I. STATEMENT OF POLICY

This policy is generated to ensure organized step by step procedure in blood donation and be able to provide proper donor care for all personnel to follow.

II. RESPONSIBILITY

1. Pathologist/Pathology resident on duty

   - is responsible to perform pre-assessment interview and physical examination of donors which include pre-donation instruction and counselling
   - must perform donor counselling for serologic screening Reactive donors

2. Blood Bank Nurse

   - performs donor interview and physical examination which includes pre-donation extraction and donor care
   - is responsible to perform phlebotomy of donor
   - gives donor counselling for serologic screening Positive/Reactive donors
   - documentation of donors data at the corresponding logbook

3. Medical Technologist (screening & bleeding area)

   - is responsible to extract donor sample for initial serologic testing and phlebotomy of donor
   - performs phlebotomy of donor requiring special procedure such as Apheresis
   - is responsible to process blood to components and stores processed blood accordingly
   - documentation of data at the corresponding logbooks
   - filing of donor’s form and CCF forms

4. Medical Technologist (serologic screening area)

   - is responsible to perform all screening tests of donors’ blood
   - documentation of data at the corresponding logbooks

5. Medical Technologist (reception area)

   - helps in processing blood into components and stores processed blood accordingly

III. POLICY GUIDELINES

1. Pre-donation procedure and step by step guide in donating blood (ROUTINE):

   a. Get Queuing number

   b. Accomplish Official Blood Donor Forms that is provided by the Division and submit at the
reception area of Blood Bank. All blood donor form should be filled-up in the premises of the Institution, bringing out extra copies for reproduction outside the Hospital is strictly prohibited.

c. Wait for your number to be flashed at the Queuing Monitor for the interview.

d. During the interview, the donor will be asked for Identification card (government recognized) and also be checked for weight, blood pressure and pulse rate. The person in charge for the interview should ensure the following:

  - That the donor fully understands the risks and benefits of donation and all instructions information's given are clear & fully understood.

  - That the donor is informed on the procedure on how the Division will refer screening positive or any abnormal results.

  - That the donor is informed that it is his/her responsibility to inform the Division the soonest possible time any adverse reaction and effects he/she may encounter due to the donation.

  - The interviewer should get informed consent that the donor is willing to continue with the donation procedure. It is also essential that the interviewer extract truthfulness in the condition and lifestyle of the donor as this may promote self-deferral if necessary. (See Figure 1: Pre-donation counselling)

  - For donors with special needs the Blood Bank staff must assist the donor wherever possible to effectively communicate with them.

e. After passing the donor interview, collect urine sample for prohibited drug screening. (See FIGURE 2 : URINE COLLECTION FOR DRUG TESTING)

f. Collect 5cc. red and lavender tap for blood screening following aseptic technique in blood collection. (See FIGURE 3: ASEPTIC TECHNIQUE ON BLOOD COLLECTION)

g. Wait for the result of the initial screening. All donors who wish to eat during the waiting period are advised to take light meals only and avoid fatty as well as oily foods for this can affect the quality of blood that will be collected.

h. A properly trained and licensed personnel should inform and counsel donors who failed in the initial screening tests.

i. Donors who PASSED the initial screening should log their personal data at the Donors Bled logbook.

g. Subject the donor to wash the site of venipuncture with soap and water.

h. Give pre-donation instructions and donor care. (See Figure 4: PRE-DONATION INSTRUCTION AND CARE).

i. Examine and prepare the blood bag that will be used for phlebotomy of the donor. The following should be written legibly on the blood bag sticker:

  - Assigned unique blood unit number
- ABO and RH type of the donor
- Date of extraction and expiration of each component
- Identity and volume of the blood product
- Screening Tests done and result

j. There should always be a pathologist or pathology resident available for referring issues regarding blood donation.

2. Subject the donor to proper procedure on blood collection. (Figure 5: PROCEDURE ON BLOOD COLLECTION)

3. The staff in charge of phlebotomy should use proper protective equipment (PPE) e.g. gloves, while performing blood unit collection. The blood bags to be used must be inspected and be checked for any defects, damages and possible contamination prior to use. It should always be sterile and free from any bacterial contaminants.

4. Proper mixing of blood should be observed at all times and ensure that adequate amount is collected. All collected blood that exceeds the allowable amount and time of collection should be discarded. Blood collection exceeding 10 minutes should not be processed into components. Blood collection beyond 30 minutes should not be used and must be discarded.

5. The Division must follow guidelines for and unsuccessful donor extractions. (Figure 6: GUIDELINES FOR UNSUCCESSFUL DONOR EXTRACTIONS)

6. Proper donor care should always be observed during donation.

7. Criteria for collecting and rejecting autologous blood donation should be followed for autologous donors.

8. For special procedures such as Apheresis, refer to the step by step procedure in doing Apheresis as narrated in the technical manual of this policy.

9. After collection of 450cc. of blood the following steps should be followed:

a. Secure the blood tubing with the blood bag clamp, release the tourniquet and withdraw the needle.

b. Make sure that you apply enough pressure to the site of puncture with a clean and sterile cotton or gauze.

c. Allow the donor to raise their arm and continue applying pressure for several minutes (at least 3 minutes). Donors are advised to stay in bed for 10-15 minutes and observed for any donation related reactions.

d. Immediately make a malarial smear (thick & thin) after withdrawing. Secure the needle with the needle trap.

e. Strip the blood tubing at least twice to enable equal mixing of anticoagulant using the blood stripper. Do this procedure cautiously to prevent hemolysis of the Red cells.
f. Detach the needle from the primary blood bag using the tube sealer. Discard the used needle properly at the sharps bin.

g. Stand the blood units for 15 to 30 minutes before blood component processing to allow the red cells to settle and prevent hemolysis.

10. The staff assigned should educate donors on the do’s and don’ts after donation (See Figure 7: POST-DONATION INSTRUCTION AND COUNSELLING)

11. The Division should have an emergency kit at the donor bleeding area that is readily available.

12. The Division should counsel and motivate the donors to religiously donate blood on the right time interval; that is every 3 months for regular donation and after 5 days for Platelet Apheresis procedures done.

13. The donor should be informed that it is a MUST to immediately notify and inform the Blood Bank Division of any untoward effects/adverse reactions they might experience following donations at least for 1 week.

14. During the post donation counselling, it is the best opportunity to thank all donors either volunteer or for patient usage/replacement for taking time to donate blood.
Pre-donation discussion and counselling of donors has two main objectives:

1. To increase donor awareness of
   - HIV and other TTIs
   - The implications and consequences of donating during the "window period" for those with high risk behaviour
   - The implications and consequences of being tested reactive and/or confirmed positive for HIV, hepatitis B, hepatitis C and syphilis
2. To discourage blood donation
   - By self-deferral of people wanting to use the voluntary blood donation system to avail of free testing for HIV, hepatitis B, hepatitis C or syphilis
   - Among people with high-risk behaviour or with risk factors associated with the TTIs.
   These persons should be referred to Voluntary Counselling and Testing (VCT) centers, or alternative counselling and testing facilities.

Pre-Donation Checklist

1. Knowledge of HIV and Other Transfusion Transmissible Infection (TTIs)
   - Transmission awareness and understanding
   - Implication of donation during the "window period" and false negative test result
   - Previous request for test for TTIs – when and why?
   - Personal acquaintance and involvement with people with HIV
2. Risk History Assessment
   - Nature of sexual activities, frequency and number
   - Injecting drug use and sharp instrument sharing
   - Recent illness and symptoms
   - Family history of illness
   - Blood and blood product transfusions, and invasive procedures (tattooing, body piercing)
   - Previous paid blood donations
   - Other high-risk behaviour/factors associated with TTIs
3. Donation Information
   - Donation procedure explained and understood
   - Reasons for donor self-deferral, and confidential unit exclusion
   - Informed consent to donate explained and obtained
4. Psychosocial Factors and Knowledge
   - Why is the person donating – to avail of free-testing?
   - Any symptoms of concern to the donor?
   - Significance and interpretation of positive and negative test results, including implications for behaviour change (healthy lifestyle) and prevention
FIGURE 2: URINE COLLECTION FOR DRUG TESTING

Steps in urine collection:
1. Authorize specimen collector gives properly labelled specimen bottle to the donor.
2. Ask donor to remove outer garments (coat, jacket or sweaters) and examine pockets for adulterants or any substituted specimen by body search.
3. Ask donor to wash hands to avoid contamination in collection.
4. Observe collection one at a time. Take note of any unusual behaviour in collection, if in doubt repeat under Direct Observed Collection.
5. Allow the donor to collect adequate amount of specimen of at least 60 ml. in a single collection. If the donor cannot gather the volume requirement in a single collection, the donor should be able to fill in at least 30 ml. of specimen and come back for another collection of 30 ml. using a different container.
6. After collection, the authorized specimen collector (ASC) measure temperature, volume and inspects for adulteration and substitution. Fills step 2 and initiates step 3 of CCF.
7. Closes, places and applies seal over the lid bottle in front of the donor.
8. Donor and ASC signs over seal. Take note of the date and time of collection.
9. Asks donor to fill up and sign Step 5.

FIGURE 3: ASEPTIC TECHNIQUE ON BLOOD COLLECTION

**STEP1.** Use sterile materials and wear gloves in doing the procedure.

**STEP2.** Wash the site of puncture with soap and water.

**STEP3.** Pat dry with single-use clean tissue.

**STEP4.** Select the vein preferably in the antecubital fossa that is free of any skin lesions or scarring. It is advisable that both arms should be inspected. (Select a firmer and larger vein for the actual donor phlebotomy while the smaller vein is for sample collection)

**STEP5.** Use either a tourniquet or a blood pressure cuff inflated to 40-60mm Hg to make the veins more prominent.

**STEP6.** Release the tourniquet after selecting the vein for venipuncture.

**STEP7.** Apply povidone-iodine solution vigorously at the site on phlebotomy for 30 seconds, moving outward in a concentric spiral movement. Start disinfection of the skin of about an area of 5cm diameter from the center.

**STEP8.** Apply 70% alcohol swab at the site of phlebotomy following the same technique and allow drying. Do not wipe the area with cotton wool, fan or blow on it.

**STEP9.** After the skin has been prepared, it should not be touched again. Should it be necessary to re-palpitate the vein, touch the skin away from the point of needle insertion. If the site of puncture is touched, repeat skin preparation procedure as discussed earlier. Discreetly check the used swab. If it is physically soiled/contaminated, take a new swab and repeat skin preparation procedure as detailed earlier.

**STEP10.** If not ready to perform venipuncture immediately, cover the area with dry sterile gauze.

**STEP11.** Dispose used swab/s into proper container meant for bio-hazardous materials.

The site is now sterile and is ready for venipuncture.
FIGURE 4: PRE-DONATION INSTRUCTION AND CARE

PRE-DONATION INSTRUCTIONS

1. The blood sample extracted from you will be initially screened for transfusion transmissible diseases. This will take 1-2 hours depending on the number of donors being screened at the time of your donation.

2. You may eat a light, low fat snack or meal. Drinking plenty of fluids before donation will help eliminate any chance of reaction.

3. Please refrain from smoking and rest while waiting for the screening results.

FIGURE 5: PROCEDURE ON BLOOD COLLECTION

BLOOD COLLECTION PROCEDURE

Step 1. The donor should log his name, address and signature on the Bled Donors Logbook.
Step 2. Instruct the donor to wash the site of puncture with soap and water.
Step 3. Give Pre-donation instruction and counselling.
Step 4. Instruct the donor to lie down on the phlebotomy bed.
Step 5. Using a tourniquet, check the donors' vein and choose the most prominent and stable vein for puncture.
Step 6. Re-check sterile blood bag to be used for any damages or defects.
Step 7. Install the sterile blood bag to the blood mixer.
Step 8. Follow phlebotomy procedure using aseptic technique.
Step 9. Upon completion of blood collection, secure the satellite tubing, release the tourniquet raise the punctured arm and apply pressure on the wound using sterile cotton swab for at least 3 minutes.
Step 10. Secure the cap of the needle using fish-out technique. DO NOT RE-CAP using your other hand.

FIGURE 6: GUIDELINES FOR UNSUCCESSFUL DONOR EXTRACTIONS

GUIDELINES FOR UNSUCCESSFUL DONOR EXTRACTIONS

1. A donor should never be stuck more than twice unsuccessfully by a phlebotomist unless the donor gives permission/consent for another attempt.

2. The Donor must be informed & agreed for the repeat attempt.

3. After a failure on the second attempt, another phlebotomist is to do the next attempt after necessary donor waiver is signed.

4. A repeat attempt is avoided in the ff. reasons:
   A. when the patient objects or refuse
   B. When patients show evidence of direct nerve trauma (shock-like pains, burning pains, pins & needles pains), diaphoresis, fainting and other complication related to venipuncture/phlebotomy.

5. At no time may the phlebotomists perform venipuncture on an artery.
FIGURE 7: POST-DONATION INSTRUCTION AND COUNSELLING

POST-DONATION INSTRUCTION AND COUNSELLING

1. Stay in bed for at least 10-15 minutes.
2. If you feel faint or dizzy lie down with feet slightly elevated or sit down and place your head between your knees.
3. Leave dressing over venipuncture site for at least 3 hours. If there is bleeding, raise arm and apply pressure.
4. Increase your fluid intake over the next 48 hours to help restore normal blood volume.
5. Do not smoke for half an hour, avoid alcoholic drinks and avoid driving heavy transport vehicle within the next 12 hours.
6. Avoid strenuous activities and lifting heavy objects to prevent bruising at venipuncture site. Do not be alarmed if some bruising or discoloration occurs, it will disappear in a few days. If you feel severe pain or discomfort in your arm, please call the Blood Bank Division at telephone numbers: 929-1638 or 925-2401 loc. 5131.
7. Your blood will undergo further screening to ensure its safety for transfusion.
8. You may give blood again after three months when your new cells have fully matured.
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**Reviewed by**

BLOODBANK AND TRANSFUSION SERVICES QUALITY TEAM

**Approved by**

MANUEL T. CHUA CHIACO, JR., M.D.
Executive Director