
PC.25.10 Side effects or complications are immediately reported to the medical staff and blood bank and the transfused unit is sent to the blood bank for further investigations.

Standard Intent:

The use of blood in the organization is supervised and closely monitored by the blood utilization committee. Blood must be handled and used in accordance with standards of practice and in a consistent manner in order to ensure the safety of the recipient. Policies and procedures are developed and approved by the blood utilization committee covering the administration of blood (including patient's identification, accepted practices, monitoring during and after the transfusion and reporting of transfusion errors) and when to administer blood without a consent. Only physicians can order blood for transfusion. Patients are informed for the reason for transfusion and sign an informed consent for blood transfusion that must include the elements in the substandard PC.25.3.1 through PC.25.3.5.

All transfusion reactions are immediately reported to the blood bank and investigated by the appropriate blood bank staff in order to avoid its recurrence. A report is given to the blood utilization committee to ensure the implementation of corrective actions.

PC.26 Patients at risk for developing venous thromboembolism are identified and managed.

PC.26.1 Patients are screened for the risk of developing venous thromboembolism.

PC.26.2 Patients at risk receive prophylaxis according to current evidence-based practice.

Standard Intent:

The hospital must develop a risk assessment tool to identify patients for risk of venous thromboembolism and to start appropriate prophylaxis either mechanical, pharmacological or both according to risk severity and to reassess whenever patient's condition changed. The hospital must adopt an international guideline and policy of venous thromboembolism prophylaxis.

PC.27 The hospital provides safe psychiatric care services in accordance with professional standards and applicable laws and regulations.

PC.27.1 Psychiatric care is provided by qualified physicians.

PC.27.2 There are admission and discharge criteria for psychiatric patients.

PC.27.3 The need for psychiatric care and choice of modality are based on sound clinical principles and a thorough clinical evaluation of medical condition and co-morbidities.

PC.27.4 The physical layout of the psychiatry service area allows for:

PC.27.4.1 Quiet and separate counseling of patients and families.

PC.27.4.2 Access only by authorized staff.

PC.27.4.3 Quick assistance from security.

PC.27.4.4 A means to separate adults from pediatrics.

PC.27.5 Seclusion areas are adequately lit, equipped with special safety features, and provide protection for patients and staff.

Standard Intent:

There must be a qualified physician to provide care for psychiatric patients as well as an admission and discharge criteria for psychiatric patients. This must include the need for psychiatric care and choice of modality are based on sound clinical principles and a thorough clinical evaluation of the medical condition and co-morbidities. The physical layout of the psychiatry service area must allow for quiet and separate counseling of patients and families, access only by authorized staff, quick assistance from security and means to separate adults from pediatrics. Seclusion areas are adequately lit, equipped with special safety features, and provide protection for patients and staff.

PC.28 Policies and procedures guide the care of psychiatric patients.

PC.28.1 There are policies and procedures to guide the care of psychiatric patients which include, but are not limited to, the following:

- PC.28.1.1 Use of patient restraints.
- PC.28.1.2 Use of sedation.
- PC.28.1.3 Management and care of violent patients.
- PC.28.1.4 Management of patients with depression.
- PC.28.1.5 Risk assessment for identification of patients at risk for suicide.
- PC.28.1.6 Environmental assessment for patients at risk for suicide.
- PC.28.1.7 Management of patients at risk for suicide.
- PC.28.1.8 Management of patients with psychosis.
- PC.28.1.9 Use of safe seclusion.
- PC.28.1.10 Guidelines for the use of electroconvulsive therapy (ECT).

PC.28.2 The policies and procedures are developed by qualified psychiatrist in collaboration with other relevant professionals.

PC.28.3 Staff members are aware of and implement all relevant policies.

Standard Intent:

Hospital providing psychiatric care must develop and implement policies that regulate the care of psychiatric services. The policies must be developed by qualified psychiatrist in collaboration with relevant professionals. Policies should be at least based on the substandard PC.28.1.1 through PC.28.1.10.

PC.29 A Policy and procedure guide the care of patients on restraints.

PC.29.1 The hospital implements a policy and procedure that defines the Indications for restraints.