## What is Blood Bank..?



A blood bank is a center where blood gathered as a result of blood donation is stored as preserved for later use in blood transfusion. The term 'Blood Bank' typically refers to division of a hospital where the storage of blood products occurs and where proper testing is performed.

-Wikipedia-

# The policies/ procedures of criteria in selecting blood donors

• The person must fulfill several criteria to be accepted as a blood donor. These criteria are set forth to ensure the safety of the donor as well as the quality of donated blood.

## **Donor Selection Criteria**

- Age above 18 years and below 60 years.
- If previously donated, at least 4 months should be elapsed since the date of previous donation.
- Hemoglobin level should be more than 12g/dL. (this blood test is done prior to each blood donation)
- Free from any serious disease condition or pregnancy.
- Should have a valid identity card or any other document to prove the identity.
- Free from "Risk Behaviors".
- Risk Behavior
  - Homosexuals
  - Sex workers and their clients
  - Drug addicts
  - Engaging in sex with any of the above.
  - Having more than one sexual partner

# Counseling of blood donors

# Aims of counseling

- Encourage HIV testing
- Ensure Voluntary Blood Donation
- Reduce wastage
- Develop safe donor pool

# Two types of counseling

## 1. Pre donation counseling

This is an opportunity to explain to the blood donor about the donation process, the value of honest responses and the benefit of blood donation.

## 2. Post donation counseling

Donors be notified in a confidential manner of test results for TTI markers and any medically significant finding(s) identified during the pre-donation evaluation

# Pre donation counseling

- ➤ Verify the identification of the donor and ensure that you have the correct Medical History Form.
- ➤ Review the donor information part of the Medical History Form with the donor.
- Assure the donor that his/her information will be kept confidential.
- ➤ Discuss with the donor risk behavior for HIV and other sexually transmitted diseases.
- Explain to the donor the consequences of not being honest when answering the questions.
- Encourage feedback and questions from the blood donor.

# **Pre donation counseling (Cont)**

- Explain to the donor the quantity of blood to be drawn, tests to be carried out the donated blood and inform him/her that he/she will be notified of the results if any of the results are irregular.
- ➤ Make sure the donor understands the information that you have shared.
- ➤ Inform the donor about the importance of self-exclusion from the donation process if he/she believes his/her blood is not suitable for transfusion.
- Discourage blood donation in order to obtain tests results.
- ➤ Review the questionnaire with the donor and ask further questions where the responses are not clear.
- Ask the donor if they have had all their questions adequately answered.

# Post donation counseling

Counseling should be conducted in an environment that is conducive to a confidential, one-to-one discussion between the counselor and the donor. Whether it is provided in a fixed location or mobile setting, the venue for donor counseling should provide adequate audio and visual privacy and confidentiality.

## Post donation counseling (Cont)

- ➤ In the case of a blood donor who has a confirmed TTI reactive result:
- ➤ Inform the donor of the result simply and clearly.
- ➤ Give the donor time to consider the information.
- Ensure that the donor understands the result.
- ➤ Allow the donor to ask questions.
- ➤ Help the donor cope with emotions arising from the test result.

## Post donation counseling (Cont)

- ➤ Inform the donor of the following
  - Possible routes of infection.
  - The distinction between HIV and AIDS (if the donor was reactive for HIV).
  - <sup>-</sup> The likely progress of the infection.
  - Safe sex practices.
  - Treatment options.
  - Discuss possible disclosure of the result, including when and how this may happen and to whom.
  - Provide information on how to prevent the further transmission of infection.
  - That the donor and his/her sex partner should NEVER donate blood for transfusion purposes in the future.

# Post donation counseling (Cont)

- Encourage and offer referral for the testing and counseling of partners and children.
- Arrange a specific date and time for a followup visit or referral for treatment, care, counseling, support and other services, as appropriate.

Various blood and blood products in a blood bank (Cont.)

#### Whole blood

- Blood collected in to CPDA-1 anticoagulant containing bags
- Contains 450ml (+/-10%) of donor blood (blood cells and plasma)
- 63ml of and anticoagulant such as CPD (Citrate, Phosphate, Dextrose)
- Hct 35-45%
- Stored at 2-6 °C
- Shelf life with CPD 21 days, with CPDA-1 (Adenine) - 35days



#### Red concentrate / Packed RBC

- Red cells with 1/3 of the original plasma
- Saline solution containing added adenine, glucose and manitol, adsol or optimal additive solution
- 45g of hemoglobin per unit
- Stored at 2-6 0C
- <sup>-</sup> 21-35 days or up to 42 days with added above solutions
- Volume 250ml
- Hct 55-75%
- Contain RBC, WBC and small amount of plasma

## Fresh Frozen Plasma (FFP)

- Plasma removed from RBC within 6-8 hrs of collection is rapidly frozen to bellow -30°C temperature. Before transfusion is necessary to thaw at 37°C
- Once thawed, there is rapid deterioration of clotting factor, therefore it is very important to use the immediately after thawing
- Dose -10-12ml by weight
- Shelf life 12 months
- Stored at  $< -30^{\circ}$ C



#### Platelet Rich Plasma

- Gentle centrifugation of whole blood
- Supernatant transferred to the 2nd bag

#### Platelet concentrate

- Prepared from PRP by 2nd centrifugation
- Removal of all but 50ml of plasma
- Contain approximately ≥55 × 109 platelets
- 60-80% platelets present in whole blood unit
- Volume 300ml
- Stored at 20-240C
- Shelf life 5 days



# Cryoprecipitate

- Volume 15ml bags,
  usual dose of 4-6bags
- Stored at  $< -25^{\circ}$ C
- Shelf life Up to 1 year

#### Other products

- Immunoglobulin
- Albumin
- Coagulation factor concentrate

