Purpose

- To establish a standard for transfusion of blood components and blood products for patients/residents within Covenant Health.
- To ensure the safe handling and transfusion of blood components and blood products for patients.
- To facilitate compliance with applicable national standards.

Policy Statement

Covenant Health is committed to promoting a safe, effective process for patients requiring blood components and products.

The transfusion of blood components and products is restricted to those health care professionals practicing within their scope of practice; who have also demonstrated competency in blood transfusion and have received the appropriate didactic clinical education and training. It is the duty and responsibility of all health care professionals to self-identify learning needs and undertake appropriate measures to ensure ongoing and continual competency, as determined by their governing bodies and specific work settings.

Patients shall be monitored throughout blood component or product transfusions for possible adverse reactions, including but not limited to anaphylaxis or fever.

All patients who have received blood components or blood products shall receive written notification of the transfusion.

Applicability

This policy and procedure applies to all Covenant Health facilities, staff, members of the medical staff, volunteers, students and any other persons acting on behalf of Covenant Health.

Principles

Consistent policy and procedures are necessary for the safe transfusion of patients in Covenant Health and to meet the requirements of the College of Physicians and Surgeons of Alberta (CPSA), Accreditation Canada Standards, Canadian Standards Association (CSA) and the Health Canada Blood Regulations.

1 Hereafter, all references to 'patients' includes residents and clients.
### Procedure 1. Informed Consent

1.1 The most responsible health practitioner is responsible to obtain express written informed consent prior to the transfusion of blood components and products. This documentation shall include the signature of the patient, co-decision maker, alternate decision-maker or legal representative on the appropriate AHS consent form. Refer to Covenant Health "Consent to Treatment/Procedure" policy and corresponding procedures available @ [http://www.compassionnet.ca/ie/Page433.aspx](http://www.compassionnet.ca/ie/Page433.aspx). The consent form shall then be attached to the patient health record.

**NOTE:** In the context of emergency health care, exceptions to the requirement for express written (signed) consent may exist. Refer to Covenant Health “Consent to Treatment/Procedure(s) – Adults with Impaired Capacity and Adults who Lack Capacity” procedure and the Emergency Health Care: Documentation of Exception to Consent form for further details @ [http://www.compassionnet.ca/ie/Page433.aspx](http://www.compassionnet.ca/ie/Page433.aspx).

### 2. Equipment

2.1 Refer to specific blood component or product information / monograph (found @ [http://www.albertahealthservices.ca/lab/Page3319.aspx](http://www.albertahealthservices.ca/lab/Page3319.aspx)) for the correct:

   a) blood administration infusion set;
   b) compatible intravenous solution requirement.

2.2 Blood component or product (see section 5, Obtaining and Verifying Blood Components and Products).

2.3 Infusion pump, as appropriate to blood component or product and patient condition.

2.4 Locate and confirm the availability of the following emergency equipment, including but not limited to:

   a) oxygen source
   b) oxygen tubing
   c) nasal cannula and/or oxygen mask
   d) suction, and
   e) additional intravenous solutions.
2.5 Locate and confirm the availability of the following emergency medications, including but not limited to:

a) epinephrine injectable
   - adult or child/infant – one milligram per milliliter [1 mg/mL] (1:1000)
   - neonate – 0.1 mg/mL (1:10,000)

b) diphenhydrAMINE injectable (50 mg/mL) – NOT USED IN NEONATES; and

c) hydrocortisone injectable.

NOTE: The administration of these medications requires an order from an authorized prescriber.

3. Collection of Pre-transfusion Specimen(s)

3.1 REQUIREMENTS

3.1.1 An order from an authorized prescriber is required to type and screen and/or cross-match a patient.

NOTE: Not all blood products require a type and screen and/or cross match specimen. Refer to the blood monographs for specific product information @ http://www.albertahealthservices.ca/lab/Page3319.aspx

3.1.2 A type and screen order may be followed by a cross match order when the order to transfuse is present.

3.1.3 A transfusion of red cells order may only occur concurrently with an order for cross-match or at a later time. The administration of blood components and products shall require a transfusion order from an authorized prescriber.

3.1.4 The indication for transfusion shall be documented on either the health record or the order.

3.1.5 The transfusion order for blood components and products shall include:

a) type and amount of blood component and product;

b) rate of infusion

c) any special requirements (eg. use of a blood warmer, irradiation);

d) sequence of infusion if more than one type of blood component and product is to be transfused; and

e) any pre/post medication orders or pre/post laboratory tests as required.
3.1.6 Pre-transfusion specimen labels and/or requisition shall align with AHS “Appendix A - Test Request / Requisition Minimum Requirements”, found at [http://www.albertahealthservices.ca/assets/wf/lab/wf-lab-sample-acceptance-appendix-a-dec-2012nm.pdf](http://www.albertahealthservices.ca/assets/wf/lab/wf-lab-sample-acceptance-appendix-a-dec-2012nm.pdf). Requirements include:

a) patient’s full first and last name;
b) at least one other unique identifier (refer to Covenant Health policy #VII-B-25, *Identification of Patient, Resident or Client Using Two Identifiers*);
c) transfusion service identification number (TSIN);
d) date and time of collection;
e) identification of the health care provider collecting the specimen; and
f) identification of witness of collection.

**NOTE:** This witness may include a second healthcare provider, patient, or electronic device (e.g. barcode scanner) as specified by your local process.

3.1.7 Following collection of the blood specimen, a transfusion identification band containing the TSIN number shall be secured to the patient.

### 3.2 PROCEDURE

3.2.1 Prior to collection for pre-transfusion testing, the health care provider, in the presence of the patient, shall confirm patient identification (refer to Covenant Health policy #VII-B-25, *Identification of Patient, Resident or Client Using Two Identifiers*). Perform this in the presence of a witness for confirmation.

**NOTE:** The preferred witness is a second healthcare provider, educated and trained to perform patient identity verification for pre-transfusion testing, or an electronic device designed for this purpose (e.g. barcode scanner). In a setting where this is not available, the patient or a patient companion may serve as the witness as per local process.

3.2.2 Verify that the specimen label and patient identification band match. If an identity discrepancy is found, stop the collection process until the discrepancy is resolved.

3.2.3 Collect pre-transfusion specimen(s).

3.2.4 Attach the TSIN to ethylene-diamine-tetra-acetic acid (EDTA) purple/pink topped specimen tube(s) to be used. Label the
specimen tube(s) with the TSIN and patient label before leaving the bedside.

3.2.5 Attach a TSIN band with the same TSIN number used in step 3.2.4 (above) to the patient.

NOTE: Fragile neonates or other patients considered high risk for skin breakdown may have the transfusion service identification band affixed to the incubator or attached to a soft band worn by the patient (see images below). Neonates must be banded directly or via a soft band prior to transport. Once the clinical condition allows for direct patient banding, immediately attach the band to the patient.

NOTE: The above images are meant to serve as examples only and may not be representative of the systems used in your facility.

3.2.6 Reinforce to patient and/or family the need to keep the TSIN band in place until an authorized prescriber has confirmed a transfusion is no longer required.

3.2.7 If the TSIN band is not attached to the patient, or illegible, a new pre-transfusion specimen is required.

3.2.8 Send pre-transfusion specimens to the laboratory.

4. Prior to Transfusion

4.1 The health care professional confirms that written consent has been obtained and documented on the health record.

4.2 Ensure patient has a patent, healthy intravenous access site.
4.3 Use clinical judgement to determine the most appropriate intravenous catheter size.

- Best practices as per Infusion Therapy; Standards of Practice (2016) is to use an 18-24 gauge intravenous catheter where possible.
- Neonate/pediatric or elderly patients are usually transfused with a 22-24 gauge peripheral intravenous access device.
- Additional information is available in the Alberta Health Services Transfusion of Blood Components and Products Learning Module.

NOTE: See individual sections for specific blood component and product administration information in the AHS Blood Components and Products Information Monographs, @ http://www.albertahealthservices.ca/3319.asp

5. Obtaining Blood Components and Products

5.1 REQUIREMENTS

5.1.1 To obtain blood components and products from the Transfusion Service/Laboratory, a computer generated or handwritten hard copy document with the following patient identification information is required:

a) patient’s full first and last name;

b) at least one other unique identifier (refer to Covenant Health policy #VII-B-25, Identification of Patient, Resident or Client Using Two Identifiers.

c) type of requested blood component or product; and

d) amount/dose of requested blood component or product.

NOTE: Confirmation of this information shall be done at the time the blood component or product is issued, including when a pneumatic tube system for blood component or product delivery is in use.

5.1.2 All blood components and products shall be inspected for abnormalities immediately prior to the removal from Transfusion Services/Laboratory. When an abnormality is detected, the blood component or product must not be used.

5.1.3 All blood components and products must have a compatibility label/tag attached in order to be issued from Laboratory Services/ Transfusion Medicine. Blood components and products that do not have a compatibility label/tag attached must not be removed from Transfusion Services/Laboratory.

5.1.4 When blood components and products are issued from Transfusion Services/Laboratory, the information listed in 5.1.1
and 5.1.2 must be documented in a manner that links the blood component or product with the request and the intended recipient. This documentation shall occur through one of the following means:

a) automatic electronic capture (i.e. scanning of personnel identification)
b) manual data entry in an Information System; or
c) paper transfusion log.

5.1.5 Health care professionals listed in the Alberta Health Services Health Care Professionals Regulated to Issue and/or Receive Blood Components and Products table are regulated to issue, and to document the issue of blood components and products.

NOTE: Health care professionals listed in the Alberta Health Services Health Care Professionals Regulated to Issue and/or Receive Blood Components and Products table who have received additional training may also be authorized to receive blood components and products.

5.1.6 With appropriate training, nursing students, health care aides, unit clerks, or porters are permitted to receive and document the issue of blood components and products only during laboratory hours when a laboratory technologist or laboratory assistant is available to release the required blood component or product. Valid institutional identification is required by students.

5.1.7 Blood components and products stored outside the laboratory shall be stored in a storage device or location that has been approved by the Transfusion Services/Laboratory for this purpose.

NOTE: Platelets and cryoprecipitate are never refrigerated.

5.2 PROCEDURE

5.2.1 Obtain the blood component or product from Transfusion Service/Laboratory. The issuing process will generally require two health care providers; one of whom must be a health care professional or an employee of Transfusion Service/Laboratory.

Exceptions:

a) blood components or products signed out of a “smart” refrigerator (eg. Haemonetics system) by a system authorized health care provider
b) when a single health care professional is available (eg. nursing staff during off-shift hours). Note: All requirements of Section 4 of still apply.
5.2.2 Issue only one blood component at one time, except when:
   a) blood components are issued in an appropriate laboratory cooler for transport;
   b) rapid infusion methods are being used; or
   c) the patient requires simultaneous transfusions.

   NOTE: Multiple vials of some blood products may be issued simultaneously.

6.0 Verifying Blood Components or Products and Patient

6.1 REQUIREMENTS

6.1.1 The health care professional administering the transfusion shall confirm and document that the identity of the patient is correct, and that the blood component or product that is about to be transfused matches the order for transfusion.

6.1.2 Unequivocal identification of both the patient and the blood component or product to be transfused is required. This shall be accomplished through an independent double check process involving a second health care professional or laboratory assistant trained and authorized to do so, or through the use of an electronic device by the transfusionist, approved by Transfusion Medicine/Laboratory for this purpose.

6.1.3 The following verifications MUST occur in the presence of the patient, immediately prior to transfusion:
   a) Patient identification (refer to Covenant Health policy #VII-B-25, Identification of Patient, Resident or Client Using Two Identifiers). The patient identity must match the transfusion documentation/tag provided with the blood component or product.
   b) The TSIN on the transfusion documentation/tag matches the TSIN on the patient’s transfusion service identification band where applicable.

6.2 PROCEDURE:

6.2.1 Visually inspect blood component and product for abnormalities, such as (but not limited to) clots, abnormal color or leaks.

6.2.2 Verify and document the following information on the blood component or product has been matched and is correct. This
step is completed by the health care professional administering the transfusion of the blood component or product:

a) the blood component or product received is consistent with the transfusion order;
b) the unit identification number of the transfusion tag matches the unit identification number listed on the blood component or product label;
c) ABO-Rh group on the transfusion tag matches ABO-Rh group on the blood component label;
   NOTE: Plasma and cryoprecipitate labels do not include Rh
d) ABO-Rh group of the blood component received is compatible with patient’s blood group; and
e) blood component or product expiration date has not passed.

6.2.3 In the presence of the patient and immediately prior to initiation of the transfusion, the health care professional administering the transfusion shall confirm the following:

a) patient identification (refer to Covenant Health policy #VII-B-25, Identification of Patient, Resident, or Client Using Two Identifiers) and
b) that the patient identification matches the information provided on the transfusion documentation/tag; and
c) the TSIN on the transfusion documentation/tag matches TSIN on the patient transfusion services identification band.

NOTE: The TSIN may be used as a unique identifier.

6.2.4 In the presence of the patient and immediately prior to transfusion, a second health care professional or laboratory assistant who is trained and authorized to perform this task, or an electronic device approved by Transfusion Medicine/Laboratory for this purpose, shall also verify the information listed in Sections 6.2.2 and 6.2.3 above.

6.2.5 If a discrepancy is found, stop the process. Contact Transfusion Services/Laboratory to resolve the discrepancy.

6.2.6 Sign the transfusion documentation (i.e. the health care professional transfusing the blood component and product) and have the health care professional confirming verification also sign (this is not applicable where an approved electronic device is used for verification).

6.2.7 Document the starting date and time.
6.2.8 Do not separate the blood component and product tag from the blood component and product until the transfusion is complete.

NOTE: If transferring to a secondary container (eg. syringe), the secondary container must be labelled with the following:

a) patient’s first and last name;

b) patient identification number (TSIN if available);

c) blood component or product in the container (include blood group and Rh if available);

d) unit number or lot number of component or product; and

e) volume of component or product in container.

7. Administration and Monitoring of Transfusion

7.1 REQUIREMENTS

7.1.1 Only Alberta Health Services/Covenant Health approved infusion devices and ancillary equipment shall be used.

7.1.2 Blood components shall be transfused over a maximum of four hours from the time of issue or removal from a temperature-controlled environment.

7.1.3 Blood components shall be returned to Transfusion Medicine/Laboratory when:

- the transfusion is cancelled; or
- the transfusion has not been initiated and cannot be completed within four hours from the time of issue; and
- the transfusion is not initiated within 60 minutes of removal from a temperature-controlled environment.

7.1.4 In situations when it is necessary for the patient to continue a transfusion away from the initial patient care area, a clinical handover of the patient's transfusion care shall occur.

7.1.5 Patients shall be monitored throughout blood component or product transfusions for adverse reactions.

7.1.6 Under no circumstances shall medications be added to a blood component or product unless otherwise stated in the blood component and product information/monograph.

NOTE: A second venous access site or a different lumen of a central venous access device (CVAD) should be used for medication administration, where possible. Alternatively, a lower intravenous injection port should be used to administer medication and include pre- and post-administration of an
intravenous solution compatible with the blood component or product to flush the line.

7.2 **PROCEDURE**

7.2.1 Perform hand hygiene.

7.2.2 Gather equipment and set up at bedside.

7.2.3 Prime the intravenous line with the appropriate intravenous solution.

7.2.4 Refer to the AHS *Key Transfusion Activities Matrix* for a listing of health care professionals who may initiate the transfusion or administration of a blood component or product.

7.2.5 Explain procedure to patient and/or family when possible and advise patient to report if experiencing any side effect including, but not limited to, shortness of breath, fever, itching, chills, or feeling very unwell.

7.2.5 Perform a baseline assessment of the patient including:

a) temperature
b) blood pressure
c) heart rate
d) respiration rate, and
e) oxygen saturation.

7.2.6 Attach the blood component or product to the blood tubing, and initiate the flow. The first minutes (eg. 5-15 minutes) of a transfusion are typically at a slow rate (eg. one to two millilitres per minute [1-2 mL/minute]). Refer to component or product monograph for specific details. Continue transfusion at the prescribed rate. In the event of an adverse reaction, immediately stop the transfusion (see Section 8 below). If a change in prescribed infusion rate is required for reasons unrelated to an adverse reaction, contact the authorized prescriber for a new rate.

7.2.7 All patients receiving blood component transfusions are monitored as per the following table. For transfusion of blood products, refer to AHS Laboratory Services *Transfusion Medicine Blood Components and Products Information Monographs* for specific monitoring requirements.
Transfusion of Blood Components and Products

Pre Transfusion Vitals?

<table>
<thead>
<tr>
<th></th>
<th>Stay At Patient Bedside</th>
<th>Vital Signs During Transfusion</th>
<th>Post Transfusion Monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>First 5 min</td>
<td>First 10 min</td>
<td>First 15 min</td>
</tr>
<tr>
<td>ADULTS (in patients)</td>
<td>Yes</td>
<td>Yes</td>
<td>NO, but must be immediately available*</td>
</tr>
<tr>
<td>ADULTS (out patients)</td>
<td>Yes</td>
<td>Yes</td>
<td>NO, but must be immediately available*</td>
</tr>
<tr>
<td>PEDIATRICS &amp; NEONATES</td>
<td>Yes</td>
<td>YES</td>
<td>Yes</td>
</tr>
</tbody>
</table>

* Defined as performing non-dedicated tasks with the patient in view.
**If patient has had a previous adverse reaction to component transfusion, or this is the first transfusion patient has had for component, monitor for 30-60 minutes.

Note: Vital signs/patient monitoring may be conducted more frequently as determined by clinical condition of patient.

7.2.8 Administration sets are changed as follows:

a) at least every eight hours or as per manufacturer’s direction;
b) when platelets are to be transfused after red cells or plasma; and
c) when switching from one blood product to another

8. Adverse Reactions / Reporting of Adverse Reactions

8.1 Refer to AHS Acute Transfusion Reaction Chart @ http://www.albertahealthservices.ca/assets/wf/lab/wf-lab-clin-tm-trxn-algrthm.pdf for symptoms, and timing of symptoms, of a suspected transfusion reaction.

8.2 In situations where an adverse reaction is suspected:

a) immediately stop the transfusion;
b) maintain intravenous access site using a new intravenous infusion set and compatible intravenous solution;
c) assess vital signs;
d) notify an authorized prescriber and Transfusion Services/Laboratory of suspected adverse reaction even if no intervention was required.

8.3 Ensure all blood components and products, blood tubing, solutions, and transfusion tags are not discarded until direction is received from the Transfusion Service/Laboratory.
8.4. Report the incident per Covenant Health policy #III-45, *Responding to Adverse Events, Close Calls and Hazards.* Serious adverse reactions are reported to Canadian Blood Services by Transfusion Services/Laboratory.

9. Post Transfusion

9.1 Flush the intravenous line to ensure all blood component and product is visibly clear from the intravenous line. When a specific volume of component or product is required stop the transfusion and flush the catheter.

8.2 If additional blood components or products are required;

a) maintain intravenous access infusing the appropriate maintenance solution between products to keep the vein open,
b) dispose of empty blood containers and tubing sets using routine practices to reduce the risk of exposure to blood and body fluids, and
c) repeat above sections 5 to 7 for each component and product to be transfused.

10. Documentation

10.1. The transfusion record in the patient's health record shall contain:

a) date and time of transfusion (start and end);
b) type, volume, and identification number of blood component or product;
c) identification of health care professional transfusing the blood component or product;
d) identification of second health care provider verifying the blood component or product;
e) vital signs and time;
f) any reactions detected and subsequent follow-up (including testing);
g) patient teaching; and  
h) patient outcomes.

10.2. Return completed transfusion documentation to the Transfusion Services/Laboratory once all information is complete in accordance with zone or site-specific reporting mechanisms.

10.3. Notify Transfusion Services/Laboratory of all blood components and products not transfused or when the ordered volume is not fully transfused.

10.4 Report adverse reactions as noted in Section 8 above.
10.5 Provide written notification to the patient and/or legal representative as noted in Section 11.

11. **Patient Notification**

11.1 All patients who have received blood components and products must receive written notification of the transfusion in accordance with zone specific mechanisms.

**Definitions**

*For the purpose of this policy/procedure:*

**Adverse reaction** means an undesirable and unintended response to the transfusion of blood components or products that is considered to be definitely, probably, or possibly related to the transfusion.

**Alternate decision maker** means a person who is authorized to make decisions with or on behalf of the patient. These may include: specific decision-maker, a minor’s legal representative, a guardian, a ‘nearest relative’ in accordance with the *Mental Health Act*, an agent in accordance with a Personal Directive, or a person designated in accordance with the *Human Tissue and Organ Donation Act*.

**Authorized prescriber** means a health care professional who is permitted to prescribe medications as defined by Federal and Provincial legislation, her/his regulatory college, Covenant Health, and practice setting (where applicable).

**Blood component(s)** mean the therapeutic parts of blood used for transfusion, namely packed red blood cells, plasma, fresh frozen plasma, platelets, and cryoprecipitate.

**Blood product(s)** mean the therapeutic parts of blood derived from plasma by manufacturing companies. Examples include: albumin, intravenous immune globulin, and prothrombin complex concentrates.

**Clinical handover** means the transfer of professional responsibility and accountability for some or all aspects of care for a patient(s) to another person or professional group on a temporary or permanent basis.

**Co-decision maker** means a person selected by the patient and appointed by the Court to make decisions in partnership with the patient, when the patient has significantly impaired capacity but can still participate in decision making.

**Compatibility label/tag** means the documentation attached to the blood component or product that links the intended recipient to the blood component or product. Information on the label/tag shall include: 1) recipient’s full name, 2) recipient’s identification number, 3) lot/unique identification number of blood component or product, 4) type/name of blood component or product, 5) amount/dose, and 6) TSIN where required.
Express consent means direct, explicit agreement to undergo a treatment/procedure(s), given either verbally or in writing.

Family means one or more individuals identified by the patient as an important support, and who the patient wishes to be included in any encounters with the health care system, including, but not limited to, family members, legal guardians, friends and informal caregivers.

Hand hygiene means practices which remove micro-organisms, with or without soil, from the hands (refers to the application of alcohol-based hand rub or the use of plain/antimicrobial soap, and water hand washing).

Health care professional means an individual who is a member of a regulated health discipline, as defined by the Health Disciplines Act [Alberta] or the Health Professions Act [Alberta], and who practices within scope and role.

Health care provider means any person who provides goods or services to a patient, inclusive of health care professionals, staff, students, volunteers and other persons acting on behalf of or in conjunction with Covenant Health.

Health record means the Covenant Health legal record of the patient's diagnostic, treatment and care information.

Independent double check means a verification process whereby a second health care provider conducts a verification of another health care provider's completed task. The most critical aspect is to maximize the independence of the double-check by ensuring that the first health care provider does not communicate what he or she expects the second health care provider to see, which would create bias and reduce the visibility of an error. (Institute for Safe Medication Practices [ISMP], 2005)

Informed consent means the agreement of a patient to undergo a treatment/procedure after being provided with the relevant information about the treatment/procedure(s), its risks and alternatives, and the consequences of refusal.

Issue means the process of signing out blood components or blood products from the Transfusion Services/Laboratory approved temperature controlled environment (eg. refrigerator located outside of the laboratory).

Legal representative means the following in relation to a minor, as applicable:

a) guardian, or
b) nearest relative as defined in the Mental Health Act (Alberta),

who has the authority to consent to treatment for a minor formal patient or minor who is subject to a Community Treatment Order.

Medication means any substance or mixture of substances manufactured, sold or represented for use in the diagnosis, treatment, mitigation or prevention of a disease, disorder or abnormal physical state, or its symptoms, in human beings, and restoring, correcting or modifying organic functions in human beings.
**Most responsible health practitioner** means the health care professional who has responsibility and accountability for the specific treatment/procedure(s) provided to a patient and who is authorized by Covenant Health to perform the duties required to fulfill the delivery of such a treatment/procedure(s), within the scope of his/her practice.

**Order** means a direction given by a health care professional to carry out specific activity(-ies) as part of the diagnostic and/or therapeutic care and treatment, to the benefit of a patient. An order may be written (including handwritten and or electronic), verbal, by telephone or facsimile. Refer to Covenant Health policy #VII-B-125, *Medication Orders*.

**Patient** means all persons who receive or have requested health care or services from Covenant Health and its health care providers, and also means, where applicable:

a) a co-decision-maker with the person; or

b) an alternate decision-maker on behalf of the person.

**Transfusion Service Identification Number (TSIN)** means the unique number assigned to the patient for the purpose of blood component transfusion. It assists in the unequivocal identification of patient and blood component as this number is utilized throughout the transfusion process, from collection to transfusion. It is displayed on the patient armband, requisition, collected samples and blood components to be transfused. This number is referred to differently dependent upon the blood services provider, e.g., RTSIS (Regional Transfusion Service Identification System), BBIN (Blood Bank Identification Number), TMID (Transfusion Medicine Identification).

**Unique identifier** means the patient’s unique lifetime identifier (ULI), or if ULI is not available, a personal healthcare number (PHN), hospital number, military identification number or valid health insurance number (out-of-province/country patients).

**Related Documents**

Alberta Health Services Provincial Resource Page(s) for Transfusion of Blood Components - Toolkit of Learning Resources @
http://www.albertahealthservices.ca/10380.asp

Covenant Health Policies/Procedures:
- Consent to Treatment suite & forms @
  http://www.compassionnet.ca/Page433.aspx
- Identification of Patient, Resident or Client Using Two Identifiers, #VII-B-25

Transfusion of Blood Components and Products Learning Module available on CLiC @
http://www.compassionnet.ca/Page1211.aspx

- Alberta Health Services *Health Care Professionals Regulated to Issue and/or Receive Blood Components and Products* Table
• Alberta Health Services Transfusion Services/Laboratory Services *Acute Transfusion Reaction Chart*
• Alberta Health Services *Acceptance of Laboratory Samples and Test Requests Policy*

**References**
• Canadian Society for Transfusion Medicine (2011) *Standards for Hospital Transfusion Services*
• *Canadian Blood Services* (2011)
• Infusion Therapy: Standards of Practice (2016)

**Chronological Revision Date(s)**
July 10, 2015