

	<b>INODAYA Hospitals - Kakinada</b>		Documentation code: <b>INH/COP .Doc.No.14</b>
	<b>Transfusion of blood and components Safely</b>		Prepared Date: 11/11/2025
	Reference: COP.o8.b.NABH Standards – 6 <sup>th</sup> Edition		<b>Issue date:</b> 11/11/2025
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## COP 8b: TRANSFUSION OF BLOOD AND BLOOD COMPONENTS SAFELY

### 1.0 POLICY:

It is the policy of the Hospital that blood transfusions must be conducted according to procedures annexed to this policy and must only be conducted by staff who are trained and competent in the procedures.

### 2.0 PURPOSE:

To ensure safe, ethical, and effective transfusion practices in Indoya Hospital by establishing standardized procedures for donor selection, blood collection, testing, storage, compatibility testing, distribution, administration, and disposal of blood and blood components.

### 3.0 SCOPE:

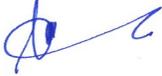
This policy applies to:

- Blood Bank / Transfusion Services Department
- Clinical departments using blood components
- Nursing staff, physicians, laboratory personnel
- Donor recruitment and counseling teams

### 4.0 RESPONSIBILITY:

Hospital Transfusion Committee (HTC)

- Oversees transfusion practices
- Reviews transfusion reactions, audits, and quality indicators

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- Approves policies and supports staff training

#### 4.2 Blood Bank Medical Officer

- Ensures regulatory compliance
- Supervises donor selection, testing, component preparation, and issuance

#### 4.3 Blood Bank Technicians

- Perform serological testing, component preparation, and documentation

#### 4.4 Clinical Staff

- Assess patient need, obtain consent, administer transfusion, and monitor reaction

#### 5.0 DISTRIBUTION:

IP area, OT, EMR, Dialysis

#### 6.0 PROCESS DETAILS:

##### 6.1 BLOOD DONAR SELECTION:

The purpose of the Blood Donor Selection Policy is to ensure that only healthy and eligible individuals donate blood, thereby protecting both the donor and the recipient. All prospective donors shall be screened through a standardized process that includes verification of age, weight, hemoglobin level, medical history, and physical examination. Donors must be between **18 and 65 years of age**, must weigh **at least 55 kilograms**, and must meet the minimum acceptable hemoglobin criteria, which is **13.0 g/dL for males** and **12.5 g/dL for females**. Each donor must

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have normal vital signs, including a blood pressure between **90/60 mmHg and 140/90 mmHg**, a pulse rate of **60–100 beats per minute**, and a body temperature below **37.5°C** at the time of donation.

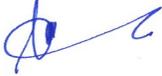
Only individuals who are in good general health, free from acute infections or fever, and not on medications that may affect donation or transfusion safety will be accepted. Donors who have recently undergone surgery, dental procedures, vaccinations, or have a history of temporary medical conditions may be deferred for an appropriate period. Individuals with a history of high-risk behaviors, chronic infectious diseases (such as HIV, Hepatitis B, Hepatitis C, or Syphilis), intravenous drug use, or severe chronic illnesses are permanently deferred from donating.

Before donation, every donor must complete a detailed medical questionnaire and undergo a brief physical examination. Informed consent is obtained after explaining the procedure, potential risks, and donor rights, including confidentiality of test results. All personal and medical information obtained during donor screening shall be kept strictly confidential. The donation interval shall follow recommended guidelines, allowing whole blood donors to donate once every **three months**, and apheresis donors according to established frequency limits. Only donors who meet all eligibility criteria as per national and hospital guidelines will be accepted for blood donation.

## 6.2 Blood Screening for Transfusion-Transmissible Diseases – Inodaya Hospital

**Patients requiring transfusion-related evaluation are screened by the Inodaya Hospital Clinical Laboratory.** This includes tests such as blood grouping, antibody screening, and any disease-related investigations ordered by the treating physician. The clinical laboratory ensures proper sample handling, result accuracy, and timely reporting to support safe transfusion practices.

**All blood donors, however, are screened exclusively by the Blood Bank.** Every unit of donated blood undergoes mandatory testing for major transfusion-transmissible diseases, including HIV-1 & HIV-2, Hepatitis B, Hepatitis C, Syphilis, and Malaria. These tests are conducted using validated, high-sensitivity methods such as ELISA, CLIA, rapid testing, and, where available,

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nucleic acid testing (NAT). Only trained blood bank personnel are authorized to perform these tests to ensure consistency, reliability, and adherence to quality standards.

The Blood Bank maintains complete documentation of all screening activities, including reagent quality checks, equipment calibration, and participation in internal and external quality assurance programs. Through this systematic approach, Blood bank ensures that only non-reactive, safe blood components are released for patient transfusion, thereby maintaining the highest standards of transfusion safety and quality.

## 6.3 Blood Sample Collection and Sending to Blood Bank –

### 1. General Procedure

1. Blood samples for transfusion-related testing must follow a standardized and safe procedure to ensure accuracy and traceability.
2. Only trained nursing staff, laboratory technicians, or authorized clinical personnel may collect samples.

### 2. Patient Identification

3. Verify the patient's identity using **two identifiers** (e.g., full name and hospital ID number).
4. Ensure patient details on the requisition form match the patient before collecting the sample.

### 3. Sample Collection

5. Use **sterile equipment** and collect samples into the correct tubes (EDTA or plain vacutainer as required).
6. Collect samples specifically for grouping, crosshatching, and compatibility testing as requested.

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#### 4. Labeling Requirements

7. Label the tube **immediately at the bedside**, in the presence of the patient.
8. Labels must include:
  - Full patient name
  - Hospital identification number
  - Date and time of sample collection
  - Initials/signature of the person collecting
9. Never use **unlabeled, pre-labeled, or incorrectly labeled tubes**—these must be rejected.

#### 5. Requisition Form Requirements

10. Every sample must be accompanied by a fully completed **Blood Bank Requisition Form**.
11. The requisition must include:
  - Patient demographics
  - Clinical diagnosis
  - Type of blood component required
  - Urgency level (routine/urgent/emergency)
  - Blood group (if known)

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- Transfusion history
- Pregnancy history (for female patients)
- Treating physician's signature and stamp

12. Incomplete, incorrect, or illegible requisitions will be **rejected**.

#### 6. Transporting Sample to Blood Bank

13. Place the sample and requisition in a **sealed, secure transport bag**.

14. Send samples to the Blood Bank promptly to avoid delays.

15. For **urgent or emergency** transfusion requests, the Blood Bank must be **informed immediately** by phone or direct communication.

16. Handle the sample carefully to avoid hemolysis, leakage, or temperature issues.

#### 7. Blood Bank Receipt

17. Upon arrival, Blood Bank staff will verify patient details and inspect the sample.

18.

#### 6.4. BLOOD STORAGE

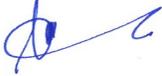
- All collected blood and blood components must be stored in **dedicated Blood Bank storage equipment** (refrigerators/freezers) at manufacturer-recommended temperatures.

1. Whole blood: 2–6°C
2. Red cell concentrates: 2–6°C

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3. Platelets: 20–24°C with constant agitation
4. Fresh frozen plasma (FFP): -18°C or below
5. Blood storage areas must be **monitored continuously** with temperature logs maintained and reviewed daily.
6. Only trained Blood Bank personnel are authorized to access blood storage areas.
7. Blood units are arranged in a way that **first in, first out (FIFO)** principle is followed to prevent expiry.
8. Units approaching expiry are flagged for priority use.
9. Blood and blood components are dispatched from the Blood Bank **only when a valid requisition is received** from clinical areas.
10. Dispatch is performed **safely and promptly**, using transport containers designed to maintain required storage temperatures.
11. For **emergency or immediate transfusion requirements**, prior arrangements are made between the Blood Bank and clinical staff to ensure rapid availability.
12. Each dispatched unit is accompanied by proper documentation, including:
  - Patient details
  - Blood unit number
  - Component type
  - Date and time of dispatch
  - Signature of Blood Bank personnel releasing the unit

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14. Upon receipt, the clinical area must **verify the unit and documentation** before transfusion.

15. Any unused or returned blood must be checked for temperature and integrity; only eligible units are returned to storage, following hospital SOPs.

## 6.5 Compatibility Testing Policy

### 1. Pre-Transfusion Testing by Blood Bank

- Blood Bank performs **full compatibility testing** for every blood unit before release.
- Tests include:
  - ABO and Rh blood grouping
  - Antibody screening
  - Crossmatching with the patient's sample
- All tests are carried out using validated methods and standard operating procedures.

### 2. Verification by Clinical Team

- Before transfusion, the clinical team verifies:
  - Patient identity using two identifiers (name and hospital ID)
  - Blood unit number and type
  - ABO and Rh compatibility
  - Component type and expiry date
- Verification must be **documented and signed** in the patient's transfusion record.

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### 3. Documentation and Traceability

- Blood Bank maintains **detailed records** of all compatibility testing.
- Any discrepancies detected during verification must be **reported immediately**, and the unit must **not be transfused**.

### 4. Emergency Transfusions

- In emergencies where crossmatching may be expedited, **O negative blood** or **“uncrossmatched compatible” units** may be released following hospital emergency protocols.
- All post-transfusion testing and monitoring are performed according to standard guidelines.

### 5. Patient Safety Measures

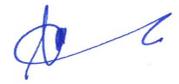
- Only **verified, compatible units** may be transfused.
- Any transfusion reaction is documented, reported, and investigated immediately.

## 6.6 blood distribution

### • Request for Blood/Components

- Blood and blood components are released only against a **valid, complete Blood Bank requisition form**.
- The requisition must include patient details, diagnosis, blood group (if known), component requested, urgency, and treating physician’s signature.

### • Verification Before Issue

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- Blood Bank staff verifies patient identity, blood group compatibility, and unit availability before dispatch.
- Only **non-reactive, tested, and correctly labeled units** are distributed.

- **Documentation**

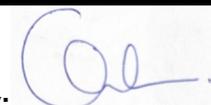
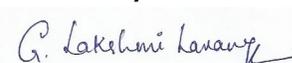
- Each issued unit is recorded in the Blood Bank register/system with:
  - Blood unit number
  - Patient name and hospital ID
  - Date and time of issue
  - Component type
  - Signature of Blood Bank staff releasing the unit

- **Transport to Clinical Area**

- Blood units are transported using **temperature-controlled containers** according to component requirements:
  - Red blood cells: 2–6°C
  - Platelets: 20–24°C with agitation
  - Plasma/FFP: -18°C or below
- Care is taken to prevent spillage, hemolysis, or contamination during transport.

- **Handover at Clinical Area**

- The receiving clinical staff must verify:
  - Patient identity using two identifiers

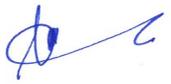
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- Blood unit number and component type
- ABO and Rh compatibility
- Expiry date
- The handover is documented with signatures from both Blood Bank and clinical staff.
- **Emergency/Immediate Requests**
  - For urgent cases, the Blood Bank follows **pre-arranged protocols** to expedite distribution safely.
  - The same verification and documentation procedures apply, even in emergencies.
- **Return or Discard of Unused Units**
  - Units returned to the Blood Bank are checked for **integrity and temperature** before being restocked or discarded according to hospital policy

## 6.7 Transfusion of Blood and Blood Products

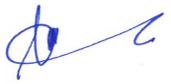
1. Confirm **patient identity** using **two identifiers** (full name and hospital ID).
2. Verify the **transfusion order** is valid and signed by the treating physician.
3. Check that the **blood unit has been compatibility tested and verified by the Blood Bank.**
4. Confirm **blood unit number, blood group, component type, and expiry date.**
5. Inspect the unit for **clots, hemolysis, discoloration, or leakage** before transfusion.

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6. Use **aseptic technique** to handle blood and equipment.
7. Prepare **IV access and appropriate infusion set**.
8. Only compatible solutions (e.g., normal saline) may be used with blood.
9. Start transfusion at a **slow rate initially** to monitor for reactions.
10. Use **blood filters and standard infusion sets**.
11. Never mix blood with **incompatible medications or fluids**.
12. Observe the patient continuously for **adverse reactions** (fever, chills, rash, hypotension, dyspnea, hemolysis).
13. Monitor **vital signs** at baseline, 15 minutes, midway, and end of transfusion.
14. Document all observations in the **patient's transfusion record**.
15. Record **volume transfused, duration, and patient response**.
16. Dispose of used blood bags, tubing, and other materials in **biohazard containers**.
17. Report **any adverse transfusion reactions immediately** to the Blood Bank and treating physician.

## 6.8 discarding policy:

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### 1. Used Blood Bags

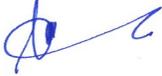
1. All **transfused blood bags** must be discarded immediately after use in yellow biomedical waste bag after autoclaving
2. Bags should be placed in **biohazard containers** in clinical areas.
3. Tubing, needles, and infusion sets used during transfusion must also be discarded as per hospital **infection control guidelines**.

### 2. Reaction Bags

4. Blood bags involved in **adverse transfusion reactions** must be returned to the Blood Bank immediately.
5. The Blood Bank will quarantine the unit and perform investigations as per transfusion reaction protocols.
6. Reaction bags, once tested and documented, are **discarded as biohazardous waste**.

### 3. Sero-Positive Blood Units

7. Blood units found to be **reactive for transfusion-transmissible infections (TTIs)** such as HIV, Hepatitis B, Hepatitis C, Syphilis, or Malaria are **segregated immediately**.
8. Sero-positive units are **not to be issued under any circumstances**.
9. These units are **discarded following biohazard protocols**, and the event is recorded in the Blood Bank register.

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#### 4. Unused or Expired Blood Units

10. All blood bags are receiving from the blood bank as per requirement only, inodaya hospital don't have storage facility.

#### 5. Documentation and Traceability

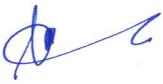
13. All discarded blood and components (used, reaction, sero-positive, or expired) must be **documented in the Blood Bank records** for audit and traceability.
14. Periodic audits are conducted to ensure compliance with discard protocols.

#### 6. Safety Measures

15. Staff handling discarded blood must wear **appropriate PPE** (gloves, gowns, masks) to prevent exposure.
16. Biohazard waste containers must be **sealed and disposed of** as per hospital infection control and biomedical waste management guidelines.

### 6.9 Education & Counseling Policy

- At Inodaya Hospital, patients, their families, and potential donors are educated and counselled to ensure safe transfusion practices and promote voluntary blood donation.
- Potential donors are informed about eligibility, the donation process, possible side effects, and post-donation care. They are also counselled about screening for infections and referred for support if results are positive.

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- Patients and their families are educated about the purpose of transfusion, possible risks, and post-transfusion care. Written information or brochures may be provided to reinforce understanding.
- Informed consent is obtained from patients or guardians before transfusion. Counseling sessions are conducted respectfully, confidentially, and in a supportive manner.
- Awareness programs and educational activities are conducted to encourage voluntary blood donation and safe transfusion practices in coordination with certified blood banks.
- Staff are trained to provide effective counseling, clear communication, and support to donors and patients.

## 7.0 Documentation control

DOCUMENT REVISION HISTORY		
Version	Date of issue	Reason for Revision
Original version - 1		
Revised version - 2		
Revised version - 3		
Revised version - 4		
Revised version - 5		

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