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HOSPITAL BLOOD TRANSFUSION COMMITTEE

Objective of Committee:

1. Review blood product related morbidity and mortality.
 2. Review utilisation levels of all blood products and their clinical indications.
 3. Approve or amend Guidelines for the appropriate utilisation of blood products generated by the NBS, BSH, or Regional Blood Transfusion Advisory Committee.
- Monitor the impact of implementing these Guidelines upon hospital blood transfusion practice.
4. Review periodically, Standard Operating Procedures pertaining to blood ordering, handling, issue and despatch within the hospital; adequacy of blood storage refrigerators; platelet storage, etc.
 5. Review hospital compatibility laboratory records; proficiency testing exercise results; practices and procedures; training; application of agreed Maximum Surgical Blood Ordering Schedule; Screen and Save policy, etc.
 6. Review disaster planning in the context of blood transfusion.
 7. Review the performance of the Regional Blood Transfusion Service:

Timely and adequate delivery of products; responsiveness in relation to services (tissue typing; provision of matched platelets; investigation of adverse reactions; special serological investigations, etc.); errors; responsiveness and communication of information - how timely and effective ...; collaborative research, etc.

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Composition of the Committee:

Consultant Haematologist
Surgical; Anaesthesiology; Obstetric
and Paediatric Consultants
Senior Nursing Sister
Blood Compatibility Laboratory Chief MLSO
Consultant representing the RTC

Frequency of Committee Meetings:

Quarterly

Distribution of Minutes

Regional Blood Transfusion Advisory Committee
Regional Medical Officer
NETS Directorate
Regional Haematologists Committee