I. PURPOSE

To outline the physician's obligation to:

- Provide patients with information about transfusion options prior to medical treatment or surgical procedure for which there is a reasonable possibility that a transfusion may be necessary, pursuant to the Paul Gann Act.
- Obtain informed consent for a blood transfusion and/or use of blood products.
- Document any refusal to consent to blood transfusion and/or use of blood products.

II. POLICY STATEMENT

Medical staff members are responsible for informing each patient of the risks, benefits and alternatives for blood transfusions and/or use of blood products, and to provide required written information regarding the options for blood transfusion, pursuant to the Paul Gann act.

III. PROCEDURES

A. Paul Gann Blood Safety Act. Whenever there is a reasonable possibility that a blood transfusion may be necessary for a patient (inpatient or outpatient) as a result of a medical or surgical procedure, the physician who makes the determination that the reasonable possibility exists MUST do all of the following:

1. Provide the patient with the California Department of Health Services (CDHS) brochure titled *A Patient's Guide to Blood Transfusion* which informs the patient of the risks and benefits of receiving autologous blood and blood from designated or community blood donors. Found online at: http://www.mbc.ca.gov/publications/blood_transfusion_english.pdf

   a. In a life threatening emergency, the Gann Act brochure does not need to be given and the physician should document accordingly on the appropriate consent form.

2. Allow adequate time before the medical procedure or surgery for autologous or designated blood donation to take place, unless the patient declines, there is a life-threatening emergency or where there are medical contraindications.

3. Frequency of Providing Patients with Gann Act brochure.

   a. For inpatients, the Gann Act brochure must be given to patients once per admission.

   b. For inpatients or outpatients who are undergoing a serial course of treatment which requires multiple admissions/treatments and blood transfusions, such as chemotherapy or apheresis treatments, the Gann Act brochure must be given once a year. If the Gann Act brochure is revised by CDHS during this period, a new brochure should be given to the patient.

4. Documentation of Gann Act

   a. Documentation of Gann Act can be found on the following consent forms: *Consent to Operation*, *Procedure and Administration of Anesthesia (Form #15-01)* or *Consent Blood Transfusions, Blood Products and Gann Act (Form #15-2671)*.

B. Obtaining Informed Consent for Blood Transfusions and/or Use of Blood Products

1. The Medical Staff bylaws require that physicians obtain informed consent for blood transfusions and/or use of blood products. See *Informed Consent* policy for situations where informed consent is not required, such as in an emergency. Physicians should discuss the risks, benefits and alternatives of blood transfusion and/or use of blood products with patients.

2. Frequency of Obtaining Consent for Blood Transfusion and/or use of blood products. Informed consent must be obtained:

   a. ***Prior to every surgical procedure.*** The consent will be valid for use of blood transfusions and/or blood products during surgery and as part of this ongoing course of treatment.

b. Each admission for non-surgical patients.

c. Once per year for outpatients and inpatients undergoing medical procedures that require continued, ongoing transfusions or use of blood products.

d. Whenever a patient's circumstances change such that they materially affect the nature of or the risk of the procedure.

3. Documentation of Informed Consent

a. Patients or their authorized healthcare decision- maker sign either the relevant consent forms as listed above at III. A. 4. a.
b. Included within physician medical record documentation of discussion.

C. Patient Refusal to Consent for Blood Transfusion-See Blood Transfusion Refusal policy in the SHC Patient Care Manual for more information. In summary:

1. Patients may refuse to consent for blood transfusion and/or use of blood products. If a patient refuses to consent for a blood transfusion and/or use of blood products, the patient documents this refusal by signing the *Refusal for Blood Transfusion* form (Form 15-19), or checking the refusal box on the *Consent Blood Transfusions, Blood Products and Gann Act* form (Form #15-2671). The physician documents discussion in the medical record.

2. For minors – if the treating physician has determined that medical treatment is necessary to sustain life or prevent lifelong disability of a minor patient, and parents or legal guardians have been contacted and refuse to provide consent, the physician, in collaboration with a hospital social worker should immediately contact Child Protective Services (CPS) for consultation and possible court order.

IV. COMPLIANCE

A. All workforce members including employees, contracted staff, students, volunteers, credentialed medical staff, and individuals representing or

engaging in the practice at SHC are responsible for ensuring that individuals comply with this policy.

B. Violations of this policy will be reported to the Department Manager and any other appropriate Department as determined by the Department Manager or in accordance with hospital policy. Violations will be investigated to determine the nature, extent, and potential risk to the hospital. Workforce members who violate this policy will be subject to the appropriate disciplinary action up to and including termination.

V. RELATED DOCUMENTS

A. Informed Consent- SHC Administrative Manual

B. Health Care Decisions for Adult Patients Who Lack Capacity - SHC Administrative Manual

C. Health Care Decisions for Patients Who Lack Capacity and Lack Surrogates- SHC Administrative Manual

D. Blood Transfusion Refusal-SHC Patient Care Manual

E. Interpreter and Language Translation Services- SHC Administrative Manual

VI. DOCUMENT INFORMATION

A. Legal Authority/References
   1. Joint Commission Hospital Accreditation Manual 2012
   2. Health and Safety Code 1645
   3. California Hospital Association Consent Manual 2012

B. Author/Original Date
   Risk Management, June 2007, March 2013

C. Gatekeeper of Original Document
   Administrative Manual Coordinators and Editors

D. Distribution and Training Requirements
   1. This policy resides in the Administrative Manual.

2. New documents or any revised documents will be distributed to Administrative Manual holders. The department/unit/clinic manager will be responsible for communicating this information to the applicable staff.

E. Review and Renewal Requirements
This policy will be reviewed and/or revised every three years or as required by change of law or practice.

F. Review and Revision History
Risk Management, March, 2013

G. Approvals

Medical Executive Committee 8/08, 4/13

LPCH and SHC Board Credentials, Policies and Procedures Committee, 8-08, 4/13