# Memorandum of Understanding

**Between**

Enter Hospital.

And

Enter Midwife Practice Group Name.

For

**Hospital Transfusion Medicine Laboratories (TML) and Midwife Practice Group (MPG) PURPOSE**

The purpose of this agreement is to establish responsibility and accountability of the two parties named herein to provide safe and effective access to and administration of Rh Immune Globulin (RhIG) for clients in Ontario.

##### **GOALS AND FORMS OF COOPERATION**

The main interests of this partnership are to:

* Mitigate risk and maximize client safety through compliance with established, evidence based national standards RhIG.
* Understand the respective roles, responsibilities and expectations of the licensed TML that provide RhIG and the MPG that receives and administers the RhIG.
* Outline the relationship and expectations of each party for ongoing consultation, and support as well as policy and procedure development in order that the standards may be met and continuously maintained.
* Determine the expectations of voluntary accreditation requirements for the MPG.

##### **COORDINATION**

The medical, technical and administrative coordination of this agreement is appointed to the following facility and group : < insert facility name(s) >

The medical, technical and administrative coordination shall address and resolve logistical and administrative issues that may arise during the term of this agreement, and shall supervise and report on the activities conducted within the framework hereof.

**CLAUSE**

**A. Definitions**

**Transfusion Medicine Laboratory**: A licensed hospital laboratory transfusion service that provides blood components and/or products that are received from Canadian Blood Services (CBS) to another facility either for storage or administration.

**Dispensary facility**: Any facility that receives, stores, distributes and administers blood components and/or products received from a Transfusion Medicine Laboratory.

**Examples**:

* Acute care facilities that do not have licensed laboratories on site that keep an emergency supply of any blood and blood components/products
* Midwife Practice Group (MPG) that administers Rh Immune Globulin (RhIG)

**Administration group/health care professional**: A group or person that receives and administers (without storing) RhIG for a specific client from a Transfusion Medicine Laboratory.

**Examples**:

* Midwife Practice Group/Midwife that administers RhIG which has been supplied by a Transfusion Medicine Laboratory.

**Blood product**: any therapeutic product, derived from human blood or plasma, and produced by a manufacturing process that pools multiple units e.g.: Rh Immune Globulin (RhIG), Intravenous Immune Globulin (IVIG), Albumin

**B. Roles and Responsibilities**

**General Responsibility: (All Parties)**

* To the extent possible, the participating institutions will ensure that RhIG products are handled, stored, distributed, transported and administered in a manner that prevents damage, limits deterioration, maximizes client safety and meets requirement standards.

(Refer to: CSA Standards for Blood and Blood Components, CMO Standards for Midwives, and CSTM Standards for Hospital Transfusion Services)

* Enter other responsibilities as agreed by the participating institution members; e.g. may include responsibilities for training, competency assessment, document development, record transport, storage and administration logs, and/or management of adverse reactions etc.

**Transfusion Medicine Laboratory**: <Examples of responsibilities: Develop operating procedures for the receipt, handling, storage, preparation for administration, and administration of products>

* Document receipt, storage and issuing
* Management of recall information received from blood product supplier (Canadian Blood Services)
* Enter other responsibilities as agreed by the participating institution members.

**Midwife Practice Group:** <Examples of responsibilities>

* Document receipt and administration of RhIG from TML, product name, lot number, expiry dosage, date and time administered, who administered the RhIG, recipient name and identification number
* Upon receipt of RhIG, transport RhIG in a secure and validated transport bag
* Discuss and obtain documentation of informed choice from client
* Enter other responsibilities as agreed by the participating institution members.

**C. Timelines**

* Expectations for Completion
* Expiry date of MOU

**IN WITNESS WHEREOF, each of the undersigned parties represents and warrants that it has the full authority to sign and enter into this agreement on behalf of the institution that each purports to represent.**

**SIGNATORIES**

Enter Hospital Name.

Enter Midwife Practice Group Name.

Name:

Name:

Title\_

Title

Date:

Date: