

Pathology and Laboratory Medicine Memorandum

To: **NSHA, St. Anne's Community Centre and IWK Physicians, Health Service Managers, Nurse Educators**

From: **Program of Pathology and Laboratory Medicine**

Date: **May 29, 2019**

Message: **Blood Administration Policy CL-BP-030/CL-BP-035**

The blood administration policies of the 9 former district health authorities and IWK have been amalgamated into one unifying policy. This document has been developed in consultation with professional practice, medical, nursing and laboratory representatives from across Nova Scotia and follows standards from CSA, Accreditation Canada and AABB. It also integrates the procedural points of the Home Transfusion Guidelines previously developed by the NSPBCT, VON and Continuing Care. The policy will be implemented on June 3rd, 2019.

Points of note

- The rate (or time to infuse) of the transfusion must now be included in the authorized prescriber's order.
- Competency requirements for Blood Administration have been reduced to a mandatory review of policy and (2) LMS modules prior to initial simulation or clinical administration testing, and followed by an annual self-assessment.
- A new Blood Transfusion Services (BTS) Tag and Transfusion Notification Card has been developed for Zones 1-3. All sites in these areas will use the same printing company for these products. The IWK and Central Zone will continue with established practice.
- A new Transfusion Administration Record (TAR) will replace the Issue/Transfuse Record printed off by the Meditech LIS system beginning 0900 on June 3rd, 2019. The IWK has developed a combined BTS Tag and TAR and Central Zone is developing a nursing specific TAR.
- LPNs will be permitted to transfuse blood components and products as per their expanding scope of employment, however this scope will be unit and patient specific.
- All pediatrics and adult patients who do not have capacity to notify the transfusionist of an adverse event must be directly monitored for the first 15 minutes of a transfusion, while adult patients with capacity must be directly monitored for the initial 5 minutes and then the transfusionist will remain in the same room and periodically observe for another 10 minutes.



- During Operating Room procedures or Massive Transfusion Protocols, it is now within the policy that two other health care providers may verify the identifying information of the patient, the unit of blood and the BTS Tag before the transfusionist initiates the blood administration.

If you have questions about this policy, please contact Emily Durant, Transfusion Practice Coordinator, PLM Blood Coordinating Team, at Emily.Durant@nshealth.ca or (902) 487-0507