Blood Management

Summary This policy directive provides a definitive overview of best transfusion practice covering the whole healthcare organisation based transfusion chain of events, i.e. from when a blood product is received from the blood service into a clinical facility, its storage, safe matching to an individual patient, delivery and then the immediate and follow up care of the patient who is administered any blood product. A key change is for the introduction of double independent checking at the administration check.

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Applies to Ministry of Health, Local Health Districts, Specialty Network Governed Statutory Health Corporations, Affiliated Health Organisations, NSW Health Pathology, Government Medical Officers, NSW Ambulance Service, Dental Schools and Clinics, Public Hospitals, Private Hospitals and day Procedure Centres

Distributed to Ministry of Health, Public Health System, Government Medical Officers, NSW Ambulance Service, Private Hospitals and Day Procedure Centres, Tertiary Education Institutes

Audience All Clinical Staff

Secretary, NSW Health

POLICY STATEMENT

BLOOD MANAGEMENT

PURPOSE

The purpose of this Policy Directive is to support health services and health service staff to comply with their responsibilities as described in the Australian Health Ministers Conference (AHMAC) Statement on National Expectations for the Supply of Blood and Blood Products[1] by:

1. Providing policy and system direction for the use of evidence based best practice blood management guidelines for NSW Health facilities
2. Establishing a consistent, system wide approach to blood management in all facilities providing transfusion therapy
3. Minimising NSW patients exposure to risks associated with the clinical storage, prescribing, handling and administration of blood products in NSW facilities
4. Supporting health facilities to comply with the relevant National Safety and Quality Service Standards, and other accreditation requirements in relation to blood management.

MANDATORY REQUIREMENTS

NSW health services that provide transfusion therapy are responsible for:

1. Developing and maintaining effective systems to ensure safe, effective, appropriate and patient centred blood management processes and procedures
2. Adopting and implementing best practice procedures relating to blood management and the clinical storage, prescribing, handling and administration of blood products
3. Complying with the relevant National Safety and Quality Health Service Standards (NSQHS).

Health service staff involved in blood management and/or transfusion related activities are responsible for:

1. Complying with relevant blood management systems, processes and procedures, including those outlined in this Policy Directive
2. Providing safe, effective, appropriate and patient centred care.

It is recognised that some of the requirements in this policy such as the role of the Local Health Districts/Special health networks are not applicable to private health facilities. Private health facilities are expected to comply with the general principles described in this Policy Directive in compliance with the *Private Health Facilities Act 2007* (NSW) and the *Private Health Facilities Regulation 2017* (NSW).

[1] Statement endorsed by the Australian Health Ministers' Conference, 12 November 2010 (see attachment 5.1)

IMPLEMENTATION

Chief Executives are responsible for:

- Assigning responsibility for implementing and complying with this Policy Directive and reporting on the implementation of this policy document as required
- Monitoring compliance with this Policy Directive by achieving and maintaining accreditation to the relevant NSQHS standard

Health service staff are responsible for:

- Complying with this Policy Directive

Clinical Excellence Commission is responsible for:

- Reviewing and ensuring the currency of this Policy Directive
- Supporting the implementation and evaluation of strategies related to this Policy Directive.

REVISION HISTORY

Version	Approved by	Amendment notes
PD2018_042 November 2018	Chief Health Officer & Deputy Secretary, Population and Public Health	Updated policy. Replaces PD2012_016
(PD2012_016) March 2012	Deputy Director-General, Population Health	Updated policy. Replaces PD2005_261
PD2005_261) October 2002	Deputy Director-General, Population Health	Guidelines for the Management of Fresh Blood Components originally issued as Circular 2002/92

ATTACHMENTS

1. Blood Management: Procedures

Blood Management

NSW GOVERNMENT Health

PROCEDURES

Issue date: November 2018

PD2018_042

CONTENTS

1 BACKGROUND

1.1 About this document

In line with the Australian Health Ministers' Conference Statement on National Stewardship Expectations for the Supply of Blood and Blood Products[1], this Policy Directive provides clinicians; pathology providers; support personnel and health service managers, with direction to ensure safety and quality in blood management related activities.

1.2 Key definitions

Word or Phrase	Definition
Blood Products	Includes fresh blood components (red blood cells, platelets, fresh frozen plasma, cryoprecipitate and cryodepleted plasma) and plasma-derived (fractionated) blood products such (albumin, coagulation factors and immunoglobulins).
Blood Service	The Australian Red Cross Blood Service, responsible for the collection, manufacture and distribution of blood products to NSW hospitals.
Haemovigilance	A set of surveillance procedures covering the entire transfusion chain, from the donation and processing of blood and its components, to their provision and transfusion to patients, to their follow-up. It includes monitoring, reporting, investigation and analysis of adverse events related to donation, processing and transfusion of blood, as well as development and implementation of recommendations to prevent the occurrence or recurrence of adverse events.
Health care record	Includes a record of the patient's medical history, treatment notes, observations, correspondence, investigations, test results, photographs, prescription records and medication charts for an episode of care.
Traceability	The ability to trace the fate of a blood product from the donor through to the final recipient/s, via accurate documented and/or electronically stored blood service, laboratory and patient records.
Transfusion history	A list of transfusions that a patient has had before presentation, including details of any adverse reactions to the transfusion and any special transfusion requirements. The completeness of the history will depend on the availability of information. It is expected that information will be obtained by reviewing any available referral information and interviewing the patient (and/or their carer).
Transfusion related activity	Transfusion related activity includes but is not limited to: • Prescribing and ordering • Obtaining patient blood samples • Obtaining patient consent for transfusion • Pre transfusion laboratory testing and product issue • Storage • Transport • Administration • Monitoring and patient assessment.

[1] Statement endorsed by the Australian Health Ministers' Conference, 12 November 2010 (see attachment 5.1)

1.3 Legal and legislative framework

Blood, blood components and plasma derivatives are regulated under the *Therapeutics Goods Act 1989* (Cth)[2].

The *Human Tissues Act 1983* (NSW) sets out the legislative requirements for the collection of blood from donors[3] and the regulation of businesses supplying blood and blood products[4].

Under the *National Blood Authority Act 2003* (Cth)[5], the National Blood Authority manages and coordinates arrangements for the supply of blood and blood products and services on behalf of the Australian Government and state and territory governments.

Jurisdictional issues relating to the national blood supply, including planning, production, supply and budgeting are managed through the Jurisdictional Blood Committee (JBC). The Deputy Secretary, Population & Public Health is the NSW representative on the JBC.

2 CLINICAL USE OF BLOOD PRODUCTS

2.1 Transportation and Storage

Health services providing transfusion therapy must have procedures in place to ensure the safe storage and where relevant, transport of blood and blood products.

The transport and storage of blood products must comply with the:

- National Pathology Accreditation Advisory Council (NPAAC) Requirements for Transfusion Laboratory Practice or any subsequent versions
- Australia and New Zealand Society of Blood Transfusion (ANZSBT) Guidelines for Transfusion and Immunohaematology Laboratory Practice or any subsequent versions.

2.1.1 Transportation

Transport of blood products between facilities, including packing configurations and the use of validated shipping containers, should be managed in compliance with the:

- Relevant NSW Health Pathology policy directives and procedures[6] (or other accredited pathology provider policy and procedures, see 3.2.2)
- Blood Service Shippers – Receipt and Use by External Institutions[7].

2.1.2 Storage

Storage of blood products must comply with:

[2] Australian Government, Department of Health; Therapeutic Goods Administration, *Therapeutics Goods Act 1989* (Cth)
[3] *Human Tissues Act 1983* (NSW) ss19-20H
[4] Ibid ss21-21C
[5] *National Blood Authority Act 2003* (Cth)
[6] NSWHP Policy Red Blood Cell Storage, NSWHP Procedure Retrieval Transfusion Procedure, and any other NSWHP policy directive or procedure related to storage and transport published subsequent to this Policy Directive
[7] Australian Red Cross Blood Service Shippers – Receipt and Use by External Institutions (WI-00635; version 1) or any subsequent version

- Australian Standard AS 3864 - Medical Refrigeration Equipment – for the storage of blood and blood products
- Relevant NSW Health Pathology policy or procedures[8] outlining storage requirements of blood products (or other accredited pathology provider policy and procedures, see 3.2.2).

This includes:

- Storage in dedicated fridges and/or freezers that are remote from a transfusion laboratory (satellite)
- Storage in facilities without dedicated blood storage equipment, including the use of validated shipping containers for short term storage
- Storage of blood products accompanying transferred patients
- Storage of products for use by emergency retrieval teams.

Blood products delivered to a clinical environment, e.g. ward, operating theatre must:

- Be stored in accordance with this Policy Directive, or
- Be administered to the patient within the appropriate time frame as described in the ANZSBT Guidelines for Administration of Blood Products or any subsequent versions.

A blood product must not be transfused, except at the discretion of the laboratory director, where it is:

- Stored at temperatures outside specified limits
- Stored in non-conforming equipment
- There is doubt regarding storage equipment.

2.2 Consent

Health services providing transfusion therapy must have procedures and processes in place to ensure clinicians are able to obtain and document informed consent for the use of blood products.

These procedures and processes must comply with the requirements for consent as outlined in the NSW Health Policy Directive *Consent to Medical Treatment – Patient Information*, or any subsequent versions, and include:

- The use of the relevant consent forms as described in the above Policy Directive
- Who can obtain consent
- The right to decline any proposed treatment
- Patients who are unable to provide consent (including minors)
- Emergency treatment.

Informed consent requires:

- A discussion of the risks and benefits of the use of blood products
- The availability of other treatment options as relevant to the patient's clinical condition
- The likely outcome(s) if the treatment is not provided or declined

[8] Ibid above 7 and Australian Standard AS 3864 - *Medical Refrigeration Equipment –for the storage of blood and blood products* (1997) or any Australian Standard that supersedes this.

- The documentation of refusal (and associated care planning requirements)

Information for patients on the use of blood products is available to support the consent process at:

- CEC Blood Watch patient information page, including information in multiple languages, and information for children and parents
- Blood Service My Transfusion web site

Where treatment involves the administration of blood products over a period of time for the same clinical indication, it is not necessary to obtain consent for every transfusion episode. Initial consent should be obtained and documented as outlined in the above Policy Directive. It should include the length of time blood products will be required, or the length of time the consent will remain valid for.

Requirements for long term consent should be described in health service procedural documents. For patients with long term transfusion requirements, reviewing and obtaining consent at regular intervals of at least 1 year (but no greater than 2 years) is considered best practice.

A new consent should be obtained if:

- A new treatment is proposed which was not previously explained to the patient
- Where alternative treatments become available
- If new risks associated with the treatment are identified.

2.3 Patient identification

Health services must have systems in place to ensure correct patient identification and procedure verification for transfusion-related activities.

Correct patient identification procedure from the collection of specimens, to the transfusion of blood products, is vital to ensure that all patients receive the correct blood product, for the appropriate indication.

Failure to correctly identify the patient at any stage can lead to serious adverse outcomes.

2.3.1 Pre-Transfusion testing and specimen labelling

Pre-transfusion specimen collection and specimen labelling requirements and related procedures must comply with:

- ANZSBT Guidelines for Transfusion and Immunohaematology Laboratory Practice or any subsequent versions
- NSW Health Pathology NSWHP_PD_009 Minimum Patient Identification requirements for Pre-Transfusion Testing[9] (or other accredited pathology provider policy and procedures, see 3.2.2)
- Principles for patient identification, and pre and post procedure matching for level 1 procedures, as outlined in the NSW Health Policy Directive PD2017_032 *Clinical Procedure Safety* or any subsequent versions.

[9] NSW Health Pathology NSWHP Policy Minimum Patient Identification requirements for Pre-Transfusion Testing available at https://intranet.pathology.health.nsw.gov.au/tools---resources-/policies-and-procedures/policies

2.3.2 Transfusion verification procedure

Transfusion related patient identification procedures must be implemented for transfusion related activities including:

- The collection of blood products from the transfusion service or appropriate storage (e.g. satellite blood fridge)
- Delivery to the clinical environment
- Administration to the patient.

The purpose of transfusion related patient identification procedures is to ensure the correct blood product is administered to the correct patient. To minimise the risk of error at the final administration check, the administering and checking clinicians must check the required information independently, a process called “double independent checking”.

Procedures must comply with:

- Principles for patient identification and procedure matching as outlined in the NSW Health Policy Directive *Clinical Procedure Safety* or any subsequent versions
- ANZSBT Guidelines for the Administration of Blood Products or any subsequent versions.

2.4 Appropriate use

Health services must have processes in place to support clinicians in their obligations to provide safe, effective and appropriate use of blood products when clinically indicated.

Decisions on whether to prescribe blood products, and the dose or number of units to order should take into account:

- The presence or absence of proven benefit
- Risks associated with the use of blood products
- Other treatment options, including appropriate management of reversible causes of deficiencies[10].

Procedures for appropriate use of blood products must comply with the current and any subsequent versions of:

- National Patient Blood Management Guidelines
- Blood Service Component Information
- ANZSBT Guidelines for Transfusion and Immunohaematology Laboratory Practice including for the selection of modified blood products and:
    - Rh D negative
    - CMV negative
    - Irradiated products

2.5 Safe administration

Health services must have processes in place to support clinicians to safely administer blood products when clinically indicated.

Successful and safe transfusion practice depends on the administration of a quality blood component of the right type, for the right indication, in the right quantity or dose, via the right route, at the right time to the right patient.

Procedures for safe administration of blood products must comply with the current and any subsequent versions of:

- ANZSBT Guidelines for the Administration of Blood Products
- Blood Service Component Information.

2.6 Adverse events

Health services are to have systems and processes in place to support the appropriate identification, management, notification, and follow up of adverse outcomes of transfusion, transfusion reactions, and incidents relating to transfusion activities.

2.6.1 Transfusion reactions

Transfusion reactions are adverse pathophysiological complications associated with the use of blood products. Management of patients who are suspected of having a transfusion reaction should include:

- The initiation of patient assessment and first aid including basic life support and the appropriate escalation as per *Recognition and Management of Patients who are Deteriorating* or any subsequent versions, including obtaining further appropriate clinical consultation if required (e.g. Haematology)
- Notification to the pathology provider responsible for providing the blood product as well as following instructions on follow up investigations and clinical consultation as required
- All adverse reactions are to be entered into the incident management system (see 2.6.3)
- Resources for clinical management of transfusion reactions include:
  - ANZSBT Guidelines for the Administration of Blood Products or any subsequent versions
  - The Blood Service: Adverse Events overview or any subsequent versions.

2.6.2 Transfusion incidents

Transfusion incidents are errors in activities related to the use of blood products including specimen collection, storage, handling, ordering, prescribing, administration and documentation.

Transfusion incidents may cause severe, potentially fatal complications including ABO Haemolytic Transfusion reaction (HTR), and Transfusion Associated Circulatory Overload (TACO). Such complications should be managed as per 2.6.1 in the first instance.

2.6.3 Notification and management of transfusion reactions and incidents

All health services providing transfusion therapy are to have systems in place for the notification and management of transfusion related incidents (including transfusion reactions).

- For NSW Health services, all incidents are to be entered into the incident management system
- Notification and management must comply with NSW Health policy on *Incident Management* or any subsequent versions, including appropriate allocation of a severity assessment code (SAC) and follow up investigation and management
- A Haemolytic Transfusion Reaction (HTR) as a result of ABO (Blood Group) incompatibility, and causing serious harm or death, is a sentinel event, and is a reportable incident requiring a Reportable Incident Brief (RIB)[10]
- Appropriate open disclosure must occur in compliance with NSW Health policy on *Open Disclosure* or any subsequent versions
- **All** suspected Transfusion Transmitted Infections (bacterial, viral, parasitic or other) must be reported to the Blood Service:
  - 24 hour customer service line: **1300 478 348**
- **All** suspected Transfusion Related Acute Lung Injury reactions must be reported to the Blood Service:
  - 24 hour customer service line: **1300 478 348**
- Consider seeking advice from the Blood Service for the following transfusion reactions where expert advice and/or alternative component or product support may be required. These include:
  - Post transfusion purpura (PTP)
  - Transfusion associated graft-vs-host disease (TA-GVHD)
  - Severe allergic reactions
  - Immediate and delayed haemolytic and serological transfusion reactions
  - Reactions to plasma-derived recombinant products.
- Reactions associated with the use of plasma derived blood products should also be reported to the Blood Service, the product manufacturer, and to the Australian Adverse Drug Reaction Reporting System (AADRS)[11].
- The NSW Clinical Excellence Commission, via the Blood Watch Program is responsible for collating and reporting haemovigilance activities in NSW for the National Haemovigilance Program (NBA)[12].

2.7 Documentation and medical records

Health services must have in place processes for all models of documentation and management of health care records in compliance with NSW Health policy *Health Care Records – Documentation and Management* or any subsequent versions.

NSW Health facilities must comply with the General Retention and Disposal Authority - Public Health Services: Patient / Client Records (GDA 17) 2004[13].

It is a requirement that there is documentation in place to ensure the traceability (fate) of the blood product is recorded as either transfused, transferred (to another health service) or

[10] NSW Health Incident Management Policy section 3.1 RIB reporting requirements and 3.1.1 The sentinel events
[11] Australian Adverse Drug reaction Reporting System (AADRS) as per the Advisory Committee on the Safety of Medicines (ACSOM)
[12] NBA, National Haemovigilance Program
[13] NSW State Records Authority, General Retention and Disposal Authority - Public Health Services: Patient /Client Records (GDA 17) 2004

discarded. This is achieved through accurate documentation in the patient health care record **and** the laboratory information system.

2.7.1 Patient health care record

Documentation of transfusion related activity should be available to all clinical staff and include:

- Transfusion history (including previous complications) if available
- Indication for the use of blood product
- Consent
- Prescription
- Blood product compatibility information or product batch number as applicable
- Administration and completion times
- Patient observations as applicable to the type of blood product
- Outcome of the transfusion
- Occurrence and management of any adverse events or reactions.

2.7.2 Laboratory

Transfusion laboratories must comply with the documentation requirements for blood products, immunohaematology specimens, and patient information as described in the ANZSBT Guidelines for Transfusion and Immunohaematology Laboratory Practice or any subsequent versions.

The fate of fresh blood products, either transfused, transferred or discarded, must be documented in the BloodNet Fate module. If discarded, the reason must be entered, as per the definitions provided.

3 GOVERNANCE

3.1 Blood Management Committee

Health services that provide transfusion therapy must have a process in place for the review of blood product issues. This may be through a Blood Management Committee (BMC) or an equivalent quality or patient safety management committee as relevant to the size and function of the service.

The BMC (or equivalent) responsibilities should include:

- Development and monitoring of local policy, procedures and safe work practices
- Monitoring the clinical use of blood products
- Monitoring wastage of blood products
- Haemovigilance activities, i.e. monitoring, reporting, investigation and analysis of adverse events related to blood product transfusion
- Escalating any concerns or risks associated with transfusion related activities to the relevant authority
- Contingency planning in the event of notified shortages of blood products
- Monitoring education in transfusion related activities to all relevant staff groups.

3.2 Education

Staff involved in transfusion related activities must complete the BloodSafe eLearning Course Clinical Transfusion Practice.

Transfusion related activities include (but are not limited to):

- Pre transfusion laboratory testing and product issuing
- Administration of blood products
- Monitoring and patient assessment
- Prescribing and ordering blood products – Intern medical officers only (Postgraduate Year 1/2) are required to complete Clinical Transfusion Practice
- Health care workers involved in non-clinical handling of blood products, such as hospital porters and orderlies, are required to complete the separate Transporting Blood module only.
- Health care workers employed only to perform phlebotomy or venepuncture are required to complete the separate Collecting Blood Specimens module only.

This mandated requirement to complete these BloodSafe eLearning courses applies only to a one-off completion, Local Health Districts and Special Health Networks may determine to repeat completion and assessment at a frequency deemed by them to meet local needs.

3.3 Roles and responsibilities

3.3.1 Local Health Districts / Special Health Networks

The Local Health District/Special Health Network must monitor compliance with this Policy Directive and ensure that all facilities that provide transfusion therapy (and related activities) are able to report to a BMC (or equivalent), and that all staff are appropriately trained as relevant to their role.

All facilities that provide transfusion therapy must achieve and maintain accreditation to the relevant NSQHS Standard.

3.3.2 NSW Health Pathology

NSW Health Pathology is responsible for the provision of transfusion laboratory services for NSW Health. As required by NSW Health Policy Directive *Accreditation of Pathology Laboratories in NSW Health* (or any subsequent versions) transfusion laboratory services are required to maintain accreditation to the standards developed by the National Pathology Accreditation Advisory Council.

Transfusion laboratory service providers, other than NSW Health Pathology, may be utilised by NSW Health services. Where such agreements are in place, the requirements of this policy apply.

For transfusion laboratories the relevant standard is the National Pathology Accreditation Advisory Council (NPAAC) Requirements for Transfusion Laboratory Practice (3rd Ed) 2017[14], or any subsequent versions.

[14] The Department of Health, NPAAC Requirements for Transfusion Laboratory Practice (3rd Ed) 2017

3.3.3 Blood Service

The Blood Service is responsible for the collection, manufacture and distribution of blood products to NSW.

The Blood Service operates a 24 hour, 7 day a week phone line for clinical advice and consultation on fresh components, plasma-derived products and recombinant products and on urgent clinical matters including significant transfusion reactions (see 2.6.3 Notification and management of transfusion reaction and incidents).

The contact number is:

- 24 hour customer service line: **1300 478 348**

4 RELATED NSW HEALTH POLICY DIRECTIVES, GUIDELINES AND INFORMATION BULLETINS

- Management of Haemophilia and Related Bleeding Disorders
- National Policy – Access to Government Funded Immunoglobulin Products in Australia
- Maternity – Rh (D) Immunoglobulin (Anti D)
- Maternity – Prevention, Detection, Escalation and Management of Postpartum Haemorrhage (PPH)

5 ATTACHMENTS

5.1 AHMAC stewardship statement

5.2 Implementation checklist

5.1 AHMAC Stewardship Statement

AUSTRALIAN HEALTH MINISTERS' CONFERENCE STATEMENT ON NATIONAL STEWARDSHIP EXPECTATIONS FOR THE SUPPLY OF BLOOD AND BLOOD PRODUCTS

The Australian Health Ministers' Conference (AHMC) has determined that a clear statement is needed on governments' stewardship expectations for the providers of blood and blood products within the health sector. Stewardship, in this context, means responsible, sustainable and appropriate use of blood and blood products.

Blood and blood products are provided under the *National Blood Agreement* 2003 to which all Commonwealth, State and Territory Governments are signatories. Achieving a blood supply that can meet the growing needs of an ageing population at an affordable cost requires the commitment from blood donors to be matched by an equal commitment from other parties in the supply chain.

All governments are committed to:

- Providing an adequate, safe, secure and affordable supply of blood products, blood related products and blood related services; and
- Promoting safe, high quality management and use of blood products, blood related products and blood related services in Australia.

A key component of the blood sector and one which plays an invaluable part is that of the health providers of blood and blood products. Hospitals, doctors, laboratories and other health providers serve a vital role in ensuring these key resources reach the patients in need.

In fulfilling this role, Ministers expect that these health providers will contribute to the sustainability of the blood supply by adopting these stewardship measures for their own organisation and requiring their adoption by any other party to whom they supply blood.

Blood Stewardship Principles

Blood should be managed in ways that ensure:

- All blood products are used in a clinically appropriate manner in accord with relevant professional guidelines and standards;
- Informed patient consent procedures are implemented for all patients;
- Processes, programs and facilities are in place to minimise the wastage of blood products;
- Facilities are accredited with the appropriate bodies to meet all quality and safety obligations; and
- Transfusion related adverse event information is collected and managed according to jurisdictional requirements.

National blood product planning, management and governance are supported by:

- Health providers having an ordering and receipt verification process in place which provides adequate financial accountability as required by governments; and
- Inventory data is provided on a regular and timely basis to assist in supply and demand planning, especially in times of national shortages.

Governments and the National Blood Authority will continue to manage the Australian blood supply to meet the needs of the community. Health providers play a vital role in making sure that products are available to meet clinical need, when and where required. The contribution of these health providers to safe and appropriate use, including minimisation of cost and wastage in the supply, is equally important. Ministers look to health providers to increase their efforts in these areas to ensure that Australia has a sustainable and affordable blood supply into the future.

Statement Approved by the Australian Health Ministers' Conference, 12 November 2010.

5.2 Implementation checklist

LHD/Facility:			
Assessed by:		**Date of Assessment:**	
IMPLEMENTATION REQUIREMENTS	**Not commenced**	**Partial compliance**	**Full compliance**
1. There are procedures and processes in place for blood management activities as outlined in section 2 of this Policy Directive. This includes: a) Transport and storage b) Consent c) Patient identification d) Appropriate use e) Safe administration f) Adverse event management g) Documentation	❑	❑	❑
	Notes:		
2. Procedures and processes are reviewed to ensure they are inclusive of both fresh and fractionated blood products.	❑	❑	❑
	Notes:		
3. Procedures and processes are in place to comply with the requirements for double independent checking.	❑	❑	❑
	Notes:		
4. There is governance in place including a blood management committee and processes for ensuring appropriate and safe use of blood products	❑	❑	❑
	Notes:		
5. There are procedures and processes in place to evaluate compliance with this policy, including: a) Clinical practice or patient blood management audit b) Adverse event reporting c) Haemovigilance analysis and strategies	❑	❑	❑
	Notes:		