



**LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER**

SUBJECT: PAUL GANN BLOOD SAFETY ACT

POLICY NO. 350

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| CATEGORY: Provision of Care | EFFECTIVE DATE: 7/91 |
| POLICY CONTACT: Rachel Rangwala, MD | UPDATE/REVISION DATE: |
| REVIEWED BY COMMITTEE(S): Blood and Tissue Utilization | |

PURPOSE:

The purpose of this policy is to comply with California State law, which requires patients who have a reasonable expectation to receive blood are informed of alternatives to banked blood, such as directed donor or autologous blood.

POLICY:

At Harbor-UCLA Medical Center, in order to conform with the provisions of the Paul Gann Blood Safety Act, physicians and mid-level providers will provide all patients who may require blood transfusion with information necessary for them to make informed decisions about blood transfusion and possible options, including the patient educational sheet, "A Patient's Guide to Blood Transfusion" (see attachment). Urgent transfusions should not preclude an alert patient from receiving this information as it may be useful for future transfusions.

Emergency situations in which patient safety would be endangered by delaying the provision of a blood transfusion are exempt from this policy; proper documentation is required.

PROCEDURE:

I. PROVIDER

At the time a determination is made that a patient may need a blood transfusion, as part of the informed consent process, the provider will give the patient the educational sheet "A Patient's Guide to Blood Transfusion."

The patient may attest that they have received this educational sheet by signing on the appropriate portion of the Informed Consent for Blood Transfusion form. The provider may also attest that they have given the patient this educational sheet by signing the "Provider Attestation" portion of the Informed Consent for Blood Transfusion form. If the patient chooses to donate blood for their own use, it is the responsibility of the provider to contact the Blood Bank. The Director of Transfusion Medicine will contact the patient and arrange for a donation appointment to be made by the American Red Cross.


REVISED: 12/95, 11/98, 2/99, 2/05, 12/05, 10/11, 6/15, 7/18, 3/22

REVIEWED: 10/92, 12/95, 11/98, 2/99, 2/02, 12/05, 10/11, 6/15, 7/18, 3/22

APPROVED BY:


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II. AVAILABILITY

The "A Patient's Guide to Blood Transfusion" educational sheet is a part of the Informed Consent for Blood Transfusion form; this form is available from the electronic consent (iMed) system. It must be reviewed with and given to every patient as part of the Informed Consent for Transfusion process.

The Blood Bank is available for consultation.

Reviewed and approved by:
Medical Executive Committee 03/2022

A handwritten signature in cursive script that reads "Beverley A. Petrie".

Beverley A. Petrie, M.D.
President, Professional Staff Association

A PATIENT'S GUIDE TO BLOOD TRANSFUSION

(Adapted from the brochure developed by the California Department of Health Services, January 2018)

This guide is provided as a source of information.

It is not to be considered a replacement for the informed consent process prior to the transfusion of blood

If you need blood, you have several options. These options include receiving blood from the community using your own blood (autologous), or blood from donors that you have selected (designated donors). Your options may be limited by time and health factors. Although you have the right to refuse a blood transfusion, this decision may hold life-threatening consequences. It is important to weight the risks, costs and benefits of donating your own blood before surgery. Many elective surgeries do not require blood transfusions. If you have questions about transfusion needs or options, please ask your doctor. Check with your insurance company about your costs for donation. If you choose not to donate your own blood, or if more blood is required than expected, you may receive blood other than your own.

Community Donors Hospitals maintain a supply of blood from volunteer (unpaid) community donors to meet transfusion needs. Community blood donors are screened by a thorough medical history, and then tested with the most accurate technology available. Our nation's blood supply is very safe and high in quality. Nothing in life is risk free; however, the risks associated with blood transfusions are very small. The chance that a unit (pint) of blood will transmit Human Immunodeficiency Virus (HIV) (the virus that causes Acquired Immunodeficiency Syndrome (AIDS) or hepatitis C is about 1 in 1.5 million. The chance that a unit (pint) will transmit hepatitis B is 1 in 1 million.^{1*} Although the risk for other serious infections exist, that risk is much less than the annual risk of dying in a motor vehicle accident in the United States (1 in 9,000)².

Using your own blood – Autologous Donation Using your own blood (autologous) can minimize the need for transfusions with donor blood. Using your own blood will reduce, but not eliminate, the risk of transfusion-related infections and allergic reactions. Patients who donate their own blood before surgery have lower blood levels at the time of surgery and, therefore, have a greater chance of needing transfusions during or after their surgeries. Autologous blood donations are not an option for all patients. It may not be safe for you to donate. Ask your doctor if autologous donation is appropriate for you.

Donating BEFORE surgery Blood banks can draw your blood and store it for your use. This process usually is performed for a planned surgery. Blood can be stored for only a limited period of time, so coordinating the donations with the date of surgery is important.

Donating DURING and/or AFTER surgery Immediately before surgery, your doctor may be able to remove some

of your blood and replace it with other fluids. After surgery, the blood that was removed may be returned to you. In addition, the surgeon may be able to recycle your blood during surgery. Blood that normally is shed and discarded during surgery could be collected, processed, and returned to you. A large volume of your blood can be recycled in this way. Blood that is lost after surgery may be collected, filtered, and returned to you.

Designated Donors Although the blood supply today is very safe, some patients prefer to receive blood from people they know – “designated (or directed) donors.” This blood is not safer than blood from volunteer community donors. In some cases it may be less safe because donors known to the patient may not be truthful about their personal history. Blood donated by someone who was recently exposed to HIV or others infections could pass the screening tests, and infect you. Designated donors must meet the same requirements as community donors. Several days' notice is required for the additional processing of designated donors.

If you have additional questions about your options for blood transfusion, please ask your doctor. Information also can be obtained by calling your local community blood bank.

References:

1.0 Stramer SL, Glynn SA, Kleinman SH at al. “Detection of HIV-1 and HCV infections among antibody-negative blood donors by nucleic acid-amplification testing.” *New England Journal Medicine* vol 351, pp. 760-768, August 2004. *The risk estimates were adjusted to include first time and repeat blood donors. US Department of Transportation's Fatality Analysis Reporting System website 2016 data:
http://www.hwysafety.org/research/fatality_facts/general.html

This information sheet is adapted from the brochure “A patient's guide to blood transfusion (January 2018)” developed by

The California Department of Health Services Laboratory Field Services, 850 Marina Bay Parkway Richmond, CA 94804. In partnership with the Medical Technical Advisory Committee of the Blood Centers of California

For information about the brochure contents, please call Laboratory Fields Services at (213) 620-6574. Distributed by the Medical Board of California