education such as brochures, fact sheets, posters  
• Patient information that is available for distribution by the workforce  
• Patients clinical record shows that patients were provided with patient-specific blood information  
• Patient experience survey shows that patient information was provided  
(i) Consumers’ communication tools and education resources may be found at National Blood Authority, Red Cross or resources provided by jurisdictions | MM  
SM  
NM - add to action plan |
| C   | 7.9.2 Plans for care that include the use of blood and blood products are developed in partnership with patients and carers |  | • Information available to patients and carers on treatment option and use of blood products  
• Patient comment on and sign care plan and receive a copy  
• Care plan that patients review, sign and receive as a copy related to the use of blood and blood products  
• Audits of patient clinical record demonstrate shows that patients are involved in the development of their care plan  
• Patient and/or carer experience surveys regarding their involvement in the development of their care plan | MM  
SM  
NM - add to action plan |
| C   | 7.10 Providing information to patients about blood and blood product use and possible alternatives in a format that can be understood by patients and carers | 7.10.1 Information on blood and blood products is provided to patients and carers in a format that is understood and meaningful | • Materials used in patient education such as brochures, fact sheets, posters  
• Patients clinical record shows that patients information is provided  
• Patient feedback shows patient satisfaction with information provided  
• Reports from consumer focus groups on patient information | MM  
SM  
NM - add to action plan |
| C   | 7.11 Implementing an informed consent process for all blood and blood product use | 7.11.1 Informed consent is undertaken and documented for all transfusions of blood or blood products in accordance with the informed consent policy of the health service organisation | • Policies, procedures and/or protocols on informed consent  
• Standardised consent form  
• Materials used in patient education include information on consent  
• Audit of compliance with policy and procedure  
• Reports from patient feedback on informed consent | MM  
SM  
NM - add to action plan |

**Link with Standard 2**
Additional information and resources

This Standard may not be applicable to some Day Surgeries but should remain for those places who are involved in blood and blood products.


Australian Standard for Medical Refrigeration Equipment – For the Storage of Blood and Blood Products (AS3864)
