

1. Purpose:

To ensure the availability of safe blood unit with facility for compatibility testing, storage and issue of blood in an aseptic environment on 24*7 basis through trained professionals.

2. Scope :

To store and issue collected blood to patient, organizing blood donation camp, counselling for blood donation and testing of blood for HBsAg, HIV, VDRL and MP.

3. Overall Responsibility: Blood Bank In-Charge/Pathologist.

4. Procedure:

Sr. No.	Activity/ Description	Res ponsi bility	Ref. Doc. / Record
4.1	DONOR SELECTION & COLLECTION OF BLOOD FROM DONORS <ul style="list-style-type: none">• Donor should be free from skin disease at the site of phlebotomy, cleaning• Blood shall be accepted only from voluntary, non-remunerated, low risk, safe and healthy donor with informed consent.• No person shall donate blood more than once in three months.• Donor should be in age group of 18 to 65 years, Not less than 45 KG for whole blood and 50 KG for components.• Temperature and Pulse should be normal.• Haemoglobin of donor should not be less than 12.5g/dl.• The systolic and diastolic blood pressures are within normal limits without medication• Donor should be free from Acute Respiratory Diseases.• arms and forearms of the donor shall be	Phy sici an	

free from skin punctures or scars indicative of professional blood donors or addiction of self injected narcotics.

Donor should be free from any history of hepatitis.

➤ Any donor having *Cancer, Heart Disease, abnormal bleeding tendencies, unexplained weight loss, IDDM, Chronic Nephritis, Liver diseases, TB, Polycythemia Vera, Asthama, Epilepsy, Leprosy, Schizophrenia, Endocrine disorders* **MUST BE BARREED.**

➤ **Deferment condition:**

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|---|--------------------------|
| (a) Abortions | 6 months |
| (b) History of Blood transfusion | 6 months |
| (c) Surgery | 12 months |
| (d) Typhoid after recovery | 12 months |
| (e) History of Malaria and (endemic) Duly treated (non endemic area) | 3 months
3 years |
| (f) Tattoo | 6 months |
| (h) Breast feeding FEEDING | UP TO BABY FEEDING |
| (i) Immunization (Cholera, Typhoid, Diphtheria, Tetanus, Plague, Gammaglobulin) | 15 days |
| (j) Rabies vaccination | 1 year after vaccination |
| (k) History of Hepatitis in family or close contact | 12 month |
| (l) Immunoglobulin | 12 months. |

Blood shall be drawn from the donor by a Qualified Technician and/or under supervision of

Pathologist.

- All Donor site must comprises of beds, bed side tables, recovery beds, separate refrigerators with digital thermometer for untested blood, sphygmomanometer and stethoscope, weighing machine for donor and sample, Hb determination equipments, (CuSO₄ or better technology may be adopted if available.) PVC bag for blood collection, sterile lancet, alcohol swabs, clinical thermometers, watch, oxygen cylinder with mask gauge, pressure regulator, 5% Glucose or NS, disposable Syringes, Sterile IV sets,
- Emergency tray containing Adrenaline, Noradrenaline, Mephentin, Betamet hasone/Dexamethasone, Metoclopropamide injections.
- **COLLECTION OF BLOOD: Blood collection should be done by aseptic methods** using a sterile closed system.
- Items for phlebotomy must be for single use.
- Blood bags must contain sufficient quantity of anticoagulant according to the quantity of blood to be collected.
- Identify donor record, Label bags & tubes with identical records.
- BP cuff should be tied pressure should be 40-60mmHg.
- Once the vein is selected, pressure device should be released before the skin site is prepared.
- Blood collected should not more than 10.5ml/Kg/donation
- Needle disposed off safely.
- Always verify the labeling on unit and samples.

Syncope(fainting/vasovagal syndrome) weakness, sweating, dizziness, pallor, loss of consciousness, convulsions and involuntary passage of urine.

	<p>1:Fainting:apply cold compress to forehead or back of neck. Administer aromatic spirits of ammonia Raise legs above head level Loosen tight clothing Monitor pulse,BP,Respiration periodically</p> <p>2:Nausea&Vomitting:make donor comfortable Breathe slowly and deeply Donor head turned to side. Give water after vomiting.</p> <p>3:Twitching/muscular spasms:d/t hyperventilation so divert the attention by conversation. Do not give oxygen.</p> <p>4:Hematoma during or after phlebotomy:firm pressure with $\frac{3}{4}$ sterile gauze for 7-10 minutes with arm over heart level. Apply ice</p> <p>5:convulsions:call for immediate help Maintain airway</p> <p>6:cardiac difficulties:call for immediate medical aid.</p>		
4.3	<p>TESTING OF DONATED BLOOD The blood units have to be screened for: Infectious diseases tests (<i>HIV,Hepatitis B, Hepatitis C,VDRL,Malarial Parasite</i> etc.)</p> <p>(1) It shall be responsibility of the blood bank to ensure that the whole blood collected, processed and supplied conforms to the standards by the Government.</p> <p>(2) Freedom from HIV antibodies (AIDS) Tests,The results of such testing shall be recorded on the label of the container.</p> <p>(3) Each blood unit shall also be tested for freedom from Hepatitis B surface antigen, and Hepatitis C Virus antibody VDRL and malarial parasite and results of such testing shall be recorded on the label of the</p>	Technician	Blood Bank Record

