 <p><b>BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI</b></p> <p><b>JEHOVAH'S WITNESS PROTOCOL</b></p>	<p align="center"><b>JEHOVAH'S WITNESS PATIENTS – TREATMENT OF CHILDREN IN NEED OF ALTERNATIVE BLOOD REPLACEMENT THERAPY</b></p>	<p align="center"><b>Policy 1.2.5 Protocol 3</b></p>
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## OBJECTIVE

When appropriate, Jehovah's Witness children in need of blood replacement therapy will be managed in accordance with their parent's religious beliefs.

The provisions in this protocol are in addition to those set out in Policy 1.2.5 protocol 2 Jehovah's Witness Patients – Treatment When in Need of Alternative Blood Replacement Therapy.

## STANDARDS TO BE MET

### 1. Understanding Regarding Refusal of Blood Transfusion for Minors

- 1.1 The parents / guardians of all minor patients who are admitted to hospital, and on whose behalf a refusal for blood transfusion is signed, must be approached and informed of the contents of the BOPDHB Understanding Regarding Refusal of Blood Transfusion for Minors form. Parents / guardians must be encouraged to read and sign this form.
- 1.2 If they refuse to sign the form then the fact that they were informed on its content must be fully documented in the patient's health record.

### 2. Non-Urgent Intervention

- 2.1 In the case of children where the parents or guardians refuse consent to transfuse or inject blood components or products that are deemed as necessary to save life or prevent permanent injury or prolonged and avoidable pain and suffering, the Consultant responsible must be informed immediately and will take timely action through the office of the Medical Director to arrange appropriate discussion of further action.
- 2.2 The action may involve a meeting of the Medical Director (or delegated deputy) with the Consultant and a lawyer to discuss the need for legal action. If court action is deemed necessary, the parents must be kept fully informed.


### 3. Emergency Intervention

- 3.1 When a true emergency arises the terms of the BOPDHB Understanding Regarding Refusal of Blood Transfusion for Minors form will be applied and the child will be transfused as necessary.
- 3.2 When this occurs all possible support will be offered to the family.

## ASSOCIATED DOCUMENTS

- Bay of Plenty District Health Board policy 1.2.5 Jehovah's Witness Patients – Providing Care
- Bay of Plenty District Health Board policy 1.2.5 protocol 1 Jehovah's Witness Patients – Providing Care Standards
- Bay of Plenty District Health Board policy 1.2.5 protocol 2 Jehovah's Witness Patients – Treatment of Patients in Need of Alternative Blood Replacement Therapy
- Bay of Plenty District Health Board Perioperative Service protocol PERIOP.J1.1 Guidance - Jehovah's Witness Patients (Adults and Children) - Trauma or Acute Bleeding Management

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<p>Protocol Steward: GM Governance &amp; Quality</p>	<p>Authorised by: Medical Director</p>	

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- Bay of Plenty District Health Board Perioperative Service protocol PERIOP.J2.1 Guidance - Jehovah's Witness Patients (Adults and Children) - Elective Surgery Management
- Bay of Plenty District Health Board policy 1.1.1 Informed Consent
- Bay of Plenty District Health Board policy 1.2.6 Refusal of Blood Products
- Bay of Plenty District Health Board Informed Consent form (7752)
- Bay of Plenty District Health Board Form FM.B2.1 Blood Products - Understanding Regarding Refusal of Blood Products for Minors
- Bay of Plenty District Health Board Form FM.H.1 Health Care Directive
- Bay of Plenty District Health Board Form FM.J1.1 Jehovah's Witness Patients - Providing Care

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