



सत्यमेव जयते

Handbook for **COUNSELLING BLOOD DONORS** *2016*



National AIDS Control Organisation

India's voice against AIDS
Department of AIDS Control

Ministry of Health & Family Welfare, Government of India
www.nacoonline.org



NBTC

राष्ट्रीय रक्त संचरण परिषद
National Blood Transfusion Council

**Ministry of Health and Family Welfare
Government of India**

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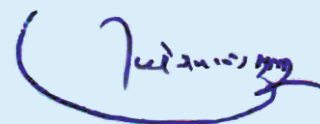
The Training Module for Blood Bank Counselors has been developed by Blood Transfusion Services Division, NACO and National Blood Transfusion Council, Ministry of Health and Family Welfare under the guidance and active leadership of Shri. B.P.Sharma, I.A.S, Secretary (Health).

The constant encouragement of Shri N. S. Kang, Additional Secretary NACO and Shri.K.B. Aggarwal, I.A.S, Joint Secretary, NACO have greatly helped in undertaking this important activity.

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It is commendable to note that a comprehensive set of document has been reviewed with the coordinated and concerted efforts of Dr. Zarin Bharucha, Dr. Charusmita Modi, Dr. Santhosh Clement. Ms. Unnati Machchar, Mr. Gaurav Chauhan and Mr. Rehan Mohammed. My heartfelt thanks to all for their expertise and time spared towards technical review.

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NOTE FROM AUTHORS

NACO convened a meeting of experts in May 2014 to develop training modules for various levels of personnel in the Blood Banking Programme, including Counselors. The group of experts reviewed the existing training materials as well as the existing terms of reference (TOR) of the counselors, which are broadly based on the recommendations of the World Health Organisation. The opinion of the group of experts was that in addition to the TORs, the counsellors required better preparation on motivating potential donors, on organizing community awareness about the cause of blood donation and on organizing public blood donation drives.

The handbook for counseling blood donors was developed as part of a set of training materials based on these recommendations with constant review of modules and training materials by members of NACO and various expert groups. The full package consists of Trainee's handout book; Trainer's guide; Powerpoint slides. They are based on andragogy – that is principles of adult learning.

The roles and responsibilities of counselors and the blood donor questionnaire have been used as a common thread throughout the module to highlight technical aspects of blood donation as well as general counseling skills. Suggested scripts are provided to respond to “Frequently Asked Questions”. The counselor is asked to focus on the possible psychological state of the donor and use a counseling technique of anticipatory guidance to give information before it is asked. The materials have been written in a non technical language so as to enable presentation of information about blood donation in non technical words to the donors. The social psychological science behind motivating blood donors is also discussed.

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GLOSSARY

Acronym	Expansion
BCSU	Blood Component Separation Unit
CUE	Confidential Unit Exclusion
FRD	Family / Replacement Donor
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HTS	HIV Testing Services
ICTC	Integrated Counselling and Testing Centre
NBTC	National Blood Transfusion Council
NHP	National Health Portal
RBC	Red Blood Cell
SBTC	State Blood Transfusion Council
SIMS	Strategic Information Management System
TTI	Transfusion-Transmissible Infection
VNRBD	Voluntary Non-Remunerated Blood Donor
WBC	White Blood Cell



1. Basic Information on Counselling

1.1 Definition of Counselling

Philip Burnard is a famous author of counselling text books. He defines counselling as “the means by which one person helps another to clarify his or her life situation and to decide further lines of action” (Burnard, 2005). Life involves many decisions and each decision is basically a choice between this road and that road. Each choice may have something positive or negative. Some choices mean that the action will not give us a reward till some date in the future.



Figure 1.1: Further Lines of Action (Burnard, 2005)

Sometimes a school student is mixed up over what course to take: The “safe” course which will more likely end up in a job or the course of the “heart” – a favourite subject in which he / she does well and does a lot of reading. Often the decision-making has to be made in a context where there is not enough information, and we are not sure if we have made the right choice. This causes us anxiety and doubt.

This is where counselling helps.

A counsellor helps a person to make a decision which is best suited for her / his life – to decide future actions or behaviours.



This decision may not work in the counsellor's life because his / her goals are different. But they should be **what is best for the person being counselled.**

To help a person decide their future course of action, a counsellor must be able to provide information about various choices.



In the hospital or blood bank, the professionals like the doctor, nurse and counsellor have knowledge about the act of blood donation and blood transfusion. The person visiting the blood bank does not have this information. So the counsellor must share the relevant information and give the power to make good, informed decisions. Relevant information means what is required to decide questions like the following:

- Am I healthy enough to donate blood?
- Am I in a position to donate blood right now?
- What do I need to do before or after the donation?
- Am I safe?
- Is my personal data safe from public sharing?

Your training course will cover different aspects of this. But first we will learn about counselling skills

1.2 Counselling Skills

Counselling has been named the “talking cure” because all counsellors need to use special, deliberate ways of talking to help their clients or counselees. These special ways of talking are counselling skills.

Counselling skills are special ways of talking that try to help a person who needs help. But all kind of talking is not counselling!



When we say “Counselling skills are deliberate” there are two important things here.

- The counsellor chooses to use particular statements and sentences with the planned aim of a certain effect on the client.
- A person may not be born with skill but they can learn it. With sufficient practice, they can even become good in that skill.

Ask yourself:

- As a counsellor, have I learned all the skills I need to do my job well?
- As a counsellor, can I demonstrate these skills properly?
- As a counsellor, am I able to decide which counselling skill is the best in a specific situation?



These are the counselling skills we will cover in this session

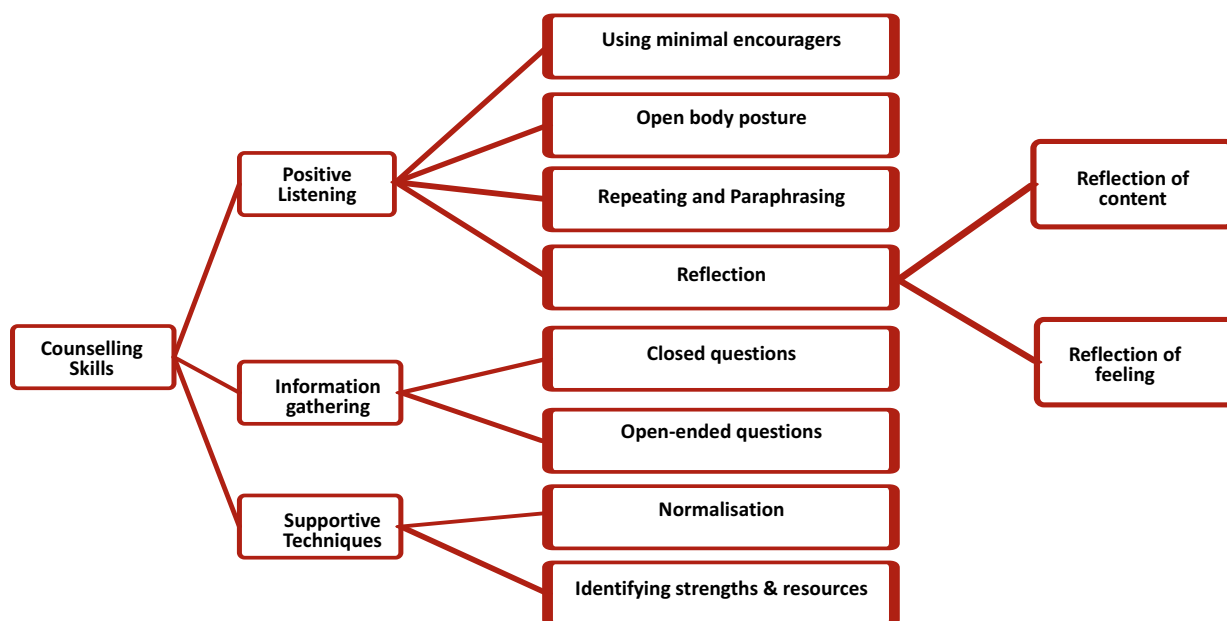


Figure 1.2 : Counselling Flow Chart



1.2.1. Positive Listening

We said earlier that counselling is a “talking cure.” But it is not one-sided – the counsellor is not the only person who talks. The client or counsellee must express their needs and issues first, and the counsellor must listen carefully to them to avoid missing key facts, and to pick up what is left unsaid by the client. Counsellors practise positive listening to show clients that they are listening and that they care. They pay attention to the words as well as the feelings expressed by counsellees.

Positive listening involves the physical act of paying attention to the counsellee, as well as using some verbal statements and non-verbal gestures to reflect they are listening.

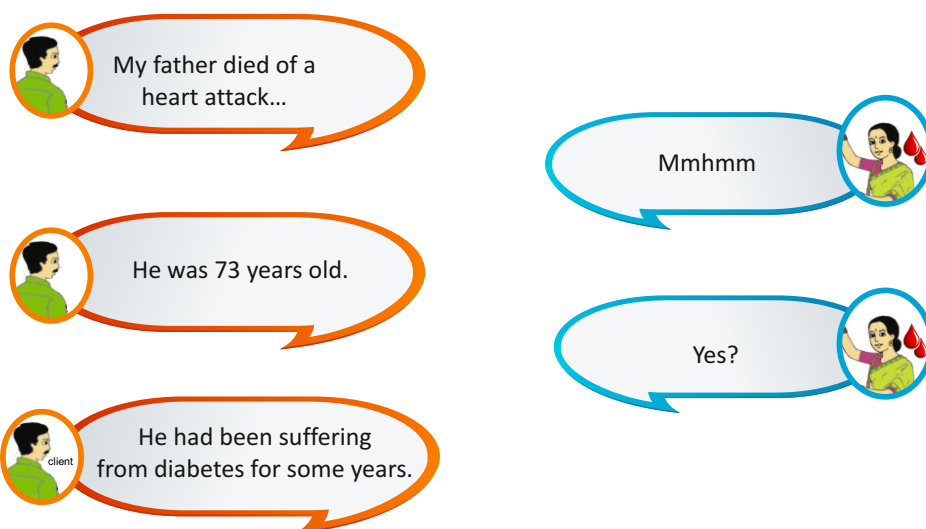
Using minimal encouragers

Mmhmm, OK, Tell me some more, head nods

These are all minimal encouragers which keep the conversation ticking. They communicate to the speaker that the listener is interested in the conversation. We use these in our personal interactions naturally all the time. As counsellors we plan to use them deliberately to show the client that we want to hear what they have to say. Please observe how, in the next conversation, the counsellor encourages the client to continue speaking with very, very few words (that is minimal words). Using a minimal encourager is a way to continue the conversation without interrupting the speaker.

- Use minimal encouragers in a way that does not distract the speaker.
- Do not use minimal encouragers so frequently that the speaker (in this case the client) gets the impression you are pretending to listen.
- Use the minimal encouragers that are appropriate. Sometimes, it is more sensible to say, “Oh no!” instead of “Yes.”

Many Indians have no experience with a counsellor, or with someone who is interested in listening to them. They may need additional encouragement to speak up.



Open-body posture

Make sure that your hands are not crossed. Closed body postures with crossed arms (see image) give the impression that the listener is not interested in listening to the speaker. Defensive body postures with crossed arms are universally recognisable. If you catch yourself listening to someone with a closed posture, change your arms. But also ask yourself if you are somehow uncomfortable with the speaker or are bored.

We instinctively recognise when a person is likely to pay attention to us from how they stand or sit. In counselling we make deliberate use of this knowledge to mould our bodies accordingly.

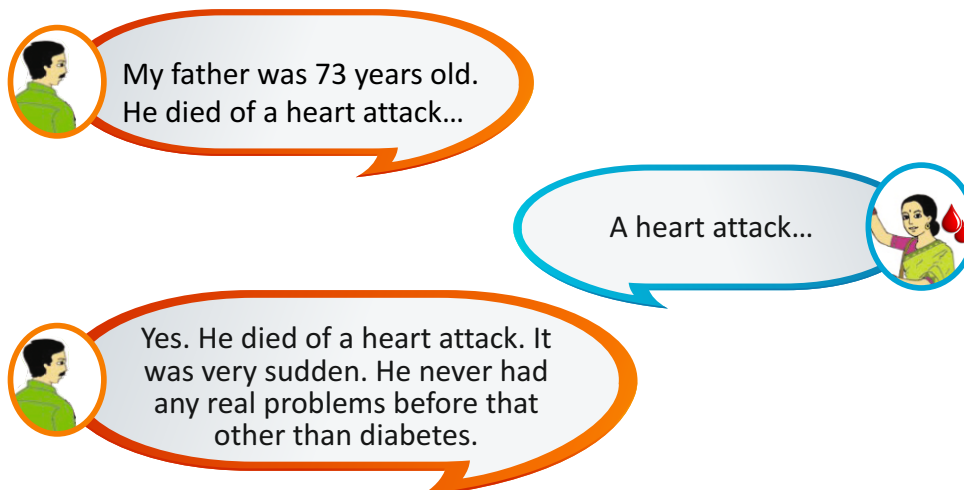


Figure 1.3:
Open-body posture

Repeating and Paraphrasing

Repeating and paraphrasing are counselling skills where the counsellor behaves like an audio recorder that records and plays back select words of the client. But the reason for using each counselling skill is slightly different.

- **Repeating:** Here the counsellor will repeat some of the last words used by the client to encourage him / her to continue speaking or to elaborate on the topic they were just discussing. This is like an echo. It is one step above a minimal encourager. For instance, the same conversation we saw before can take a slightly different turn with the use of the repeating technique.
- Use repeating when there is a pause in the conversation. Otherwise you might be interrupting the client



- **Paraphrasing:** Here the counsellor will repeat the facts shared by the counsellee, but, in his / her own words. You will use this counselling skill when the client has given many details about a situation and you want to highlight the relevant points before moving on to a new topic. It is used to show that you were listening actively and are capable of recalling the key points. It is also a way to check your own understanding. The counsellor may not be repeating the last words as is done in the technique of repeating or may not even repeat the actual words of the counsellee. She / he may pull together many different facts in a logical way.



Here is a nice way to paraphrase the situation in the conversation above.

So far you have shared that your father died suddenly of a heart attack at the age of 73. Before that his only problem was diabetes.



It is important to be true to the issues of the counsellee when paraphrasing, and not add some assumptions of our own. This is why these skills are part of active listening.

This is one of the few points in the counselling session when the counsellor speaks a lot.



Reflection

Just as a mirror shows us how we look, a counsellor who uses the skill of reflection is throwing back to the client what they said or what feeling they showed. Reflection falls under the area of active listening because the counsellor cannot use these skills unless she / he has listened to the client carefully and with attention.

- **Reflection of content** – The counsellor reflects briefly the facts shared by the client. This overlaps slightly with the skills of repeating and summarising. But here the counsellor will use the client's own words as much as possible and will not repeat just one or two words.
- **Reflection of feeling** – Here the counsellor makes tentative and gentle observations about the emotional state of the client. These statements may begin with phrases such as “It seems like...” or “It appears like...” or “Your words give the impression that...” or “I get the feeling that...” or “I get the sense that...”

In the following conversation, the counsellor shares a tentative impression and asks the client to say whether she / he is right or wrong. Please also observe how the counsellor made a brief paraphrasing as the background to the reflection. This is Reflection of content.

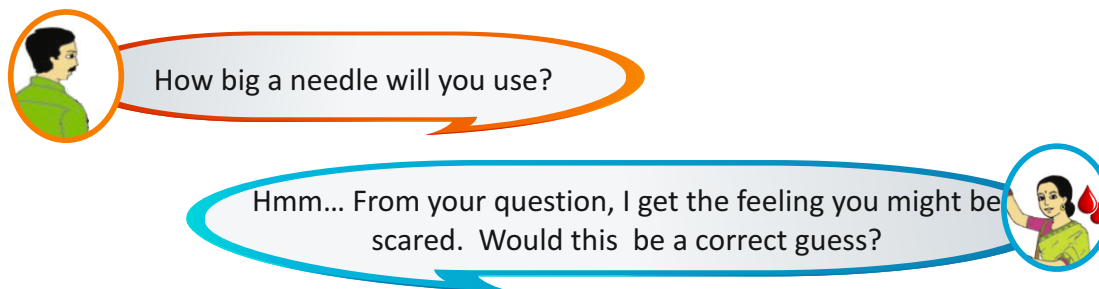



My father was 73 years old. He died of a heart attack. It was very sudden. He never had any real problems before that other than diabetes. He was 48 when he discovered he had diabetes. My current age is 48.

Hmm... You are 48 years old. At 48 your father found out he had diabetes. It seems like you might be concerned about diabetes yourself. Is this right?




For Reflection of feeling, the counsellor should pick up the clues for the emotional state of the client's mood from their tone of voice. For this you need active listening.



Do not assume that your own personal reaction would be the client's emotional response to a situation, or to assume that all people may react in the same way. For instance, while most people might be sad about the death of a parent, people who have seen an older parent suffer from a long painful illness may be happy or relieved that death ended their suffering. So it is important to be an active listener during counselling. In the latter situation, the counsellor may diplomatically say, "It seems to me that your father's death is not something that makes you very, very sad... Am I right in saying that?" 

1.2.2 Information Gathering

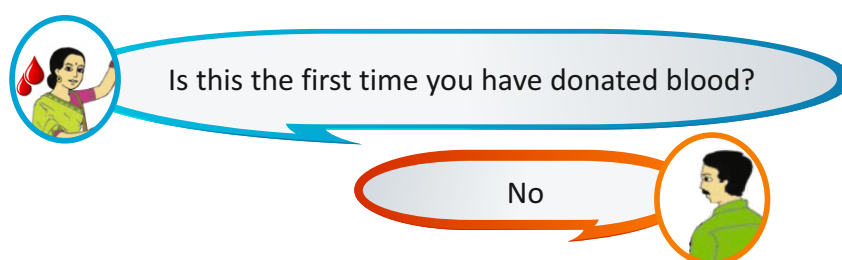
Besides active listening, counsellors also gather a great deal of information from counselees in order to provide suitable help. The information sought should be relevant to the issue. For instance, we might ask about a person's hobbies if we were counselling them about their career because hobbies might give a clue to their interests. We might ask about hobbies if we are trying to help a client who is depressed. We might ask about hobbies in case of a person who needs occupational therapy. But this information may be useless in the blood bank setting.

 Gather information about relevant issues during counselling.

In a blood bank, the counsellor will want to know about the medical history of the blood donor and about their personal habits including sexual habits because this will give some idea if blood is safe or not. For this we use open-ended questions and closed questions.

Closed questions

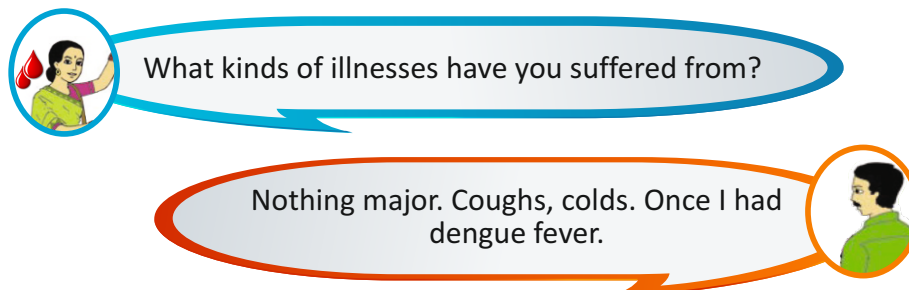
Closed questions produce a simple Yes / No answer. They do not permit elaboration or ask for details. The counsellor may use these questions to get direct answers to specific questions.





Open-ended questions

Open-ended questions generate answers with more details. The counsellor may use these questions to learn more detail about the counsellee. Here a Yes-No answer is not the most appropriate.



In most of the previous dialogues on active listening, we showed the client speaking first and then the counsellor giving an appropriate response. In using questioning, we see the counsellor initiating the interaction.

A Blood Bank counsellor uses closed questions and open-ended questions judiciously to get a complete picture of the counsellee. Judicious means well-planned and appropriate. Many of the questions in the Blood Donor Questionnaire are closed questions because the Blood Bank needs to rule out that a person who is willing to donate blood does not have certain medical conditions or personal habits.

Do not use leading questions. Leading questions are worded in such a way that they make it difficult for the person answering the question to reply freely without contradicting the person asking the question or losing their own reputation. Leading questions reveal the internal bias of the question-maker. Some examples are: “You're not sexually active, are you?”



1.2.3. Supportive Techniques



Supportive counselling techniques move beyond eliciting information from counselling clients. They try to deliberately provide an appropriate supportive response to the client's specific concern or situation.

Normalisation

Some social situations produce identical reactions in almost all human beings. For instance, before major surgery most people are concerned about pain and about whether it will work or not. If counsellees mention such common reactions, the appropriate counselling response is to acknowledge this emotional state by saying that many people feel the same way and then to move on to how to manage it. The idea is that hearing that other people have similar reactions is a way of acknowledging the client's feeling, reassuring them that they are normal (without making them feel that their feelings are not important) and instilling confidence that the counsellor (and the blood bank) is prepared to deal with these feelings.

Some ways of using this technique are trigger statements such as:

- It is normal to feel... when...
- It is common for people to feel ... when...
- In such situations, most people normally feel like you do



Actually though I have come forward to give blood,
I am slightly worried.

It is common for people to feel a bit worried
when they face the prospect of a needle.
Let me tell you how we manage this process so
you might feel less anxious.



Use normalisation as a skill only when the reaction is normal!

Use normalisation for feelings not actions.

The following reaction from the counsellor is wrong. While it acknowledges the emotion of the client, it dismisses or minimizes it as unimportant.



Actually though I have come forward to give
blood, I am slightly worried.

The wrong way

Oh. Everybody feels a bit worried when
they face the prospect of a needle. You
should not worry so much about a little pin prick.



Identifying Strengths and Resources

Some people who enter counselling are in a state of crisis. This means that they are faced with difficult situations to which they are experiencing difficulty in adjusting. Here the counsellor's role is to help the counsellee remember the strengths and resources they have used in the past when faced with difficult situations.



Some ways to do this are to ask simple questions such as:

- In the past when you have faced difficulties how did you cope?
- What has helped you in the past to overcome problems?
- Can you make a list of all the things or people that have been helpful to you?

Strengths and resources could include people who have given emotional support in the past, prayer and spirituality, positive coping mechanisms like keeping busy and ability to reason and use logic.

Frequently Asked Questions

I know how to listen. So why should I learn how to do positive listening?

Positive listening uses a deliberate thought process on the part of the counsellor. It involves the act of physically taking in the words of the counsellee (client) through the ears and the eyes; processing that through the brain and choosing to respond appropriately from the menu of the various counselling skills.

Which are better? Open-ended questions or closed questions?

Both open-ended questions and closed questions are important in counselling. Sometimes we need direct simple answers for which closed questions are appropriate. An example is if we want to rule out certain risk behaviours.

Sometimes we are keen to explore various aspects of a situation. We can ask a series of closed questions to generate this information about all the aspects. But in this case an open-ended question is much quicker.

Counsellors use a mix of both types of questions depending on their goals.

Reference

Burnard, P. (2005). *Counselling skills for health professionals* (4th Ed). Cheltenham, UK: Nelson Thomes.

2. A Blood Bank Counsellor's Guide to Blood Safety

2.1. Basics about Blood

An adult human being has approximately 4-6 litres of blood in the body. During a blood donation only about 350 or 450 millilitres of blood is drawn. How much is drawn depends upon the vital statistics of the donor.



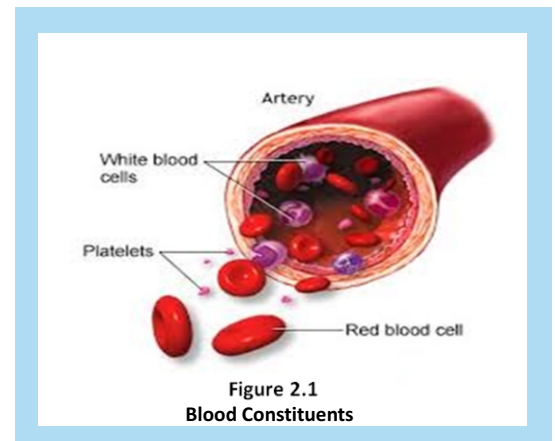
The counsellor has to tell the client – in this case the blood donor - that the Blood Bank is only drawing a small portion of their blood and they will still have enough to function well.

Blood is made up of

- 1) red blood cells (RBCs),
- 2) white blood cells (WBCs), and
- 3) platelets
- 4) which are all suspended in a liquid called plasma

Role of Red Blood Cells in the body

- RBCs carry oxygen around the body
- RBCs remove carbon dioxide and other waste products
- RBCs give your blood its red colour



Some more important information on Red Blood Cells

- RBCs occupy 45% of our total blood volume
- RBCs are generated in the bone marrow.
- Inside the body they have a lifespan of 120 days.
- RBCs have iron-containing pigment called haemoglobin whose job is to store and carry oxygen around the body
- In adult males, typical haemoglobin is 14-16 g/dL; in adult females it is 11-13 g/dL (Men usually have a higher level than women)
- RBCs are used to treat anaemia.
- Anaemia occurs when the body doesn't have enough oxygen-carrying red blood cells, which means the body's tissues and cells aren't getting enough oxygen.

The counsellor must remember that a person with anaemia needs all the blood they have. They cannot donate blood without risking their own life.



Please also note that the person with anaemia requires only red blood cells to be transfused to improve his condition. Transferring excessive plasma can lead to dilution and cardiac decompensation.



A unit is about 350 or 450 ml of donated blood as per the body weight of the blood donor. 450ml collection is better for clinical outcome of patient. The average adult has between four and five litres of blood in his or her body, and can easily spare one unit at any point in time. The quantity of donated blood is insignificant amount for healthy blood donor. But highly significant for recipient. Moreover, healthy adults are able to completely replace the lost blood easily. Liquid portion of the blood is replaced within few minutes by normal physiology. However red cell replacement may take around six weeks. Donor can make the next donation after three months.

- **Some important information on White Blood Cells**

- WBCs are produced in the bone marrow and lymphatic tissue.
- WBCs occupy less than 1% of total blood volume.
- Their main role is to identify, destroy and remove any foreign material that enters the body (such as viruses).

- **Some important information on Platelets**

- Platelets help to stop bleeding by clotting the blood.
- Platelets are produced in the bone marrow.
- Platelet transfusions can prevent heavy bleeding in groups of people, such as those who are receiving chemotherapy to treat cancers or those who are suffering from dengue.

- **Some important information on Plasma**

- Plasma is about 90% water.
- It makes up for 55% of blood volume.
- Plasma also contains many hormones, nutrients needed by the body's cells, as well as proteins that help the blood to clot if a patient is bleeding.
- Plasma transfusion may be needed if there is severe bleeding, such as after surgery, trauma or childbirth.

- **Some important information on Donating Blood**

During a blood donation only about 1 unit of blood is drawn from one donor at a time. Some blood banks have a facility for platelet collection where blood is drawn, the platelets are harvested and the remaining blood along with all the red blood cells is transfused back into the donor. Platelet donors may repeat donation after two week. Such procedures is know as Platelet apheresis. Apheresis can be selective for specific blood cells such as Red Blood Cells, Stem Cells etc or Plasma and Plasma proteins. These are technologically advanced and require special donor selection and follow up criteria for which blood bank medical officer should be consulted. Platelet Apheresis is relatively common in our country. That is a person may be able to donate platelets up to 24 times in a year.

At present there is no substitute for blood. People with different medical needs rely on voluntary blood donors to provide red blood cells, platelets and plasma to meet those needs.

In cases of trauma or during surgical operations, the volume of blood which is lost by a patient may initially be replaced with synthetic solutions such as normal saline. These solutions are able to maintain blood volume for some time or act as plasma expanders. But these solutions do not carry oxygen and are not “blood substitutes”. They are frequently used in the initial treatment of patients, for example in the ambulance or in the operating theatre, while blood is being obtained from the blood bank.

2.2. Rational use of blood

Blood banks in India practice component separation and administration. This practice of blood componentization is very healthy practice that is increasing in our country.

- It is important to give the right component to the right patient at the right time in the right quantity.
- Within six hours of blood donation, blood is separated into different components i.e. Red cells, platelets and plasma. Red cells are useful to the patients with reduced hemoglobin. Platelets are transfused in patients in whom platelet count has severely dropped due to infections like dengue or due to cancer.

Plasma is frozen immediately after separation. In this Fresh Frozen Plasma (FFP), factors required for blood clotting are well preserved. FFP is useful to those patients whose blood is not clotting. FFP can further be separated into a component called cryoprecipitate. This is very useful to patients with genetic deficiency of clotting factors.

The counselling implication is that a donor is helping more than single recipient at once because donating blood means donating Red blood cells, plasma, platelets and cryoprecipitate.



2.3. What is “Blood Group”?

- The kind of blood you have depends on the genes you get from your parents and is divided into different types, known as blood groups.
- Four main blood groups are A, B, AB and O. This is called the ABO system
- Blood group is identified by antigens and antibodies present in blood.
- Antigens are protein molecules found on the surface of red blood cells.
- Antibodies are special proteins found in plasma. They recognise anything foreign in your body and alert your immune system to destroy it.
 - (1) Blood group A : A antigens on RBCs and anti-B antibodies in the plasma
 - (2) Blood group B : B antigens on RBCs and anti-A antibodies in the plasma
 - (3) Blood group O has no antigens on RBCs but both anti-A and anti-B antibodies in the plasma
 - (4) Blood group AB has both A and B antigens but no antibodies
- Some RBCs have another antigen called Rh factor. People with this antigen in their blood have blood that is Rh-positive.



- People without Rh-factor antigen have Rh-negative blood and will develop anti-Rh antibodies if exposed to Rh+ blood

antigen: Any substance the body recognizes as foreign and against which the immune system to mount a response.

antibody: A special protein produced by the immune response of an individual when a foreign substance enters the body. It plays a role in the defence of the body against pathogens

Cross-matching of Blood

Based on presence of antigen antibody status of recipient, transfusion therapy may not be effective or may be counter productive. If a donor receives blood from a wrong blood group this can even cause death because the antibodies in the blood will attack the antigen and cause a severe problem. So it is important to match the donor in terms of blood group.

2.4. Making Blood Safe for Blood Donor and Blood Recipient

Ensuring blood safety means ensuring that it is safe for the donor to donate blood given current health status as well as that blood donated carries minimal risk of adverse effects for the recipient in terms of matching blood groups and is free of transfusion-transmissible infections.

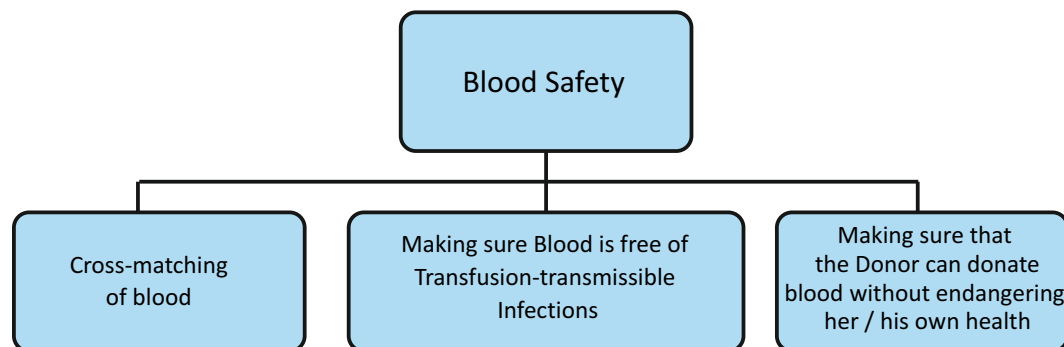



Figure 2.2: Blood Safety

2.5. Transfusion-Transmissible Infections (TTIs)

TTIs are infections which can occur in a recipient of a blood transfusion if the transfused blood contains a pathogen. Many organisms like bacteria, viruses, and parasites can be transmitted through blood transfusions.

The Drugs and Cosmetics Act of India mandates that all blood units that are collected in blood banks for the purpose of transfusion should be screened for the following organisms that cause TTIs: 

- Human Immunodeficiency Virus (HIV) (which causes AIDS)
- Hepatitis B virus and Hepatitis C Virus
- Treponema pallidum (which causes syphilis)
- *Plasmodium* species (which causes malaria)

Blood which is detected as having any of these infections is destroyed to prevent infecting others.

But this is an expensive process. Also, screening may not show a person who is in the window period, namely a person who is infected but has not yet developed anti-bodies that can be picked up by screening. The counseling implication is that there is need also to encourage donors to honestly report any particular behavioural or medical history that might mean that they should not donate blood at this time



Although all donated blood is tested for **Hepatitis B, Hepatitis C, HIV, Malaria and Syphilis**, there is a period of time after a person first becomes infected with a virus during which the infection may not be detectable (this is often referred to as the “window period”). So, the person's blood could still transmit a disease if transfused to a patient, even though their tests were negative and there was no sign of infection at the time of donation. Also, tests are not available/used for infections such as Dengue, variant Creutzfeldt-Jakob disease (vCJD: mad cow disease). For this reason, a thorough donor selection process is essential.

2.5.1 Human Immunodeficiency Virus (HIV)

HIV is a retrovirus which is transmitted through the parenteral route (that is via blood transfusions, and needle sharing) as well as through the sexual route. It can also spread from a pregnant woman to her unborn child before, during and after child birth. However, there are medicines available free of cost that reduce the chances of mother-to-child transmission.

HIV cannot spread through ordinary contact such as shaking hands, sharing personal belongings or hugging.

HIV can be present in the blood in high amounts, and so is very efficient (good) at infecting people via blood. However, because of universal blood screening, there are hardly any cases of transmission through blood.

HIV at later stages of infection causes serious damage to the body.

Most people are unaware of being infected in the first few months. In the first few days after being infected, most people experience no symptoms or just a flu-like illness including fever, headache, rash or sore throat. When the immune system breaks down later, there are other symptoms like swollen lymph nodes, weight loss, fever, and diarrhoea.

As infected persons may display few symptoms initially, there is need to elicit a good history of personal risk behaviours from potential donors.

HIV remains stable at the temperature at which blood banks store blood components.

Blood banks check for antibodies of two strains of HIV – HIV-1 and HIV-2.

A person with HIV infection should never donate blood. If donor is believed to have HIV during predonation counselling, donor may be referred to ICTC/HTS for further management.

A person with HIV infection can protect other people by:

- Avoiding blood transfusions




- Using a condom during sex
- In case of a pregnant or breast-feeding woman, ensuring that the mother and baby take protective medicines.

2.5.2. Hepatitis B Virus (HBV)

HBV is a very common virus which is transmitted through the parenteral route (that is via blood transfusions, and needle sharing) as well as through the sexual route. It can also spread from a pregnant woman to her unborn child during birth. It causes a lot of liver damage. Hepatitis means “inflammation of the liver.”

HBV cannot spread through ordinary activities such as hugging, sharing toilet facilities or sharing eating utensils.

People with HBV infection do not usually show symptoms till there is liver damage or systemic illnesses. Some might experience a persistent tiredness. The white part of the eyes may turn yellow and the urine may be a darker colour – a condition called jaundice.

HBV does not mean permanent liver damage but the person who tests reactive must have a complete medical check. 

Most people with HBV recover completely from the infection and develop antibodies which protect them from further infection. While there is no cure, some people do benefit from medication. This depends on how the virus affects the liver. But the person should avoid alcohol as this also contributes to liver damage.

A person with HBV infection should never donate blood. If donor is believed to have Hepatitis B during predonation counselling, donor may be referred to Physician/Gastroenterologist for further management.

A person with HBV infection can protect other people by:

- Avoiding blood donations
- Using a condom during sex
- In case of a pregnant or breast-feeding woman, ensuring that the baby takes protective medicines.

2.5.3. Hepatitis C Virus (HCV)

HCV is a virus which is transmitted through the parenteral route (that is via blood transfusions and needle sharing). Transmission during sex is less common. Like HBV, it also causes a lot of liver damage.

HCV cannot spread through ordinary activities such as hugging, sharing toilet facilities or sharing eating utensils.

People with HCV infection do not usually show symptoms till there is liver damage. Some might experience a persistent tiredness, fever, loss of appetite, nausea, vomiting and pain in the abdomen.

The white part of the eyes may turn yellow and the urine may be a darker colour – a condition called jaundice.

Most people remain persistently infected and after many years of infection they may suffer liver damage. About 25% of people are able to overcome the viral infection but continue to display antibodies in their blood. If their blood tests reactive for antibodies there is need to confirm the test.

The person who tests reactive must have a complete medical check. There is medical treatment which reduces the harm caused by the virus. Many patients can now be cured of HCV. But the person should avoid alcohol as this also contributes to liver damage.

A person with HCV infection should never donate blood. If donor is believed to have Hepatitis C during predonation counselling, donor may be referred to Physician/Gastroentriologist for further management.

A person with HCV infection can protect other people by:

- Avoiding blood donations
- Using a condom during sex
- In case of a pregnant or breast-feeding woman.
- Consulting a doctor for appropriate treatment.

2.5.4. Syphilis

Syphilis is caused by a bacterium called *Treponema Pallidum*. It is transmitted through the parenteral route (that is via blood transfusions, and needle sharing) as well as through the sexual route. It can also spread from a pregnant woman to her unborn child before and during child birth.

Syphilis cannot spread through ordinary activities such as hugging, sharing toilet facilities or sharing eating utensils.

Once the bacteria enter the blood stream, they spread throughout the body. The initial sign is a primary lesion called a chancre which occurs about 3 weeks after sexual exposure (perhaps earlier in case of a parenteral transmission). These initial lesions often disappear causing the person to think they are healthy again. But the bacterial infection persists and the infected person may later develop symptoms such as sore throat, enlarged glands and a rash on the palms of the hands, soles of the feet and the trunk. These symptoms may also disappear. But the bacterial infection if undetected and untreated can affect the heart and the brain when it becomes chronic.

Syphilis can be treated and cured. But the blood test used in the blood bank will detect antibodies from previous and current syphilis infections. So there is need to confirm through a thorough medical check-up. The counsellor should also elicit a good medical and personal risk history from donors.



A person with syphilis should not donate blood. If donor is believed to have syphilis during predonation counselling, donor may be referred to STI clinic for further management.



A person with syphilis can protect other people by:

- Avoiding blood donations
- Using a condom during sex
- In case of a pregnant or breast-feeding woman, ensuring that the mother gets treated.


2.5.5. Malaria

Malaria is caused by a parasite belonging to the *Plasmodium* species. The common ones are *P. falciparum* and *P. vivax*. The major route of transmission is through the bite of the female anopheles mosquito which carries the parasite in its system. However, it can also be spread via a blood transfusion if the donor carries the parasite.

Symptoms first appear 7 to 15 days after the infective mosquito bite – fever, headaches, chills and vomiting. These initial symptoms are generally mild and do not appear to be malaria. If malaria is not treated, it can quickly become life-threatening by disrupting blood flow to essential organs in the body. Children who suffer from severe malaria can develop anaemia, breathing difficulties or cerebral malaria (that is a brain condition).




Malaria can be treated and cured. But the blood donor whose blood tests reactive for malaria should not donate blood for upto 3 months after completing treatment and complete recovery.

The counselling implication is that we must check with donor about their risk factors including sexual history to ensure that they are not in the window period for conditions like HIV, HBV, HCV and syphilis. We must encourage donors to be honest and self-defer. We also need to ask about recent infections like malaria. In addition donors are asked about various diseases so that blood donors or recipients' health is not compromised. 

2.6. Conditions which make the Donor Ineligible for Donation

Blood safety also means that the donor's health is not endangered through the act of donating blood. For instance, people who would themselves qualify for blood transfusion obviously are in no condition to donate blood themselves. For the sake of safety, people who have recently undergone surgery are not permitted to donate blood.

The counselling implication is that we must check with donor about their medical history with regard to recent surgery. 

The pre-donation check also covers a few basic items to ensure that the donor will not be harmed by the blood donation. The counsellor placed at a blood bank should be very familiar with these.

Age cut-off

Donors should be between 18 and 65 years of age.

General physical condition

- Pulse should be normal without any irregularities

- Blood Pressure should be in acceptable range
- Body temperature (oral) should not exceed the normal body temperature
- Body weight should not be less than 45 kg

Other health conditions

Potential donors are asked to defer (suspend) donation if:


- They are currently suffering from a common cold, a cough, influenza or sore throat
- They have diabetes and are on insulin.
- They have any chest pain, cancer, blood clotting problem or blood disease.
- They have unexplained weight loss, fatigue, night sweats, enlarged lymph nodes in the armpit, groin or neck.
- They ever had tuberculosis, asthma, liver disease, kidney disease, fits of fainting.

The doctor of blood bank should be consulted for the further details as per the blood bank policies

Haemoglobin Level

Earlier we saw that Red Blood cells have an iron-containing pigment called haemoglobin that stores and carries oxygen around the body. In adult males, the haemoglobin level is typically 14-16 g/ decilitre; in adult females it is 11-13 g/dL. Anaemia is a condition which occurs when the body doesn't have enough oxygen-carrying red blood cells, which means the body's tissues and cells aren't getting enough oxygen. In India, under-nutrition starts early in life and the counsellor may see many potential donors with low haemoglobin levels.

A blood donor who has a low haemoglobin level is likely to face health issues after a blood donation. So haemoglobin levels are always tested on a small sample before proceeding with a blood donation. If the donor fails to meet the cut-off of 12.5 g/ dL, then they must be deferred till they attend to their own health and bring back their haemoglobin to the required levels. They should be referred for further medical check-ups. The Blood Bank team can also establish linkages with the National Anaemia Control Programme.

The counsellor must remember that a person with anaemia needs all the blood they have. They cannot donate blood without risking their own life. 

Please also note that the person with very severe and life-threatening anaemia requires only red blood cells to be transfused to improve his condition. Transferring excessive plasma can lead to volume overload and cardiac decompensation.

People with low haemoglobin levels need medical attention. The low haemoglobin level could indicate other underlying health problems such as hookworm disease.

But the counsellor can also advise them to improve iron-intake in their body. People with a non-vegetarian diet can improve their condition through eggs and meat like chicken and lean red meat. People with a



vegetarian diet can improve their condition through pulses and beans (like chhole beans) and green leafy vegetables (like spinach, amaranth, Bengal gram leaves, cauliflower greens and radish leaves).

However, it is difficult for the body to absorb iron. To aid in iron-absorption, it is important to advise people to also consume freshly-cut vegetables and fruits that are rich in Vitamin C. These could be guava, banana, fresh amla, and citrus fruits. Vitamin C is easily destroyed by atmospheric oxidation. Hence the National Institute of Nutrition (2011) advises that these fruit should be cut just before one is ready to consume them.

The counsellor may have to pay special attention to women as they often put the dietary needs of other family members before their own health.

Though the counsellor may give dietary advice to a person with a low level of haemoglobin, they should also be motivated to visit a doctor.



Special Considerations for Women

Women who are pregnant, breast feeding or who have their menstrual periods are not allowed to donate blood and must defer donation.

On an average a woman needs about 350–500 mg additional iron during pregnancy to maintain her iron balance. Therefore a woman is deferred during pregnancy and for a sufficient time after delivery (or following abortion or miscarriage) and during lactation to allow for the iron stores in her body to be restored.

Intake of substances

Potential donors are asked to defer donation if they have consumed the following substances:

- Alcohol intoxication and not able to give consent
- Antibiotics in last 2 days
- Aspirin in the last 72 hours
- Rabies medication or Hepatitis B immunoglobulin in the last 1 year

Previous procedures

Potential donors are asked to defer donation if they have undergone

- Any skin piercing, tattooing, acupuncture or blood transfusion in the last 6 months

Reference

WHO 2012 - Guidelines on assessing donor suitability for blood donation

3. Primer on Blood Donor Counselling

3.1. Definition of Blood Donor Counselling

The World Health Organisation defines blood donor counselling as “a confidential dialogue between a blood donor and a trained counsellor about issues related to the donor's health and the donation process” (WHO, 2005). Notice that here there are 2 focal points: the blood donation process (what is going to happen) and the donor's health. These 2 issues must be discussed even in blood banks where there is no counsellor or when the counsellor is on leave.

Blood donor counselling may take place before, during and after the blood donation. The counselling will fit to match the needs of the donor at each particular point in the blood donation process. While there may be limited opportunity for a one-on-one discussion during a blood donation camp at a community site, all the elements that potential donors require to decide whether they are fit to donate blood should be made available to them, and there should be opportunity to have private discussion if such a need is expressed.

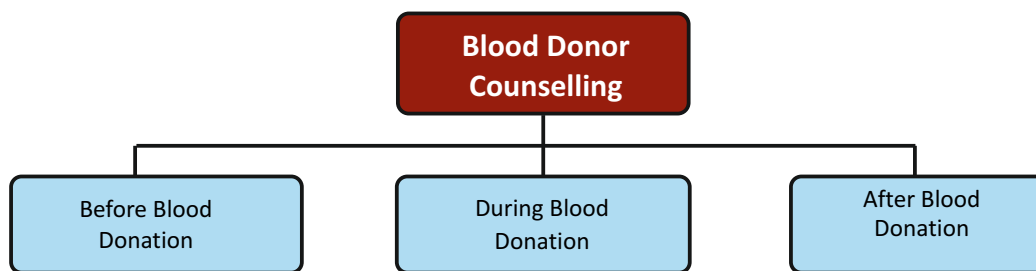


Figure 3.1: Blood Donor Counseling

Before the blood donation some concerns of the potential blood donor might be:

- Am I healthy enough to donate blood?
- Am I in a position to donate blood right now?
- Will it hurt?
- Will I experience any weakness after the donation?

During the blood donation the donor might be focused on getting out of the blood bank or donation camp as early as possible. Some might worry about pain or feeling weak.

After the blood donation, some might worry about the results of screening blood tests.

For replacement donors (someone who has come to donate blood because a family member requires blood) the worry is centred on the family member and their ability to understand might be somewhat less because they are distracted.

A person who has come for blood donation may feel very fit and is not expecting to hear news that their health is not perfect.

The counsellor's job is to reassure and provide suitable information after listening to the concerns of the



counsellor – in this case the donor. It is highly likely that the majority of people will have the same concerns. But some might have specific concerns which you, the counsellor, will not know if you do not listen properly.

When blood donor counselling is done properly, the donors who are truly eligible to donate blood are retained and those who are not eligible are deferred. This contributes to blood safety by reducing the likelihood of TTI in donated blood.

3.2. Stages of Blood Donor Counselling

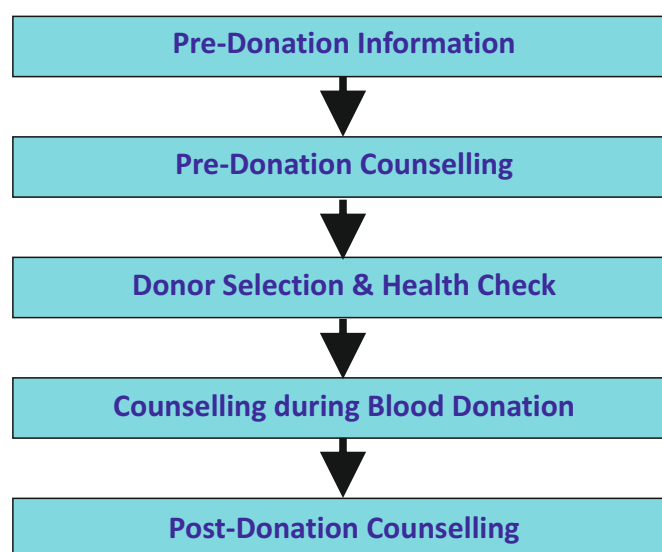


Figure 3.2: Stages of Blood Donor Counselling

- Pre-donation information (before an individual registers for blood donation)
- Pre-donation counselling (as part of a confidential interview for medical history, health and TTI risk assessment)
- Donor selection and health check
- Counselling during blood donation
- Post-donation counselling (after blood donation and testing of donated blood for blood group serology and markers of infection)

3.2.1. Stage 1: Pre-donation Information

Pre-donation information is an important first step to inform and educate donors about the process of blood donation such as donor selection criteria and deferral or self-deferral, blood screening for TTI, blood grouping, counselling and referral. This step will permit individuals who, for one reason or another, are unsuitable to donate blood to self-defer without going through the blood donation process. Self-defer means to make a choice not to donate blood on this particular visit. (Remember earlier you learned that the counsellor helps people to make choices. Here is a good example of the counsellor's role)

Pre-donation information is general information that is similar for all donors. So it may be provided verbally and through printed, graphic, audio-visual and online materials. It may be provided individually or in a group.

Pre-donation information should be presented in a simple and clear format.

Pre-donation information is usually provided to prospective donors at the same time as the donor questionnaire during the process of registration for blood donation.

Objectives of Pre-Donation Information

The purposes of pre-donation information are depicted in the diagram below:

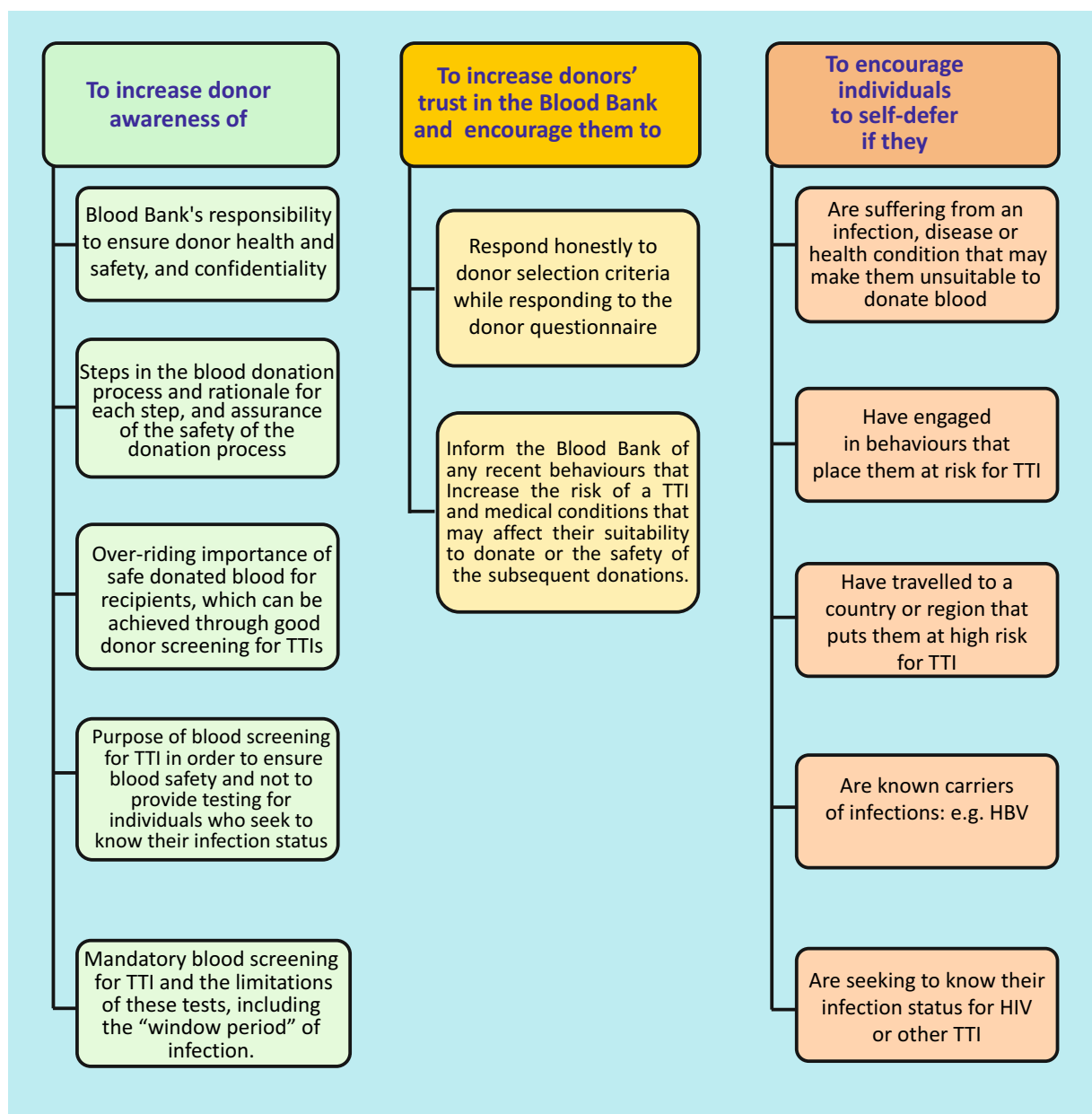


Figure 3.3: Objectives of Pre-donation Information



Contents of Pre-Donation Information

Pre-donation information should include:

- Nature and use of blood and its components and the importance of maintaining healthy lifestyles
- Rationale for the donor questionnaire and pre-donation health assessment; the importance of donor compliance in the donor selection process; and the donor's duties, responsibilities and rights
- Options for the donor to withdraw or self-defer at any time before, during or after donation, without any undue embarrassment or questioning
- Blood donation process and potential adverse donor reactions, such as fainting or haematoma
- Availability of qualified and trained medical staff throughout the process
- Common TTI, including HIV, HBV, HCV and syphilis, routes of their transmission, natural history and prevention; purpose of screening; window period of infection; and voluntary counselling and testing services for individuals seeking to ascertain their infection status
- Basic information about blood group serology and tests performed on donated blood
- Possible consequences for donors and the donated blood in the event that the test results show unusual red cell serology or rare blood groups
- Possible consequences for donors and the donated blood in the case of abnormal TTI test results; the mechanisms for confirmatory testing, information and notification of TTI test results; assurance of confidentiality; and referral for further investigation, counselling, treatment and care
- Motivate donor to report to blood bank, if donor develops symptoms of infection or other disease as mentioned in the questionnaire, after donation.

Some useful pointers for providing information

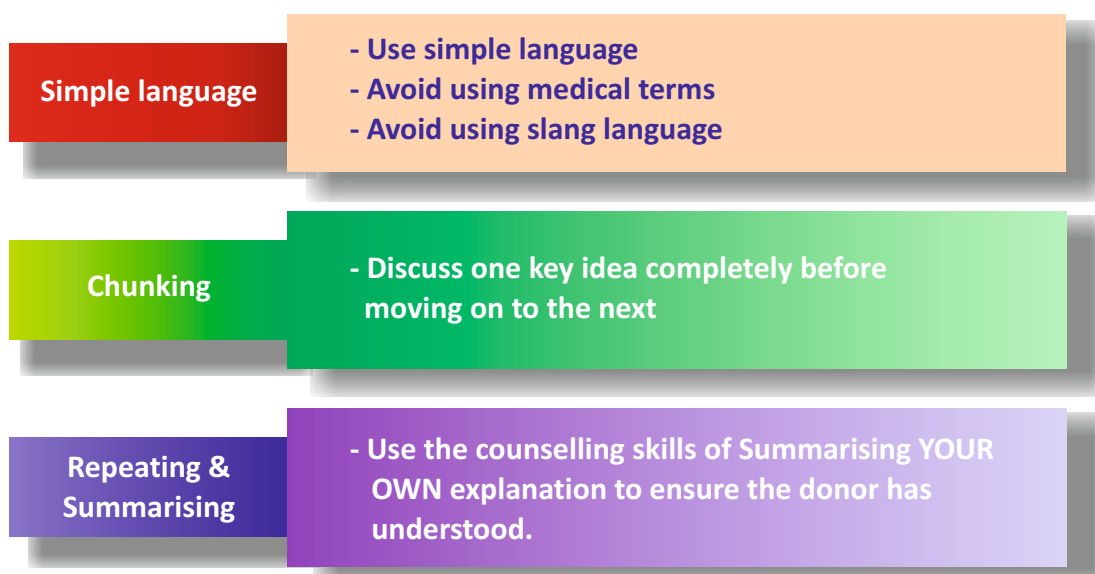


Figure 3.4: Some Useful Pointers for Providing Information

3.2.2. Stage 2: Pre-Donation Counselling

How is Pre-Donation Information different from Pre-Donation Counselling?

Pre-Donation Counselling focuses on the donor and must be done one-on-one. Pre-Donation Information focuses on delivery of a common set of messages and may be delivered in a group. Pre-donation information sessions may address general queries that donors have about blood donation. But the counsellor must always direct personal issues towards the private setting of the pre-donation counselling session.

Privacy ensures confidentiality so that a donor's private behaviours and health history are not inadvertently shared with other people. Even in a blood donation camp the counsellor must find a way to interview the donors privately – even if the interview is a brief one. In an open setting it would not be possible to have a separate booth. So it is important to have a small space which is set apart from the other action and allows the donor and counsellor to discuss matters without other people overhearing. This is called audio privacy.

Please pay attention! Sometimes a blood camp is set up with cloth barricades which ensure visual privacy. But the persons on the other side of the cloth barrier can hear everything!



Objectives of Pre-Donation Counselling (WHO, 2014)

Objectives of Pre-Donation Counselling	Ensure the donor understands the donor questionnaire and responds accurately to all questions
	Ensure the donor understands that his/her blood will be tested for blood group serology and markers of TTI and the test results will be given to the donor
	Ensure the donor is in a position to give informed consent to donate and recognizes that his/her signature affirms that responses provided to the questionnaire are accurate
	Ensure the donor is willing to be informed of his/her test results

Figure 3.5: Objectives of Pre-donation Counselling

Steps in Pre-Donation Counselling

To achieve these objectives, pre-donation counselling should include the following steps:

- Check the donor's understanding at the beginning
 - Do not just ask, “Did you understand?”
 - Instead ask the donor to explain back what you said in the pre-donation information session.
- Clarify any misunderstanding about donor selection, blood donation and blood screening. If you have not completed a pre-donation information session, make sure you cover all that information here.



- Explain that it is okay to self-defer if the donor feels that they are unsuitable for blood donation. In counselling terms, this is called “giving permission.” Donors should self-defer if they know they have a TTI or if they have been exposed to one through their behaviour.
- In case of a donor expressing interest in self-deferring
 - Explain to them about the Confidential Unit Exclusion (CUE) – namely that the blood bank will not inform other people about the blood bank's inability to use the donor's blood
 - Refer the donor for further testing and management if required
 - Inform donors who temporarily defer as to when they can return to donate blood
- Review the donor's answers on the donor questionnaire
- Obtain the donor's informed consent to give blood.
- Tell the donor who is ready to donate blood to get ready for the donation process

Confidential Unit Exclusion (CUE): A system which permits donors the opportunity to inform the Blood Bank immediately after donation or subsequently if they consider that their blood may be unsuitable for transfusion. This may be useful if donors have been persuaded or coerced to donate. Where CUE is used, donors should be given information to enable them to contact the Blood Bank and to communicate that their blood should not be used for transfusion. Emphasis should be laid on giving donors proper contact details of the Blood Bank in case of a blood donation drive especially off-site.

Counselling Skills to use during Pre-Donation Counselling

- Use a closed question to check the donor's understanding at the beginning
- Use open-ended and closed questions to verify the donor's responses on the blood donor questionnaire
- Use normalisation to address the blood donor's concerns about whether it is okay to ask questions
- Use minimal encouragers if the donor is sharing voluntarily about previous health problems that are relevant. In case the health problems are not relevant to blood donation, use questions to take the conversation onto another route.
- In case you are referring a self-deferred donor for further management, review with them their concerns. If they display excessive worry about test results, then review their previous coping patterns. Help them to identify their strengths and resources.

Make sure to ask the donor to drink some water before the actual blood donation as this may help to reduce a vasovagal reaction (that is fainting). Physical discomfort is something to be avoided in its own rights. But the physical act itself may cause mental anxiety. A glass of water is a cheap remedy!



Asking Difficult / Sensitive Questions

When you learned about the various TTIs, you learned that not only are many of these infections transmitted through blood transfusions, some of them can be transmitted through sexual contact (HIV/ Hepatitis B/ Syphilis) or through sharing syringes (HIV/ Hepatitis B/ Hepatitis C). People who come for blood donations usually see themselves as physically fit and healthy. When reading the Blood Donor Questionnaire they may genuinely see themselves as free of such infections. Therefore, the counsellor must ask them also about various risk factors leading to such infections.

One way to do this is to make sure that Pre-Donation Information contains this information...

Before we draw your blood we will ask you to fill out a questionnaire about your health. Some questions pertain to infections that can be transmitted to other people through blood. Some of these infections can also be passed on through sexual contact or used syringes. So, even if you feel healthy, we ask you to recall and report honestly on previous blood donations, sex with strangers, sex without a condom, paid sex, tattooing, recent surgery or dental work. These are important to prevent any possible infections to the persons who will receive your blood.



... so that during the phase of Pre-Donation Counselling the ground has been laid and the counsellor can progress quickly. The counsellor can then refer to the earlier statement thus:

We informed you earlier that some infections that pass to other people through blood can also be passed on through sexual contact or used syringes. These are important to prevent any possible infections to the persons who will receive your blood, even if you feel healthy, we must ask you to report honestly on the following. We can guide you further in case you say "Yes": Previous blood donations (pause), sex with strangers (pause), sex without a condom (pause), paid sex (pause), tattooing (pause), recent surgery or dental work (pause). (For the last list, use a questioning tone of voice and pause after every item. Check for nods of the head or facial cues. Use your active listening skills!)





The counsellor can memorise this script or read it from an index card making sure never to lose eye contact with the donor.

Use a non-judgmental or neutral tone of voice when asking questions.



The counsellor can also use a series of closed questions to elicit the same information with a preface. Notice the progression of questions towards more delicate subjects:

- Some infections can be passed through blood as well as through sex. For the safety of the blood recipient I must ask you about these conditions and about your personal behaviours. We can guide you about further medical help in case you say “Yes.”
- Do you have any current health problem? (Quickly rule out)
- Do you think you might have any condition like HIV/ Hepatitis/ Syphilis/ Malaria?
- Have you had any recent surgery or dental work?
- Have you ever had any tattooing?
- Have you ever used syringes that were used by someone else?
- Have you ever had sex / physical relations with an unknown male or female with or without a condom? [Please retain the words “male and female” for all donors]
- Have you ever had paid sex?
- Have you ever had any symptoms like burning urination or rash around your sexual organs?

3.2.3. Stage 3: Donor Selection and Health Check up

Donors whose Blood Donor Questionnaire reflects that they are not at risk of deferral due to Transfusion Transmitted Infections (TTIs) must undergo a mini health check-up of weight, blood pressure, pulse and temperature. There is also a haemoglobin screening (usually through a fingerprick test). In addition, if the person appears to have difficulty breathing or is coughing persistently, or if their skin colour is jaundiced (yellow), flushed or pale they may be ruled out.

What to do in case of Deferred Donors

Deferred Donors should be informed in a warm and supportive manner that they will not be able to donate blood today and the reason for doing so. In case of a temporary deferral, they may be informed of when they will be able to donate blood in future. Those who need to be referred for further management should be guided suitably where to go. It is important to give positive health messages.

Later in this handout, you will learn about Post-Donation Counselling for donors with reactive test results for TTIs. Many of those techniques and skills apply here as well.

What you might possibly say to someone who is being temporarily deferred because of pregnancy:

At the Blood Bank we are very careful about safety – safety for the donor as well as safety for the recipient. Your questionnaire mentions that you are pregnant. We do not draw blood from women who are pregnant because their body has special needs and drawing blood would be dangerous to your health at this time. We thank you for your willingness to donate and hope that when you have finished breast feeding you may consider coming back again to donate. In the meantime we encourage you to eat a proper diet with iron-rich foods such as green leafy vegetables. Avoid smoking and alcohol as this is bad for the foetus. Consult your doctor in case of any problems. Do you have any questions for us about blood transfusion?



What you might possibly say to someone who is being temporarily deferred because of low haemoglobin level:

At the Blood Bank we are very careful about safety – safety for the donor as well as safety for the recipient. Our screening test shows that your haemoglobin is low. We cannot draw blood from you at this time as this would be dangerous to your health. This is a treatable condition. Some simple things you can do to improve your health are to eat iron-rich food such as green leafy vegetables, meat and beet root. But it is important for you to consult with a doctor as soon as possible to get further assistance. We can give you some guidance on where to go. When you are better we hope to see you again in our blood bank. Any questions?



3.2.4. Stage 4: Counselling during Donation

During the blood donation itself, there is not much chance to have a one-on-one conversation with the donor. But the donor's experience during this time will also shape their overall experience and their willingness to donate blood. During this period they have nothing to occupy their time. The blood bank staff should make a particular effort to maintain a warm and polite environment through their own behaviour as well as through settings such as pleasant pictures on the wall (not medical posters with explicit body images that may heighten the fear of the donor).



The staff must respond courteously to any questions asked, and professionally (competently and in a timely manner) to any adverse (undesirable) donor reactions. They should be alert to the donor's words as well as bodily cues to pick up any discomfort. These small things help to build a positive image of the blood bank team and increase the likelihood of the donor coming back.

It is not the sole responsibility of the counsellor to undertake this.

Objectives of Counselling during Donation (WHO, 2014)

Objectives of Counselling during Donation	Ensure that donors feel comfortable during blood donation, including the venepuncture
	Reduce donor anxiety and minimize the risk of any adverse donor reactions, such as fainting
	Give post-donation advice, including care of the venepuncture site
	Secure donor's cooperation in the confidential unit exclusion or post donation information process
	Foster donor trust and confidence for donor retention

Figure 3.6: Objective of Counselling During Donation

Messages to Convey during the Donation Process

These messages might be conveyed by the laboratory technician or the nurse. But the counsellor should also be aware of the messages. Some of this information may also be part of pre-donation counselling or post-donation counselling as the messaging is consistent throughout the process.

- Introductions: The Blood Bank member should introduce themselves to the donor and then confirm the donor's name so that it can be matched to the laboratory form and so that the Blood Collection Bag can be properly labelled

Good afternoon. I am (Name.....) the Paramedical staff/Nurse who will draw your blood today. Before we begin, could you please confirm your name for me so I can check the form?



- Check for previous allergies, phobias or fainting during previous injections or blood draws. This is important as someone else may have taken the history of the donor.

I just want to check before we begin whether you have any allergies or fears? Have you ever been injected before and if so, have you ever experienced fainting? Have you ever experienced any bleeding disorder?



- If the donor appears anxious or afraid, provide gentle reassurance.

The skill of reflection of feeling is appropriate here. Check the donor's body language

Your body appears to be tight and tense. I would like you to relax. The needle prick will not really hurt for too long. Please lie down and make yourself comfortable.



- The venepuncture procedure and the need to properly disinfect the skin and find a suitable vein

I will begin by looking for good-size visible vein on your arm. I will put a tourniquet on your arm and then disinfect the vein. Please do not touch the vein after I disinfect it. Then I will ask you to close your hand into a fist so I can insert the needle properly.



- The volume of blood to be collected and the time needed for the procedure

The blood donation itself takes 10 to 15 minutes and we will collect 1 unit of blood. During the donation process I need you to open and close your fist slowly from time to time. I will tie a Blood pressure cuff with a mild pressure and I will deflate and remove it when the blood flow is established or after 2 minutes, whichever comes first



- Personal care after the donation, including care of the venepuncture site and how to prevent and manage acute and delayed donor reactions

The donor will be informed of this after the blood donation. They will be encouraged to take some refreshments and to keep up their fluid intake.

After the blood donation please remain resting for a while. If you feel any discomfort, put your head down between your legs or lie down. Please let us know immediately. We make sure that your health and comfort is maintained. We will apply a bandage on the needle entry point. You can also apply some pressure with your fingers to stop any bleeding. Eating some refreshments will help you cope with any lightheaded feeling. Please drink a lot of fluids. You can do your normal routine after half an hour provided you do not do any major physical activity.





- The confidential unit exclusion system and the importance of informing the Blood Bank if there is any reason why the donated blood may not be safe for transfusion

Some blood donors may feel pressured to complete the donation (because of the presence of peers or family) but they are privately aware that they are at increased risk for HIV and other sexually-transmitted diseases or diseases spread through needle sharing. Confidential unit exclusion (CUE) option is the process whereby, they are provided a chance to confidentially indicate that their blood should not be used for transfusion. There have also been instances where people have inappropriately tried to donate blood in order to be tested – a round-about way of seeking health care

We have asked you many questions about your health and habits. These are to protect you and people who will receive your blood. We asked you many questions about diseases that can spread through a blood transfusion but also through sex or sharing needles. In case you have some doubt whether you have such an infection, but are worried about other people finding out, please let us know so that we can avoid using your blood. We will not let anyone know about this. But your honesty may save someone from getting infected.



- The need for the donor to provide information to the Blood Bank as soon as possible about any acute infection or reaction within 28 days of Blood donation

In case you experience any physical problems please come back to us as soon as possible. In case you have any sort of infection in the next 4 weeks, it is important that you please inform us.



What to do in case a Donor avails a Confidential Unit Exclusion

Thank the person for their honesty first and foremost. Reassure them that the Blood Bank team will not share this information with other people. Finally guide them towards appropriate referral services.

We thank you for your bravery and honesty in sharing this with us. It must have been difficult. Please rest assured we will not give this information to other people outside the blood bank. But for your own health we advise you to go to...



The person availing a CUE may have doubts. If possible these should be clarified and the counsellee's anxieties should be soothed. But they should be encouraged to go for further testing

Donor Care after Donation

The Blood Bank has a responsibility for the well-being of the donor. Donor care after blood donation will also make the blood donor more likely to want to repeat the experience

Once the blood has been collected:

- Ask the donor to remain in the chair and relax for a few minutes.
- Inspect the venepuncture site; if it is not bleeding, apply a bandage to the site; if it is bleeding, apply further pressure.
- Ask the donor to sit up slowly and ask how the person is feeling.
- Before the donor leaves the donation room, ensure that the person can stand up without dizziness and without a drop in blood pressure.
- Offer the donor some refreshments.

- Source: WHO (2010)

Figure 3.7: Donor Care After Donation



Donor Complications that may arise during the Donation Process

This section is for the information of the counsellor. It is not to be shared with blood donors unless requested or if the donor faces this problem. Please note how rare these complications are. It would not be appropriate here to use the counselling skill of normalization. These are relatively infrequent occurrences. The process of management is provided in the table

Adverse Event and Incidence	Cause	Management	Remarks
<p>Haematoma 2–3%</p>	<ul style="list-style-type: none"> • Poor or failed venepuncture • Skin pierced at too great an angle – and exiting vein • Needle puncturing the vein twice during the donation • Inadequate pressure after the donation 	<ul style="list-style-type: none"> • Apply pressure and a firm bandage • Advise donor to move arm freely but to avoid heavy lifting • Apologize, and reassure the donor 	<p>Give relevant contact information to donor in case the donor has any further inquiries</p>
<p>Vasovagal reaction or faint, due to a hypothalamic response resulting in bradycardia, vomiting, sweating, arterial dilatation and a low blood pressure</p> <p>1% of all donations (but more frequent in first-time donors – 1.7% versus 0.19%)</p>	<ul style="list-style-type: none"> • Anxiety • Lowered blood volume and other associated causes: <ul style="list-style-type: none"> – hypoglycaemia – lack of fluids – poor sleep • Atmosphere in donation room (hot or humid) <p>Signs and symptoms</p> <ul style="list-style-type: none"> • Staring • Sighing • Pallor or sweating • Slow pulse • Drop in blood pressure • Vomiting • Loss of consciousness (occasionally) • Convulsions (rare) 	<p>Mild vasovagal reaction</p> <ul style="list-style-type: none"> • Discontinue donation • Recline chair • Loosen clothes • Monitor blood pressure and pulse • Reassure donor • Give fluids to the donor to drink (recovery is usually rapid) <p>Severe vasovagal reaction</p> <ul style="list-style-type: none"> • Call physician • If the donor becomes unconscious, put the person in recovery position (i.e. head to the side and chin up) and ensure that airways are clear • Occasionally, severe faint with delayed recovery, or epileptiform episode with or without incontinence, might occur; this is usually an anoxic fit rather than epilepsy • In the case of an epileptiform fit, generally, do not report to donor because it may cause unnecessary anxiety • If incontinence occurs, then inform the donor and deal with it privately <p>Faints</p> <ul style="list-style-type: none"> • These are usually self-limiting and do not require investigation because they have no underlying pathology 	<p>Care of the donor</p> <ul style="list-style-type: none"> • The physician will: <ul style="list-style-type: none"> • explain to the donor the nature of what has happened • reassure the person that this is only related to the donation process <p>Future donations</p> <ul style="list-style-type: none"> • Severe faints – person should not donate again • Mild faints – person may donate, but defer if develops another fainting attack



Adverse Event and Incidence	Cause	Management	Remarks
<p>Delayed faint (syncope) 1 in 10,000 donors</p>	<ul style="list-style-type: none"> Physical stress Inadequate fluid intake Cause unknown <p>Occurs 1–4 hours after donation, usually outside the blood bank</p>	<p>Hot drinks or water before donating blood; sitting in a supine position, audio or visual distraction; and minimal pain and stress during blood donation</p>	<p>Try to find cause Future donations May donate, but if develops a second time, then defer</p>
<p>Arterial Puncture 1 in 30,000–50,000</p>	<ul style="list-style-type: none"> Brachial artery sometimes lies anatomically very close to the vein Detected by observing that the blood collected is bright red and has a rapid flow May result in late complications such as arteriovenous fistulae 	<ul style="list-style-type: none"> Discontinue donation or continue if identified towards the completion of the donation Call the donor care physician Apply firm pressure (by the nurse or medical staff), for at least 15 minutes Apply pressure bandage and check the radial pulse Inform and reassure donor, and explain that the puncture is unlikely to have serious consequences, but that bad bruising may occur, and healing takes about 10–14 days 	<ul style="list-style-type: none"> Give relevant contact information to donor in case the person has any further inquiries
<p>Nerve damage</p>	<ul style="list-style-type: none"> Nerve endings brushed during venepuncture Pressure from haematoma <p>Symptoms and signs</p> <ul style="list-style-type: none"> Pain or paraesthesia Motor or sensory loss 	<p>Recovery is usually spontaneous and rapid within 24 hours (in rare cases, up to 6 months)</p> <p>Refer the donor to the physician to explain and reassure the donor, and refer the donor to a neurologist if the damage is severe</p>	<p>Give relevant contact information to donor in case the donor has any further inquiries</p>

Table 3.1

Source: Safe Injection Global Network and WHO (2010)



3.2.5. Stage 5: Post-Donation Counselling

Post-Donation Counselling will be need-based. Immediately after the donation, blood donors are given some brief instructions for self-care in the next 48 hours and information about what to do in case of adverse after-effects that were described in the previous section. The Blood Bank team will thank the donor for sparing their time and giving their blood. This is the routine procedure for most cases. It will include a brief message on healthy lifestyles.

However, all donated blood is screened for TTIs to ensure the safety of the blood supply and to verify that the blood may be safely transfused for therapeutic purposes. During this stage a donor's blood may display a TTI. During their informed consent procedure donors were informed that in such an eventuality the Blood Bank team will call and inform them of this finding. In such situations, Post-Donation Counselling will include breaking this news to the donor and assisting the donor with the next steps of referral to confirm the screening results. This is more infrequent than the number of routine donors. The fact that it involves giving bad news and the fact that it is rare makes it likely that this counselling situation will be challenging. A person who has come for blood donation may feel very fit and is not expecting to hear news that their health is not perfect.

Objectives of Post-Donation Counselling (WHO, 2014)

Objectives of Post-Donation Counselling	Explain the test results, the need for confirmation of the results, the health implications for the donor and the donated blood (discard) and the suitability of the donor for future blood donation.
	Encourage donors to provide all relevant information, including the possible source of infection.
	Clarify doubts or concerns raised by donors.
	Alleviate donors' anxiety.
	Provide information on precautions for preventing the transmission of infection to others.
	Provide information and refer donors for further investigation, management, treatment and care, if necessary.
	Reinforce the importance of healthy lifestyles for donors found to be non-reactive on blood screening and encourage regular blood donation

Figure 3.8: Objectives of Post-donation Counselling

Routine Ending of the Blood Donation Session

Immediately after donation, give blood donors some brief instructions for self-care in the next 48 hours and information about what to do in case of adverse after-effects. Thank the donor for sparing their time and giving their blood. Include a brief message on healthy lifestyles and encourage regular blood donation.

This can be reiterated as a poster or as a donor card or as a pamphlet.

We have concluded the blood donation and you are free to leave.
On behalf of the people who will benefit, we thank you for generously giving us your time and blood. We encourage you to come back after 3 months and donate again. We hope you will continue to maintain a healthy life style of eating proper meals, getting some exercise, refraining from tobacco and alcohol, and refraining from unhealthy habits like sex with more than one partner, or using drugs. We will contact you in case of any issue noticed with your blood. We have already informed you about this before the donation and you have signed the consent form. Here are some specific instructions on how to look after yourself in the next 48 hours.
Please contact us if you have any physical problems.



Post Donation Advice

- Drink plenty of fluids like water, soup and fruit juices to replace the volume lost during donation.
- Avoid lifting heavy weights with the donation arm or participating in strenuous physical activities or sports after donation to prevent bruising of the venepuncture site and dizziness.
- If you feel dizzy, unwell or have cold sweats:
 - Take a seat or lie down immediately, preferably with your feet raised, until the feeling passes. Loosen any restrictive garments and keep breathing smoothly.
 - Keep calm and take slow and long deep breaths.
 - Seek assistance from any passer-by or people near you.
 - If the condition does not improve or for any reason something doesn't feel right, call the Blood Bank.

Advice on Care for the Venepuncture Site

- In uncommon situations where fresh bleeding occurs after the plaster is removed, put gentle pressure on the venepuncture site, raise your arm for 3–5 minutes and apply a bandage to the site. The bandage or the dressing can be removed after 6 hours.
- If you notice bruising around the venepuncture site, it is usually caused by bleeding into the tissue underneath the skin. It will usually resolve in a week's time. If you feel pain or discomfort, applying a cold compress to the area may help.
- If the venepuncture site becomes swollen or blue or you experience pain or numbness in the donation arm, please call us at [Mention Telephone Number here _____] for advice or consult a doctor. "Please refer to Annexure 5 for a sample format of Post Donation instructions"



Advice on Bruising

Occasionally bruising of the arm may develop at the venepuncture site. The bruise can look dramatic and some people may find this worrying, but it is usually harmless and recovers within a few days.

Bruising is caused by bleeding under the skin, which occurs due to injury to blood vessels. These injured blood vessels leak a small amount of blood, which collects in the area as a bruise. If a bruise occurs during blood donation, the process may be discontinued to prevent it from worsening. With time, the blue-black skin colour will change to green, then yellow and eventually fade and disappear. This may take two to three weeks if the bruise is large. It is normal for bruises to spread out before fading.

During or after blood donation, the following may happen:

- The vein is pierced during blood donation, causing some blood to leak into the surrounding tissue. The donor is more likely to develop a bruise if the venepuncture procedure was more difficult than usual.
- There are tiny fragile blood vessels running just under the skin, as well as the larger veins from which the blood donation is obtained. When the donation needle is inserted into the arm, one of these small vessels may be injured and bleeding occurs.
- Inadequate pressure placed on the venepuncture site after removal of the needle may allow blood to leak in the surrounding tissues.
- Lifting heavy objects after blood donation could put pressure on the venepuncture site and dislodge the clot formed.

Prevention and management of bruising following blood donation:

- Wear clothes with loose fitting sleeves when donating blood. A tight sleeve can act as a tourniquet and cause congestion in the vein, increasing the chance of bruising.
- Apply firm pressure to the venepuncture site after donation until the bleeding has stopped. A plaster will be applied to cover the venepuncture site; this should be kept on for a minimum of six hours.
- Avoid lifting heavy objects for a few days as this could aggravate the bruising. However, gentle movements are recommended whilst the bruise is healing.
- If bruising has developed, applying cold compresses to the area can also help to relieve any pain or discomfort.
- If you require more pain relief, it is recommended to take paracetamol; avoid taking aspirin or ibuprofen for the first 24 hours.
- If you experience any of the following, seek further help or call the Blood Bank for advice:
 - Severe pain
 - Numbness or persistent "pins and needles" in the arm, hand or fingers
 - Swelling which is large or increasing in size
 - Painful redness and inflammation.

Donors with Unusual Red Cell Serology

A routine thank-you gesture on the part of the Blood Bank is to give the donor a Blood Group Card. It is important at this time to take note of persons with rare blood groups. They are potential blood donors for repeat donations of rare blood. Making them feel special is helpful towards ensuring repeat donations. But it is also important to inform people with rare blood groups to be aware that in future they should be careful to inform health professionals about their blood group when relevant.

Post-Donation Counselling for Donors with Non Reactive TTI results

Sometimes donors want to know the results of their tests. While the Blood Bank is not mandated to call a donor and inform them about their negative test results, the team members should realise that this donor is a potential repeat donor.

First, explore whether the donor had any specific concern about their health. In some countries where HIV tests are scarce, people would visit Blood Banks to have themselves tested for HIV. In case a donor is concerned about some specific aspect of their health, give them accurate referral information where required. In case it is just a general curiosity, you can move on to the next part.

Inform the donor that the test results have shown that they do not have any of the conditions for which the blood was tested (namely, syphilis, hepatitis B, etc.). Congratulate the donor on their good health. Explain to them that their good health is the result of proper self-care and maintaining a healthy lifestyle. Thank them for their generous donation of their time and their blood. End with a general statement about how the Blood Bank is really looking for healthy donors who would donate their blood and that you would look forward to contacting them in future for further blood donations. Remember this donor fits the profile for your ideal donor!

Post-Donation Counselling for Donors with Positive TTI results

When - Post-donation counselling should be provided as early after test results are available as possible.

Why? - Its purposes are to:

- Explain to the donor the test results, the need for confirmation of the results, the health implications for the donor and the suitability of the donor for future blood donation.
- Encourage donors to provide all relevant information, including the possible source of infection.
- Clarify doubts or concerns raised by donors.
- Alleviate donors' anxiety.
- Provide information on precautions for preventing the transmission of infection to others.
- Provide information and refer donors for further investigation, management, treatment and care, if necessary.

Where - The best venue for this is at the Blood Bank where the counsellor can create an atmosphere of safety and warmth. Find a quiet spot where audio and visual privacy is possible and where there will not be interruptions.



How -The first step is to invite the donor back to the Blood Bank. Such an invitation may be made on the telephone. Particular skill and delicacy is required for this task. The following script introduces the fact that the donor needs to make an appointment without disclosing the test result over the telephone

I am calling from ___ Blood Bank. On ___ day you had donated your blood at our Blood Bank / the Blood Donation Drive. You signed a form which mentioned that we would be testing your blood for various infections. The results of the test have come back and we would like to share them with you. They indicate that you may need to undergo further confirmatory tests. Our Blood Bank is open from ___ to ___ on ___ when can you come to meet us.



- Most normal people would be upset at hearing this and would want to know more information. The Blood Bank member needs to be firm yet gentle to ensure the caller comes to the Blood Bank. The skill of normalisation is useful. But care must be taken to avoid giving false hopes

Sir/ Madam, your questions and concerns are normal. However, all I can tell you at this point is that our screening brought up something which indicates that you need to undergo further confirmatory tests. It is best that you visit us at the Blood Bank as early as possible so we can speak with you and guide you further. It would be misleading for us to just give you the blood test results as screening tests are different from confirmatory / diagnostic tests.

[Repeat the hours of the Blood Bank]



- At the visit itself, it is important to be non-judgmental and warm. The donor is likely to be experiencing strong emotion. So the counselling sessions should open with simple questions such as, "How are you feeling?" Answers could range from "I am in shock," "I am worried" or "I had a doubt and my suspicions are now confirmed. People might indeed be experiencing a sense of shock, worry, fear, doubt about the test results, or shame (if they have lied on the Blood Donor Questionnaire). It is important to probe these emotions.
- Then it is best to disclose the screening test results while emphasizing that there is still need to confirm them. One approach is to use the sandwich technique. The sandwich has two slices of bread with some filling in the middle. The filling is the bad news and the two slices are the emotional support which buffers this bad news. The top slice prepares the counsellor to hear some bad news. The bottom slice acknowledges that something bad has happened but offers support and pushes towards action.



The Sandwich techniques

The following script follows this pattern

As we told you over the telephone, our screening indicated that you require some additional tests [Top slice]. Without delaying any further, let me tell you that the screening test for syphilis came back positive [Sandwich filling]. This is likely to be upsetting and I am here to help you. But remember we still have to do the confirmatory tests [Bottom slice].

- After breaking the news, the counsellor should pause and give the counsellee time to absorb the information. Observation of body language will give the counsellor many clues to pick up on during subsequent counselling. The counsellor should use appropriately the skill of reflection of feeling. Even if people are intellectually aware of some risk history, they are likely to be shocked that they might be infected. This is because all of us carry an illusion of invulnerability – we believe that nothing can affect us.
- It is important to check with the donor if they had any suspicion of their condition and if they had any likely exposure. Listen politely to theories that donors may have about how they think they might have been infected but gently correct any misinformation.
- Nudge the donor towards suitable confirmatory tests as soon as possible. For this the counsellor must maintain a list of referral services along with telephone numbers. Where possible maintain details of days of service so that the donor can be given as accurate information as possible. It is necessary for these directories to be broad-based. For instance, the Blood Bank may run blood donation drives in various parts of the city / district. Donors may find it inconvenient to go for confirmatory tests to the facility where the Blood Bank is located.
- Where possible give anticipatory guidance about what the test procedure is like. Write a referral slip and place a call (or if within the same facility or building, do an accompanied referral).
- Guide the counsellee on what to do to avoid infecting other people. Encourage him / her to get family members tested also. Discuss how to disclose these results with family members.
- Use the counselling technique of Identifying Strengths and Resources to enable the counsellee to cope with this difficult period.



3.3. Donor Counselling in Small and Mobile Facilities

Small, remote and under-resourced facilities and settings, including mobile blood vans, may find it difficult follow all the steps of blood donor counselling that are possible in large blood banks. This may be due to a lack of sufficient time, a limited number of staff, a lack of suitable facilities to assure privacy and confidentiality, or other reasons.



However, even in small and mobile facilities, the essential features of blood donor counselling should be consistently followed. Small blood donation facilities have the same responsibilities as large facilities regarding confidentiality and giving information to donors. Some elements of counselling, such as the reasons for deferral, should be given at the site of donation to ensure the donor understands their importance and the implications for blood safety or the donor's health. The staff in-charge at these settings has the responsibility to assess the available resources and determine the feasibility of providing information and counselling. So when planning blood donation drives, it is important to set up the site in a way that makes this possible.

3.4. A Technical Side Note on Donor Counselling

Blood donor counselling falls under the rubric of brief counselling for 2 reasons: one, the counsellor is engaged with the counsellee for a time-limited engagement, and two, the goals of the counselling sessions are clear and limited. It is important for the Blood Bank counsellor to make these time-limited sessions count as much as possible

Frequently Asked Questions

→ **In the section on Pre-Donation Counselling, it says that donors should be encouraged to self-defer if they feel they are at risk of a TTI. But will this not lower the rate of blood transfusion?**

It is important to create an atmosphere of respect and caring for the blood donor. Respectfully encouraging donors to self-defer if they are at risk of a TTI is part of this process.

Research shows that people who temporarily defer due to healing after recent infections, medication or risk factors for infections are likely to return and donate blood subsequently. This is particularly true for first-time donors.

Temporarily deferred donors are likely to return if they are told the reason for the deferral (e.g., low haemoglobin level) and given an appointment for their next donation after the deferral period is over.

The other side of the coin is that we anyway would not be able to use the blood unit of a donor who has a TTI or some other condition requiring discarding of the blood units. The problem of discarded blood units is a major problem. The WHO Global Database on Blood Safety on 164 countries shows that from over than 92 million blood donations each year about 1.6 million units are discarded due to the presence of markers for TTI and at least 13 million prospective donors are deferred from donating blood due to anaemia, existing medical conditions or a risk for infections that could be transmitted through transfusion. This indicates a sizeable loss of resources such as kits and time over units which are unusable.

→ **Will the needle hurt the entire time?**

No. When the needle is inserted you may feel a sharp sting. But you should not feel pain during the rest of the donation.

→ **How long will it take for my body to restore the donated blood?**

The human body replaces the blood volume immediately. Red blood cells are replaced (by the bone marrow) within about three to four weeks, while iron is restored to pre-donation levels over approximately six to eight weeks.

→ **Is there anything special I need to do before donating?**

Eat at your regular mealtimes and drink plenty of water before you donate blood. Eat something at least four hours before you donate, but do not eat too much right before the donation.

Before you leave the blood donor clinic after your blood donation, have some tea, coffee, refreshments as a token of thanks and keep you in observation.

Avoid taking aspirin or aspirin-like anti-inflammatory medication in the 72 hours prior to your donation, because aspirin inhibits the function of blood platelets. If you have taken aspirin within this period, your blood platelet component cannot be transfused to a patient.

→ **Why do you ask such personal questions during a blood donation?**

A major component of the screening process is designed to identify those people who are at a greater risk of transmitting blood-borne infections. In order to ensure the safety of donated blood it is important that these individuals refrain from donating blood. While the process of screening is time-consuming and may seem intrusive, it is absolutely necessary to safeguard the blood supply.

→ **I have donated blood and your screening shows signs of HIV/ Hepatitis B / Hepatitis C / Syphilis / Malaria. Why are you asking me to go for another test?**

There are different types of blood tests. At the Blood Bank we use blood tests with a very high level of sensitivity that sometimes detect false-reactives, that is they state that antibodies are present in the blood even if they are not. Such test results need to be confirmed with a more specific test

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4. Reports of the Blood Bank

Good records at Blood Banks can help in:

- Improving day-to-day functioning of the blood bank.
- Developing donor profiles.
- Monitoring availability, distribution and utilization of blood.
- Establishing stock requirements for test kits and other consumable items.
- Contributing to an epidemiological profile of the district or state

At the Blood Bank there is a report that must be submitted on the Strategic Information Management System (SIMS) platform to the Ministry of Health and Family Welfare and stock status of Blood and components online on National Health Portal (NHP). But in addition, the Blood Bank team would find it advisable to maintain some additional records to improve its functioning and its response to the local community needs. This chapter will discuss both aspects.

Staff of Blood Bank are assigned to maintain records as per regulatory requirements and policy guidelines.

4.1. SIMS Monthly Report

This monthly report is submitted under the name of the official in-charge of the Blood Bank, the information will be collated by different team members - you may notice that each section requires information about different aspects of Blood Bank work.

Basic details about the Blood Bank

Unique ID Number of Blood Bank:						
Monthly Input Formats for Blood Banks						
Name of Blood Bank:						
Sub Type		Category		Location		
Address of Blood Bank:						
District:						
City:						
Blood Component Separation Facility Available? (1=Yes, 2=No)						
Attached to any Storage Units? (1=yes, 2=No)						
Status of License		Valid Upto (dd/mm/yyyy)		License Number		
Reporting Period:		Month(MM)		Year(YYYY)		
Blood bank Supported by NACO? (1=Yes, 2=No)						
Name of Officer In-charge:						

Table 4.1

What to fill:

Indicators	Explanation
Name of Blood Bank	Name of the institution (hospital/ medical college as applicable) where the Blood Bank is located
Subtype	Subtype as Government, Voluntary/ Charitable, Private, NA
Category	Model Blood Bank, Major Blood Bank, Blood Component Separation Unit (BCSU), District-level Blood Bank, Blood Storage Centre
Location	Medical Hospital, District or sub district hospital, CHC, PHC etc.
Address of Blood bank	Complete Address of Blood bank including state, city, district, Block/mandal and pin code
Blood Component Separation Facility	Whether Blood Component Separation facility is available in the Blood bank. Mark as 1=Yes or 2=No
Attached to any Storage units	Whether Blood bank is attached to any Storage Unit. Mark as 1=Yes or 2=No
Status of License	The date till which the license is valid (dd/mm/yyyy).
License Number	The current valid license number
Reporting period	Reporting month and year. Example: the data for the month January, 15 would be reported in Feb 15. So the reporting month is Jan and year is 2015.
Blood bank supported by NACO	Whether blood bank supported by NACO. Mark as 1=Yes or 2=No
Name of the Officer in-charge	Name of the medical officer who is in-charge of the Blood Bank

Table 4.1 (A)



at
18 you grow up
you drive
you give blood
to keep someone alive



Details about Blood Units collected by the Blood Bank per month

Section 1 : Blood Units collected during the Month											
			Blood Donation at Blood Bank		Blood Donation at Voluntary Blood Donation Camps		TOTAL				
S. No	Type of Blood Donation	Type of Blood Donors	Male Donors (A)	Female Donors (B)	Male Donors (C)	Female Donors (D)	Male %	Female %	Total	Total %	
1	Voluntary Blood Donation	Voluntary Blood Donor					0	0	0	0.00	
		Family Blood Donor					0	0	0	0.00	
2	TOTAL		0	0	0	0	0	0	0	0.00	
3	Replacement Blood Donation						0	0	0	0.00	
4	Grand Total		0	0	0	0	0	0	0	0.00	
5	Number of Donors coming for repeat donation									0	
6	Number of Blood Donors Counseled before Donation									0	
7	Number of Blood Donors Deferred because of reasons (Total = 7a+7b+7c+7d+7e)ns (Total = 7a+7b+7c+7d+7e)						0	0	0	0	
7a	Anaemia									0	
7b	Underweight / underage									0	
7c	Medical/surgical causes									0	
7d	High risk history									0	
7e	Others									0	
8	Number of Voluntary Blood Donation Camps Organized										

Table 4.2

What to fill:

Indicators	
Type of Donors	Explanation
Voluntary donors	<p>A person who gives blood, plasma or other blood components of his / her own free will and receives no payment for it, either in the form of cash or in-kind, which could be considered a substitute for money is known as Voluntary Blood Donor. Any person can walk-in voluntarily any time round the clock at their own convenience to donate blood in a licensed blood bank.</p> <p>The number of voluntary blood donors in the reporting month is recorded for licensed blood banks as well as for blood donation camps.</p> <p>The number of donors calculated separately for male and female under voluntary and family donor.</p>
Family donor	<p>A person who gives blood when it is required by a member of the family and is a first degree blood relation or spouse is a family donor.</p>
Total	<p>This is auto calculated in software. The total gives total voluntary blood donation made during the month</p>
Replacement donors	<p>A donor who gives blood when it is required by a member of the patient's family or community is known as Replacement Blood Donor.</p> <p>The number of replacement blood donors in the reporting month is recorded for licensed blood banks</p>
Grand total	<p>This is auto calculated in software. The total gives total blood donation made during the month.</p>
Repeat donation (regular donor)	<p>A person who donates blood at least two – four times in one year i.e the second donation is known as repeat donor. The number of repeat donors is recorded combined for blood banks as well as voluntary blood donation camps and also separately for males and females</p>
Blood donors counseled	<p>Blood donor counseled are numbers of donors coming for pre donation counselling</p>
Blood donors deferred	<p>Blood donation should be deferred if it could be detrimental to the donor / recipient. Write the number of deferred donations due to Anaemia, underweight / underage, medical / surgical cause, high risk history and other condition combined for blood banks as well as voluntary blood donation camps among male and female donors separately.</p>
Number of Voluntary blood donation camps organised	<p>These are pre-fixed venues arranged by organizers like educational institutions, industrial and commercial houses etc. Blood banks organize camps in these sites / premises on fixed days as decided by SBTC (State Blood Transfusion Council) i.e. camp can be organized by a blood bank on pre fixed dates in coordination with the organizers and blood bank in-charge</p>

Table 4.2 (A)



Details about Status of Testing

It is mandatory to test each and every collected unit of blood for HIV, Hepatitis B, Hepatitis C, Malaria and Syphilis. All mandatory tests should be carried out on blood samples in pilot tubes taken at the time of collection. The whole blood or components from any unit that tests positive should be discarded. This indicator is obtained by counting voluntary and replacement collecting units in the reporting month in the columns: number tested and positive and referral to ICTC/HTS and STI clinics.

ii. Status of Testing : Transfusion Transmitted Infections of blood units											
		Voluntary Units					Replacement Units				
S. No	Tests Conducted	Number Tested	Number Positive	Number Referred to ICTC/HTS	Number Referred to STI Clinic	Percent Positive	Number Tested	Number Positive	Number Referred to ICTC/HTS	Number Referred to STI Clinic	Percent Positive
1	HIV										
2	Hepatitis-B										
3	Hepatitis-C										
4	Syphilis										
5	Malaria										

Table 4.3

What to fill

Indicators	Explanation
HIV	All blood units collected should be tested for HIV I & II antibodies using ELISA / rapid which is a validated method. Any alternative technology with similar or higher sensitivity may be used. Donor found to be HIV positive should be referred to ICTC/HTS.
Hepatitis-B	A test for hepatitis B (HBsAg) by ELISA / rapid test which is a validated method should be done on each unit of blood. Any technology with similar or higher sensitivity may be used additionally to improve blood safety.
Hepatitis-C	A test for Hepatitis C (anti-HCV) by ELISA / rapid test which is a validated method should be done on each unit of blood. Any technology with similar or higher sensitivity may be used additionally to improve blood safety.
Syphilis	Each donation of whole blood should be subjected to a serological test for syphilis (e.g., RPR/VDRL). Donor found to be reactive should be referred to STI Clinic.
Malaria	All blood units should be tested for malaria parasite using a validated and sensitive antigen test / slide examination.

Table 4.3 (A)

Blood Component Details

These columns give the details of blood and blood components i.e. their collection / preparation during the month, units that are supplied, discarded and the number of units left as a balance with blood bank. Opening stock and balance at the end of the month are auto-calculated by the software

S. No	Blood Components	Opening Stock	Collected/ Prepared	Unit Supplied	Unit Discarded	Balance at the end of reporting month
1	Whole Blood					0
2	Packed Cells					0
3	Platelet Concentrate					0
4	Fresh Frozen Plasma					0
5	Cryoprecipitate					0
6	Plasma					0
7	% of Blood Unit processed for Component separation		0.00			

Table 4.4



What to fill

Indicators	Explanation
Whole Blood	The whole blood contains 450±45 ml or 350±35ml of donor blood plus anticoagulant solution
Packed Cells	Packed or red blood cells are prepared by removing most of the plasma from a unit of whole blood
Platelet Concentrate	This is a concentrate of platelet prepared after removal of packed cells and most of the plasma. It is responsible for normal haemostasis in the body
Fresh Frozen Plasma	Fresh Frozen Plasma is plasma obtained from a single donor either by normal donation or by plasmapheresis and rapidly frozen within 6 hours of collection
Cryoprecipitate	Cryoprecipitate is a concentrated source of specific plasma proteins and is rich in fibrinogen, factor VIII, XIII, von Willibrand factor and fibronectin
Plasma	Plasma is the fluid component of blood prepared from whole blood after removal of packed cells

(Ref: drugs and cosmetics rules, 1945)

Table 4.4 (A)

Details of Blood Units Discarded

These columns give the details of the blood units discarded for various reasons.

iv. Details of Blood Units Discarded			
S. No	Cause of Discard	Number of unit discarded	%
1	Outdated Units		0.00%
2	Sero-Reactive Units		0.00%
3	Others		0.00%

Table 4.5

Indicators	Explanation
Outdated units	Fill the number of blood units after date of expiry
Sero-Reactive Units	Fill the number of blood units found positive for any of the five infectious diseases (HIV, Hep-B, Hep-C, Syphilis and Malaria)
Others	Fill the number of blood units discarded due to rupture of Blood bags, bacterial contamination of Blood, hemolysis, suboptimal volume collected etc.
Total	Fill the total number of blood units discarded

Table 4.5 (A)

Stock Position of Test kits and Consumables

These columns provide stock position of test kits (ELISA Kits, Rapid Test kits, Hepatitis B & C, VDRL and Malaria test Kits) and consumables (blood bags and antibody reagents) to keep a track of consumption, wastage, requirement and when to place order.

Note: Reporting should be based on number of tests not kits.

Section 2 : Stock Positions of Test Kits and Consumables								
I. Stock Positions Test Kits								
Items*	Estimated Requirement for the Month (Number of test)	Balance at the beginning of the Month (Number of test)	Number Received During the Month (Number of test)	Number Used during the Month (Number of test)	Number damaged/Wasted during Month (Number of Test)	Balance	Stock sufficient for approx months	Comments (Earliest Expiry)
HIV ELISA Kit (Number of tests)						0	0.00	
HIV Rapid Test Kit (Number of tests)						0	0.00	
Hepatitis B ELISA Kit (Number of tests)						0	0.00	
Hepatitis B Rapid Test Kit						0	0.00	
Hepatitis C ELISA Kit (Number of tests)						0	0.00	
Hepatitis C Rapid Test Kit						0	0.00	
Syphillis Test Kit (Number of tests)						0	0.00	
Malaria Test Kit (Number of tests)						0	0.00	

Table 4.6.1



ii. Stock of Consumables								
Items*	Estimated Requirement for the Month	Balance at the beginning of the Month	Number Received During the Month	Number Used during the Month	Number damaged/ Wasted during Month	Balance	Stock Sufficient for approx months	Comments (Earliest Expiry)
Single Blood bags						0	0.00	
Double Blood Bags						0	0.00	
Triple Blood bags						0	0.00	
SAGM Blood Bags						0	0.00	
Anti-A (10 ml)						0	0.00	
Anti-B (10 ml)						0	0.00	
Anti-AB (10 ml)						0	0.00	
Anti-D (10 ml)						0	0.00	
Anti Human Globulin						0	0.00	
22% Bovine Albumin						0	0.00	
Wafers of Sterile Connecting Device						0	0.00	
Anti A1 (5 ml)						0	0.00	
Anti H (5 ml)						0	0.00	

Table 4.6.2

What to fill

Indicators	Explanation
Balance at the beginning of the month	This refers to the total stock available at the beginning of the month or the stock at the end of previous month: it is auto generated.
Number received during the month	Refers to number received in the current month
Number used during the month	Refers to number consumed in the reporting month.
Number damaged / wasted / control during the month	Refers to the wastages, damages and units sent for quality control in the reporting month
Balance	Gives the position at the end of the month. This is an auto calculated field. This is calculated as balance at the end of the month = Balance at the beginning of the month + Number received during the month - Number used - Wastage during the month.
Stock sufficient for approx. Months	Gives the position of the stock at the end of the month sufficient for approximate number of months. This is an auto calculated field. This is calculated as stock sufficient for approx. month = Balance at the end of the month / Number used during the month, provided there is same consumption.
Comments (Earliest expiry)	Write the expiry date of the test kit and consumables in a lot of the closing stock having the earliest expiry date in MM/YYYY

Table 4.6 (A)



Status of Equipment

These columns provides the status of equipment in terms of their availability in numbers, their working condition, number under which the equipment is covered for annual maintenance contract (AMC), number of equipment condemned and who has procured them

Section 4 : Status of Equipments					
	Name of Equipment	Number Available	Number in working conditions	Number Under AMC	Number of Equipment Condemned
1	Blood Bank Refrigerator				
2	Donor Couches				
3	Bio Mixer				
4	Tube Sealer, stripper with cutter				
5	Di-electric sealer				
6	Domestic Refrigerator				
7	Bench top centrifuge				
8	Dry Incubator				
9	Serological water bath				
10	Auto clave				
11	Binocular microscope				
12	Micropipettes (2µl- 1000 µl)				
13	Multi channel Pipette				
14	Distilled water still				
15	Digital analytical balance				
16	Computer				
17a	Elisa System (Washer)				
17b	Elisa System (Reader)				
18	Cell counter				
19	Refrigerated Centrifuge				
20	minus 80°C Deep freezer				
21	minus 40°C Deep freezer				
22	Laminar Air flow bench				
23	Plasma expresser (Manual)				
24	Plasma expresser (Automated)				
25	Platelet incubator with agitator				
26	Refrigerated water bath (Cryobath)				
27	Cell counter				
28	Coagulometer				
29	pH meter				

Table 4.8

What to fill

Indicators	Explanation
Number Available	Mention here the number of particular equipment availability at the blood bank
Number in working condition	Mention here the numbers of equipment which are in good working condition from the available equipment at blood bank.
Number under AMC	Mention here the number of equipments covered under AMC for maintenance
Number of Equipment condemned	This refers that number of Equipment condemned from the total available
Procured by SACS/ NACO/ State	Mention who has procured the Equipment i.e. SACS, NACO or State

Table 4.8 (A)

4.2. National Health Portal (NHP) Daily Report

National Blood Transfusion Council in pursuit of e governance initiatives is partnering with National Health Portal, Centre for Health Informatics, Ministry of Health and Family Welfare to develop web presence for Blood Transfusion Services of India through making available information pertaining to licensed blood banks on line . The website for NBTC in India for Blood transfusion Services (BTS) is conceptualized to be a dynamic site providing an up to date consolidated Blood Bank stock positions and locations.

The citizen centric interface of the NHP platform so as to bring uniformity in data display from across the country has been developed in the following manner.

- All licensed Blood Banks are enrolled on the NHP through a user name and password.
- On facility log in page, the blood banks have filled in the required details as a onetime activity including authentic information, contact detail, phone no., Google coordinate etc. of the respective blood banks.


In addition, blood banks must report on this portal on a daily basis to update the availability of blood group wise status of stock status of blood and blood components.

Note: The information on NHP has to be completed/verified/ corrected and up to date as this would be in public domain and has to be fruitful to the end user.

The steps for login and entry on the NHP platform are as given below



Steps for entering data at the Facility Level

- **Step 1:** Log on to www.nhp.gov.in
- **Step 2:** Click on the  icon on NHP homepage and it will redirect user to the E-Blood Banking microsite.

Click on the Facility Login Button and enter username and password.

- **Step 3:** Kindly verify the information uploaded especially the PIN CODE & Google Coordinates as data on mobile app requires the same. Kindly ensure that all the information is authentic and updated also that no columns are left blank.



NHP INDIA **e-BLOOD BANKING** **NBTC** **NACO**

Home Blood Banks Blood/Component Stock Blood Status Log Users Change Password Logout

Blood/Component Stock

Filters

Location: State -- Select a State -- District -- Select a District -- Institute

Accessibility: Actual Stock Stock for Public

Updating Stocks: All Updating Not Updating > 24 Hrs Not Updated > 48 Hrs

Collection Type: Whole Blood (W/B) Packed Red Blood Cell (PRBC) Fresh Frozen Plasma (FFP) Platelets Concentrates Cryoprecipitate

Search Clear Search

S.No.	State	District	Blood Bank Name	Whole Blood (WB) - Actual Stock								Last Updated
				O*	O*	A*	A*	B*	B*	AB*	AB*	
1	Jammu and Kashmir	ANANTNAG	District Hospital Blood Bank-MMAB memorial blood bank	6	0	8	0	4	2	0	0	22/01/2016 - 11:08 AM
2	Jammu and Kashmir	Budgam	Sub-District Hospital Blood Bank	0	0	0	0	0	0	0	0	26/10/2015 - 02:41 PM
3	Jammu and Kashmir	Budgam	District Hospital Blood Bank, Budgam	3	1	3	1	3	0	1	0	14/01/2016 - 06:35 PM
4	Jammu and Kashmir	BARAMULLA	District Hospital Blood Bank, Baramulla	2	2	1	0	1	1	4	0	21/01/2016 - 03:33 PM
5	Jammu and Kashmir	DODA	District Hospital Blood Bank, Doda	7	0	4	0	6	0	0	1	22/01/2016 - 10:48 AM
6	Jammu and Kashmir	JAMMU	Government Medical College and Hospital Blood Bank	22	3	26	4	58	9	23	0	22/01/2016 - 08:22 AM
7	Jammu and Kashmir	JAMMU	Sri Maharaja Oulab Singh (SMOS) Hospital	20	1	10	1	10	1	3	1	21/01/2016 - 07:37 PM
8	Jammu and Kashmir	JAMMU	Government Hospital Blood Bank, Gandhi Nagar	18	1	16	2	17	4	5	0	21/01/2016 - 09:35 PM
9	Jammu and Kashmir	KATHUA	District Hospital Blood Bank, Kathua	11	0	1	0	6	0	1	0	22/01/2016 - 11:06 AM

NHP INDIA **e-BLOOD BANKING** **NBTC** **NACO**

Home Blood Banks Blood/Component Stock Blood Status Log Users Change Password Logout

Blood Bank: G.B Pant Hospital (ID: 7106)

Edit Blood Bank

Blood Bank Name
Blood Bank Name: G.B Pant Hospital

Postal Address
Address: Atanra Point P.O Aberdeen Bazaar
City: Port Blair
District: SOUTH ANDAMAN
State: Andaman And Nicobar Islands
Pincode: 744104

Contact Blood Bank
Contact No: 03192 230628
Mobile: 07063959244
Toll free Number/Helpline: 102
Fax: N/A
Email: bbgpantportblair@gmail.com
Website:

Contact Nodal Officer
Nodal Person for Contact: Dr. Shaji Mehar
Contact No: 03192 230628
Mobile: 07063959244

4.3. Other Documentation

To improve the functioning of the Blood Bank, you may want to consider adding the following records:

Organisational Directory: These are lists of social, educational and religious organisations in your locality which might serve as sites for your blood collection drive. Sometimes such lists are already prepared for particular cities. But you will want to add to it.

Make sure you have details of the contact persons at these organisations such as name and telephone number.

Organisational List: While, in each monthly report, you are mentioning the number of blood drives, here you will want to maintain a list of the blood drive by name of organization, date and number of units collected. These are useful for compiling the monthly report. But by analyzing your data here, you will learn when to contact the organization for another blood drive.

You can also make an informal note of any issues that were associated with that institution. For instance, did you initially do a lecture? Were there any donors who were felicitated?

Donor Directory: Here the Blood Bank team should compile a list of donors with the name, telephone number, email address, blood group and birthday. If you compile this in Microsoft Excel, you will be able to sort it out according to the blood group in case you need units of rare blood. You can sort it out by month and send a congratulatory email or sms on the donor's birthday.

References

National AIDS Control Organisation (nd). A guide to recruitment and retention of voluntary blood donors. New Delhi, India: Ministry of Health and Family Welfare.

National AIDS Control Organisation (nd). Strategic Information Management System (SIMS) data definition for blood safety. New Delhi, India: Ministry of Health and Family Welfare.



5. Donor Motivation and Retention

Blood Banks are established to ensure a steady supply of safe blood and blood products to meet the medical needs of the community. To achieve this, blood banks must make sure that the donated blood is safe and is available in sufficient quantities – including rare blood groups. Blood banks must also ensure that blood donation is a safe process and causes no harm to the donor.

“Blood donor” is a person who gives whole blood, red cells, platelets, plasma or other blood components which may be donated as whole blood and / or through apheresis.

Apheresis is a process by which whole blood is drawn from a donor, the whole blood components are separated in external equipment (separating the component which is required such as platelets) and then the remaining components are re transfused into the donor

5.1. Types of Blood Donors

There are 4 types of blood donors:

- Voluntary non-remunerated blood donors (VNRBD)
- Family / replacement donors (FRD)
- Autologous blood donor
- Apheresis donor

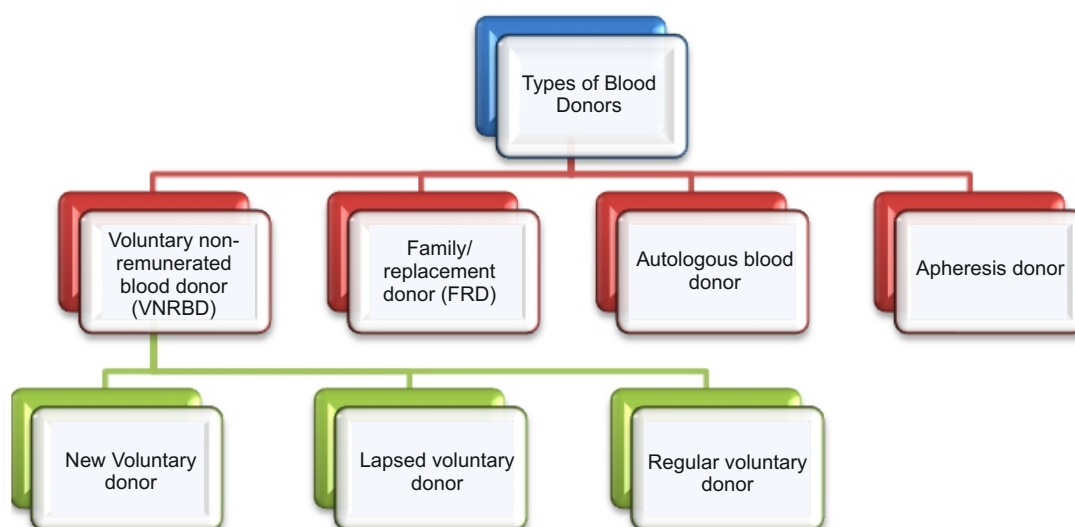


Figure 5.1

Types of Blood Donors – Flow Chart

Many blood banks operate through the use of family replacement donors. When approached by anyone with a requirement for blood, the blood bank team asks them to find people who can donate blood to replace the units withdrawn from the bank. These are usually family and friends. So they are called family / replacement donors. Such family donors or replacement donors may feel pressure to donate blood even if they are not keen to do so. Also there may be hidden fees or donations which are paid to the donor. These are illegal.

But the mandate of the blood bank is to build a pool of voluntary non-remunerated blood donors. “Voluntary” means the donor comes forward to donate without any compulsion. “Non-remunerated” means “not paid.”

Blood banks in India are not allowed to pay people who donate blood. The system of paying people for a blood donation has been made illegal from January 1, 1998. Before this, the pool of paid blood donors had shown itself to be a dangerous medical practice because the pool constituted persons with infections that placed recipients of blood at risk. They were persons who usually had no access to other sources of income and were in poor health. They presented a higher risk of TTIs.

At present in many countries including India replacement donors are more in number than voluntary donors. But WHO recommends that the National Blood Safety programmes should try to reverse this and encourage more donations from voluntary donors. Having voluntary donors is likely to reduce the numbers of blood units that have to be destroyed because of TTIs. It is presumed that greater numbers of voluntary donors means larger numbers of people who come forward because they believe themselves to be healthy enough to donate blood.

This chapter covers issues of how to attract voluntary blood donors to the blood bank and how to retain them. It speaks of how to build relationships in the community where suitable voluntary blood donors are likely to be found.

5.2. Where to Find Suitable Blood Donors

You have already read the Blood Donor Questionnaire and know that the criteria for a Blood Donor are narrow. Suitable blood donors are likely to be found in places where there are healthy productive people who are going about their daily activities. This includes colleges and workplaces. Some organisations emphasize social service or giving as part of their ethos, e.g., religious institutions, National Social Service Scheme. A blood bank must aim to reach out to such places to increase its collection of healthy blood units. But it is insufficient to visit these places once. The blood bank team must attempt to build an ongoing relationship with these community institutions as well as with the individuals who donate



Voluntary non-remunerated blood donor: A person who gives his / her blood, plasma or other blood components out of free will and receives no payment for it, either in the form of cash, or in a form which is considered a substitute for money. The latter includes time off work i.e. more than is reasonably needed for donation and travel. However, small tokens, refreshments and reimbursement of (direct) travel costs are compatible with voluntary, non-remunerated blood donation

New voluntary donor: A voluntary non-remunerated blood donor who has never donated blood before.

Lapsed voluntary donor: A voluntary non-remunerated blood donor who has given blood in the past but does not fulfill the criteria for a regular donor.

Regular voluntary donor: A voluntary non-remunerated blood donor who donates blood on a regular basis without any break other than during the specified duration of time between two donations.

Autologous blood donor: A patient who donates his / her blood to be stored, in case there is a future need for infusion for himself / herself. Here the patient himself / herself acts as the blood donor. This is may be done prior to an elective surgery.

Apheresis donor: A donor who donates only one of his / her blood components through the process of cell separation. This person may be either voluntary or a replacement donor. For instance, some blood banks can separate platelets and a donor might be able to donate platelets more frequently than they donate blood

5.3. Building a Pool of Suitable Blood Donors

To build a pool of suitable Blood Donors the Blood Bank team will have to make public their need for blood units. They will have to run blood donation drives at sites where potential blood donors are likely to be found (that is persons who are healthy and free of infections). They will have to convince people of the need to donate blood. This calls for good networking and outreach skills.

Identify Venues/ Organisations for Blood Donation Drives

- Colleges and universities are filled with mostly young healthy people. Prepare a list of these or get such a list from the local education department. You can use the Right to Information Act to generate this.
- Workplaces are filled with people who are part of the “industrially productive” workforce. You can get a list of local industries from places like the Chamber of Commerce. Even if it is incomplete, you will get a list with which to start off. Special industrial zones often have local directories.

- Sports associations, gymkhanas, akhadas and fitness clubs are patronised by people who are seeking to live a healthy lifestyle. Many of them will fit your profile. Develop a list of such institutions in your local community.
- Religious associations would be likely to endorse the act of blood donation as an act of personal generosity and charity. Add them to your list

On a first time visit to an organisation

- Introduce yourself and your organisation
- State why you are visiting them
- Give them the brochure and explain the value of your activity to the community and how it links with the organisational goals and ethos
- Ask them whether they would be able to support you by way of hosting a blood donation drive.
- Enquire about the permission process and what is required.

FOLLOW THROUGH!

- In case of a refusal to host a blood donation drive – ask for the lower commitment – namely to host a lecture or an exhibition. Next year, repeat the visit and ask them if they would be willing to host a Blood Donation Drive.

Network with Organisations

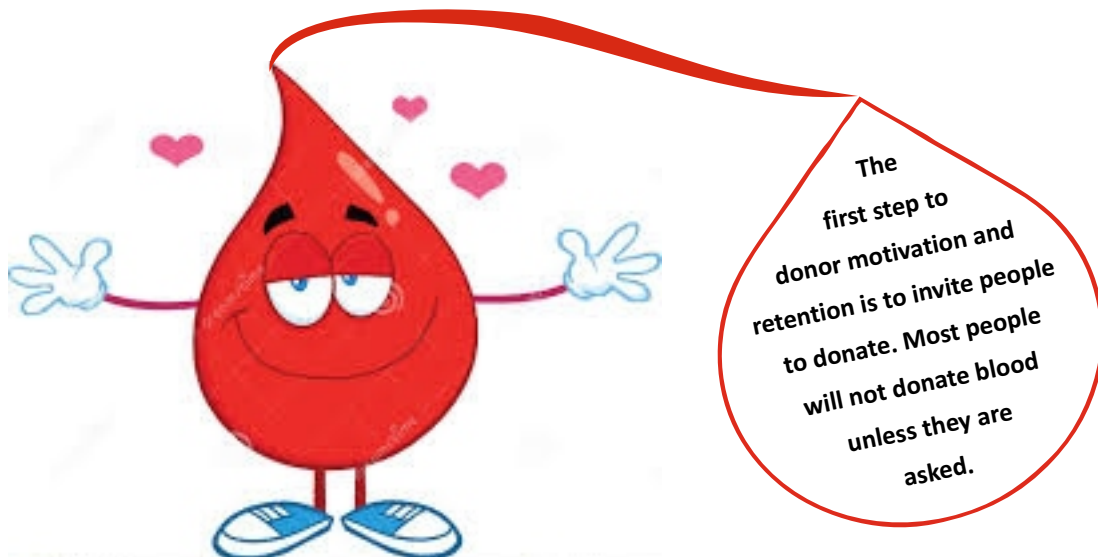
- Be prepared for multiple visits to accomplish one Blood Donation Drive.
- On the first visit, carry a brochure of the blood bank or a standard form letter from the head of the blood bank appealing / requesting a blood donation drive.
- Make subsequent contact through telephone or in person.
- Be prepared to make a presentation (formal or informal) to decision-makers higher up such as the Executive Committee, or College Governing Board.
- Be prepared with a list of requirements for the Blood Donation Drive.
- Make good arrangements for the Blood Donation Drive so that the institution forms a good opinion of your service. (Maintain confidentiality of deferred donors during this process)
- With the help of the institution, select a day that is suitable. For instance, if one were running a Blood Donation Drive at a school, school children may not be able to donate. But their parents can. So organising a Blood Donation Drive on Parents' Teachers Meeting days is a good strategy.



- Create a suitable environment in the institution by publicising the date of the Blood Donation Drive. Display posters highlighting issues such as the act of generosity or charity that is involved in a Blood Donation Drive. Such posters should also carry simple information on eating properly before the Blood Donation Drive, etc. Consider creating a special atmosphere in the institution by asking people to wear red-coloured clothing on the day of the Blood Donation Drive to increase awareness of your cause. Organise slogan competitions on the value of blood donation on the day of the blood donation drive. Display these slogans with a “Like” sheet beneath each and invite passers-by to sign up under the Like section for the slogans they approve. Declare a social winner at the end of the day and give them a token award. (The slogans can also be made into T-shirts later)
- Create a festive and positive atmosphere in the more public areas. In the actual blood collection area, you may be restricted. Outside, consider using song and dance.
- Where possible use the local communication media such as local cable channels and local newspapers. FM Radio channels cover smaller geographical areas and are always open to local community news. Convey information about the blood donation drive to them. If possible, play the channel music at the blood donation drive to enhance the atmosphere.
- Follow up with a Letter of Thank-you after the Blood Donation Drive concludes. Include details such as the number of blood units collected.
- Send an annual letter of remembrance to the institution on occasions such as Diwali or New Year. Felicitate the institution with a plaque or a certificate at any function that the Blood Bank runs.
- Return to the institution a year later with a similar request. On this visit, explain how the institution's efforts helped to build the blood bank's reserve of blood. Mention at least one positive story of a life saved. In the Thank-You letter, highlight efforts of the institution – mention, for instance, how this year's collection compares with the previous year. Some Blood Safety experts mention going back to the same organisation every 4 months or so based on the ability of donors to come back for repeat donations. This is a judgment call. Institutions have their own calendar of activities and may not be able to provide a venue so frequently. Some states support mobile blood vans which serve as collection units. It may be easy to accommodate such a unit on the premises without disturbing the organisational routine.
- Some institutions may not be able to give you space to run a full Blood Donation Drive. As an alternative, you can request the institutional head to permit you to run a small film on the premises to motivate people, or to provide you a small table where you can set up a small display stand with information about blood donation, your service, etc.
- Within each institution there might be individuals who are helpful to your cause. They might

be decision-makers or gate-keepers to the institution. It is important to maintain an ongoing positive relationship with these persons.

- Where possible, host the drive on a special day. This would predispose potential donors towards a better emotional mood.



Attract and Motivate Potential Donors

- Emphasize the positive aspects of blood donation:
 - Blood donation is a safe and voluntary act
 - Blood donation is an act of charity
 - Blood donation is acceptable to, and encouraged by, most religions.
- Emphasize that to be a blood donor means that one is healthy
- Make sure that would-be donors know about the safety standards in your blood donation set up
- Make sure that would-be donors are aware that there is confidentiality
- Using social motivation techniques (Please see the box on Using Social Psychology)
- Use motivational stories and examples of lives saved. Here it is best to be genuine and recount a story known to your blood bank team where someone's life was dramatically saved through blood transfusion. If possible, feature their photograph on a poster with their permission. Before-after photographs are an effective strategy.
- Besides photographs, enrol people whose lives were dramatically saved to speak at lectures or at Blood Donation Drives. These could include people with thalassaemia who have constant requirement of blood or people who have survived cancer.
- Use publicly respected figures to launch the Blood Donation Drive such as local leaders, film stars, musicians, sports stars or even local body leaders such as the CEO of the company, the head of the student organisation.



Turn New Blood Donors into Regular Donors

In order to build a pool of voluntary non-remunerated blood donors, there is need to ensure that a sizeable percentage of new blood donors or first-time blood donors repeat the act of blood donation. The Blood Bank has to develop strategies for retaining blood donors. This will also help to ensure a steady supply of rare blood groups. Even family replacement blood donors can be transformed into VNRBDs.

- Establish and maintain a professional and respectful atmosphere at the Blood Bank or during the Blood Donation Drive.
 - Speak respectfully to donors
 - Answer queries as completely as possible
 - Maintain professional cleanliness standards
- In case of temporarily deferred donors, speak politely and respectfully and encourage them to return for a blood donation after the period of deferral is over.
- Highlight the service of the blood donor through wristbands, badges or certificates. Some Blood Banks give donors a little card with their blood type that they can carry in their wallet.
- Encourage the first-time blood donor to come back to the blood bank in case of any adverse reaction.
- Encourage the first-time blood donor to sign a pledge to donate blood every year. In case the Blood Bank has a Facebook page, ask the first-time donor to “Like” the page or to post a selfie on the Blood Bank page. If possible, maintain a laptop with an internet connection handy. If they use Twitter, ask them to tweet about their blood donation.
- Build a database / directory of blood donors based on people who have participated in previous activities and contact them when needed to donate blood.
- Send them an sms, a greeting card or a Facebook greeting on their birthday.

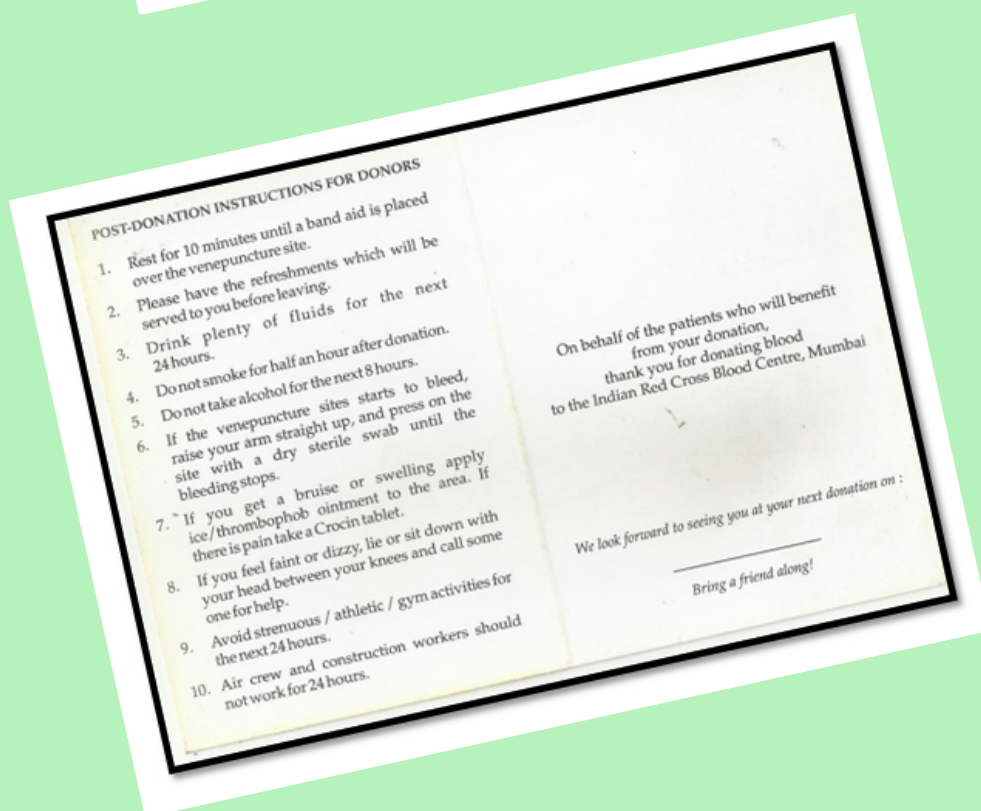


Figure 5.2: Donor Card



Retain Regular Donors

- Regular donors are those in whom the act of blood donation has already become a habit or routine (See box titled Using Social Psychology). Their motivation can be maintained through recognition on special days. For instance, send them an sms or a Facebook greeting on their birthday.
- Consider commissioning T-shirts for regular donors with a positive message such as “I am a Superhero – I save life through regular blood donation” or “Gimme Red – I regularly Do through blood donations.”
- Felicitate blood donors through displaying their photographs at the Blood Bank and / or in a quarterly / annual bulletin. The low-cost option is to use Facebook to create an organisational page and highlight these donors there.
- Encourage regular donors to become motivators for others.
- When blood donors themselves require blood units, make special or extra-ordinary efforts to help them.

Re-establish contact with Lapsed Donors and Donors who have been Deferred

Lapsed donors are those who have donated in the past but then discontinued. They are potential donors for the future. Donors who have been deferred for medical reasons may also become eligible if their medical problems are resolved.

- Identify lapsed donors and deferred donors from the records of the blood bank. (The precondition is to maintain efficient donor lists with name, blood groups, area, age, and preferential dates of donation.)
- Contact them through a routine mailer reminding them of their previous willingness to donate blood, emphasizing the positive side of blood donation.
- If you are planning to conduct a blood donation drive in the institution where these donors are located, contact them personally through telephone, remind them politely of their previous contribution and invite them to the drive.
- Some donors lapse because they are willing to donate blood only if the blood donation site is accessible to them (e.g., a mobile blood collection site near their home or workplace). For this reason it is important to ensure that blood donation drives are routinely held at such sites to ensure coverage of these populations.
- Combine the blood donation drive with the anaemia control programme in your state. This will help female donors who must be deferred because of anaemia to receive attention immediately and build trust in your service.

Recruit and Train Blood Donor Recruiters

- In every community, there are persons who are more socially involved and likely to engage in altruistic or helping activities. For instance, they may be active participants in social service organisations and self-help groups. These individuals may be encouraged to become blood donor recruiters. They should be trained in what to say to encourage potential donors. They should also be recognised through certificates and public acknowledgement.
- Encourage blood donors to contact recruiters in case they want to give negative feedback anonymously. Collect this feedback and analyse it seriously. This will convey to the recruiter that the Blood Bank team takes feedback seriously and they will convey this willingness seriously and convincingly to donors.
- Recruit famous personalities to make public statements that encourage blood donation. Give them title conveying dignity and respect such as patron. Take publicity pictures of them donating blood.



Reasons why People Refuse to Donate Blood And What to Do about Them

- **Baseless fears related to blood donation**
Some people worry about the pain from the syringe or the sight of blood. Some people have the misbelief that a blood donation will cause them to experience weakness or to become infertile.
 - The blood bank team should elicit the beliefs of the community members during education sessions and rebut them (give correct information which sets the record right).
 - During pre-donation counselling, the counsellor should elicit the personal beliefs of the donor and rebut them.
 - Do not belittle these misbeliefs. Instead, explain politely and respectfully that there are several people who donate their blood and that they have not experienced the problems they fear. For instance, to a person who feels that donating blood may cause impotency or infertility, you could say, “We have many donors who have children. Donating blood did not cause them to become impotent.”
- **Previous bad experiences during blood donation**
These might include long wait times, disrespectful behavior from the staff or multiple pricks because of staff incompetence or donors learning that blood units were mishandled or wasted.
 - The only way to address this issue is to maintain a professional blood bank which is respectful to all donors even if they sometimes appear to be irrational. Such high quality of comprehensive donor care includes beginning on time, greeting people pleasantly, reducing wait time, and improving venepuncture (piercing the syringe into the vein)



5.4. Building Awareness of the Cause of Blood Donation

It is important to develop community awareness about blood donation and blood safety. For this reason, it is important to screen films on the topic or conduct talks at suitable venues. The Blood Bank team should create a schedule to screen films on local cable channels as well as at the institutions mentioned before. Such films may be available at the State AIDS Control Society or at the SBTC. The conversation should always be maintained in a positive manner highlighting the life-saving potential of the act of giving blood, the safety factors that are built in and the confidentiality that is maintained around blood transfusion. It is important to reach out beyond the hospital or immediate community where the blood bank might be located.

Some institutions refuse permission to host a Blood Donation Drive. In such cases ask for permission to host a lecture instead. Carry pledges to the lecture so that people who are inspired by your talk can sign up and you can follow up with them.

Be prepared to display information about your activities at local social events such as melas.

Make sure you include a positive message about what temporarily and permanently deferred donors can do even if they are unable to donate blood.

A Long term View of Donor Recruitment

Donor recruitment begins much before the moment when a potential donor sees the poster of a Blood Donation Drive or enters the premises of the Blood Bank. The attitudes of the potential donor are shaped much before that – they may be shaped by their own previous experiences of near-death when they saw how a blood donation saved lives. (Remember this is a double-edged sword because poor interactions with Blood Bank teams also leave a lasting impression.) So the Blood Bank team should consider multiple strategies and take a long-term view

Long-term Strategies: These contribute to the awareness of the cause of blood safety, the need for blood in the local community and the safety of the donation process. Long-term methods include Television spots, hoardings, posters, stalls in health fairs and rallies. The key aim is to generate a positive attitude to blood donations and to build awareness of blood banks in the community. While a particular Blood Bank may not be able to undertake all these strategies, the team may want to brainstorm on what is feasible.

Short-term Strategies: These include banners, posters and lectures in schools, colleges and workplaces.

5.5. Creating an annual calendar

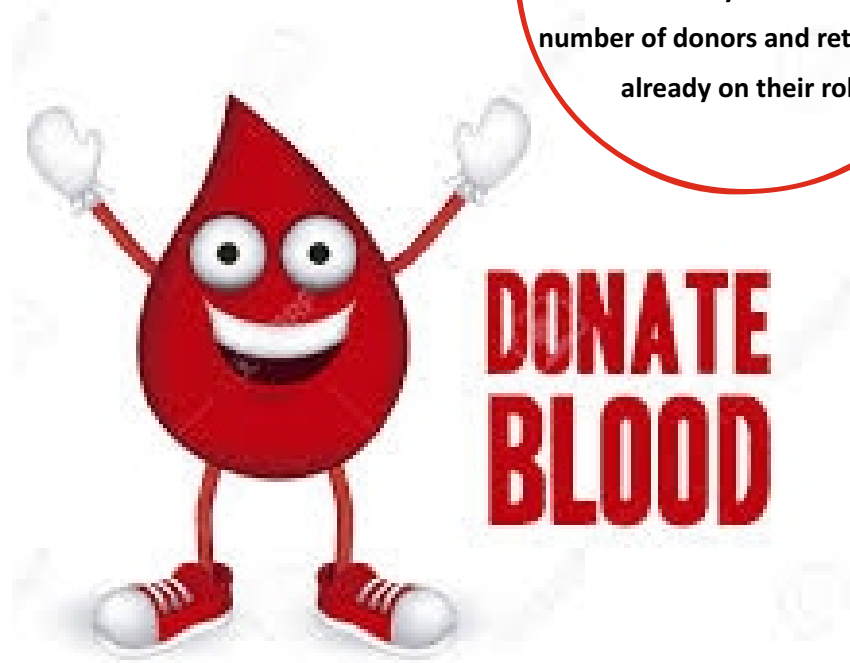
The Blood Bank team must decide how many activities they can undertake each year based on the units

of blood they require and based on the institutions in their local community. The team will have to decide what day of the week is suitable for such activities. Cultivating a relationship with an organisation that has never hosted a blood donation drive takes longer than re-establishing contact with one that has. But the Blood Bank team also needs to maintain flexibility about dates in line with the availability of the hosting institution.

The Blood Bank team also has to ensure that it has sufficient supply of medical equipment to meet the requirements of the Blood Donation Drive. These can be estimated from past Blood Donation Drives.

The annual calendar should ensure there is a little time interval between two outreach activities to ensure that there is time for data entry of contact details of blood donor into the directory

**Donor Motivation
and Retention is a
continuous process.
Blood banks must seek to
constantly increase the
number of donors and retain those
already on their rolls.**





5.6. Use Social Psychology

Social psychology shows that people's behaviour is influenced by many factors including what they believe to be true about other people. When informed about a descriptive norm that other people like us have contributed to a certain cause, we are more likely to contribute to it ourselves. Many industries like hotels use such findings to reduce requests from hotel patrons to provide fresh bath towels everyday instead of reusing the one from the previous day. Such knowledge can also be used in a Blood Donation Drive. For instance, one can highlight visibly information about how many workers in that organisation have already donated blood or how the respected leader within that organisation has donated blood. One can issue wristbands or badges to donors which say, "I donated blood today" (even to deferred donors as they should not be treated differently!).

Competition also can spur blood donations. Within an institution there are different existing groupings such as departments. Highlighting the absolute numbers or percentages of blood units drawn per department may influence other members of those groups to come forward. For instance, the leaders of 2 separate churches planned to run a blood donation drive on the same day and kept feeding information to each other about the number of donations in their respective sites to drive up the collection of units. In one college, a Blood Donation Drive that was day-long kept updating the number of girls who had donated versus boys.

A small token reward can be given after the Blood Donation Drive such as a card with the donor's blood group or a badge or a wristband to wear saying "I donated blood today." These help the donors leave the Blood Donation Drive with a positive feeling.

We are more likely to act in line with our social norms. So highlighting the relevant aspect of the social norm can increase blood donations. For instance, most religions endorse the act of charity. So blood donation can be depicted as an act of charity.

Social psychology consistently shows that it is difficult to change a behaviour pattern that has set in. This is visible in positive habits such as brushing teeth as well as negative habits such as addictions. We can use this knowledge to build positive behaviours towards blood donations. For instance, school children are debarred from donating blood because of their age. But we can help build positive attitudes by requesting their assistance to motivate potential blood donors and to get them to sign a pledge.

Social psychology shows that people who are induced to take a certain position by speaking in favour of it or by endorsing it through their signature, are more likely to follow through with their actions than people who do not. After donating blood, encourage people to write on a chalk board any positive messages or positive feelings that they may have experienced and to sign their names. Ask them to fill their names on a sign-up sheet that they would like to be recontacted in case there is a need for their blood type. Before a blood donation drive, people can be asked to sign pledges or to solicit pledges from other people

Frequently Asked Questions

- **You came to our college last year and did a lecture. Why should we give you time again?**
Each year there are new entrants to your institution. We want to make sure that the message of blood donation reaches them.
- **You came to our organisation last year and did a Blood Donation Drive. Why should we give you time again?**
The need for blood does not decrease year by year. There is always need for safe blood. Further, it is entirely safe for people to donate blood once every 3-4 months.

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Annexure - 1

Sample of Blood Donor Questionnaire

XYZ Blood Bank

Thank you for coming forward to donate blood

To ensure your safety as a blood donor and the safety of the patients who will receive your blood, please read the information leaflet provided and answer this questionnaire correctly. If you have any difficulty in filling this form please ask for help from the Blood Centre Staff. All details given by you will be kept confidential.

Donor's Name: _____

Date of Birth: _____

Address (Resi.): _____

	Sex:
	Age:

Address (Office) _____

Contact Nos : (Resi.) _____ (Office) _____ (Mobile) _____

E-Mail _____

1. Have you donated Blood previously? Yes No
- 1.1. If yes how many times
- 1.2 Date of last donation:
- 1.3. Did you experience any ailment, difficulty or discomfort during previous donations?
- 1.4. What was the difficulty?
- 1.5. Have you ever been advised not to donate blood? Yes No
- 2.1. Are you feeling well today?
- 2.2. Have you eaten anything in the last 4 hours?
- 2.3. After donating blood do you have to engage in heavy work, driving heavy vehicle or work at heights today Yes No

3. Have you had / have any of the following? If yes, discuss with the doctor present:

• Allergy	• Kidney disease	• Endocrine disease	• Leprosy
• Cancer	• Mental illness	• Diabetes	• Epilepsy
• Fainting attacks	• Amoebiasis	• Syphilis	• Blood / Bleeding disorder
• Heart disease	• Cold / cough	• Gonorrhoea	• Tuberculosis
• Lung disease	• Liver disease	• Skin disease	• Polycythemia
• Asthma	• Fever	• High / Low Blood Pressure	• G – 6 PD deficiency

4. During past 12 months have you had any of the following?

4.1. Received blood or blood components?	Yes	No
4.2. Any accidents or operations	Yes	No
4.3. Received any vaccinations	Yes	No
4.4. Bitten by any animal, which can result in rabies?	Yes	No
4.5. Had tattooing / ear piercing or acupuncture treatment?	Yes	No
4.6. Have you been imprisoned for any reason?	Yes	No

5. Have you had jaundice in the last 1 year?

5.1. Has your blood ever tested positive for hepatitis B or C?	Yes	No
5.2. Have you had close contact with anyone (family / others) suffering from jaundice in the last 1 year?	Yes	No

6. Have you had tuberculosis or typhoid during the last year?

Yes No

7. Have you had malaria or taken antimalarial drugs in the last 3 years?

Yes No

8. Have you had any of the following in the last 6 months?

Dental Procedure	Yes	No
Measles	Yes	No
Mumps	Yes	No
Chicken Pox	Yes	No
Dengue	Yes	No

9. Have you taken any medicine in the last 7 days especially or antibiotic

Yes No

10. Do you know that you should not give blood in following conditions?

Yes No



- If you were found to be HIV positive, Hepatitis B, C or Syphilis infections
- If you are having multiple sex partners or have engaged in male to male sexual activity
- If you have ever worked as a sex worker or had sex with a sex worker
- If you have ever injected any drug (esp. Narcotics) not prescribed by a qualified doctor
- If you suspect that you or your partner may have HIV or any other sexually transmitted disease

11. Do you or your sexual partner belong to one of the above or below categories? Yes No

11.1. Do you have any reason to believe that you have been infected by the virus that causes AIDS? Yes No

11.2. In the last 6 months have you had:

Night sweats	Yes	No
Persistent fever	Yes	No
Unexplained Weight Loss	Yes	No
Swollen Glands	Yes	No
Persistent diarrhea	Yes	No

12. In case you are a woman:

a. Are you pregnant or have you had an abortion in the last 6 months?	Yes	No
b. Have you a child less than 1 year of age? Are you breast feeding?	Yes	No

Consent

Understand that:

- (a) Blood donation is a totally voluntary act and no inducement or remuneration has been offered
- (b) Donation of blood/components is a medical procedure and that by donating Voluntarily, I accept the risk associated with this procedure.
- (c) My donated blood, blood and plasma recovered from my donated blood may be sent for plasma fractionation for preparation of plasma derived medicinal products, all of which may be used for larger patient population and not just this blood bank.
- (d) My blood will be tested for Hepatitis B, Hepatitis C, Malaria parasite, HIV/AIDs and syphilis diseases in addition to any other screening tests required ensuring blood safety.
- (e) I would like to be informed about any abnormal test results done on my donated blood: Yes/No

Donor's Signature:

Signature of Medical Officer:

MEDICAL ASSESSMENT	Name of Medical Officer:	Sign:
Donor's Name: _____		
Weight: _____ kgs Hb Level: $\geq 12.5\text{g/dl}$ $<12.5\text{g/dl}$		
History Check list	Feeling well / Adequate sleep (>5hrs) / Last meal within 4 hrs Ever hospitalized Current illnesses or medications:	
Examination Check List	Unhealthy look / pallor / icterus / alcohol smell Infected wounds / Venepuncture site lesions Pulse:.....beats/min BP:.....mmHg Heart:..... Lungs:.....	
Counseling Points	Post donation instructions / making a regular donor Need for follow up for TTI purposes. How to contact for follow up purposes: By a letter / By phone / By e-mail	
Outcome	Donor accepted / Temporary deferral / Permanent deferral	
Remarks / Reasons for Deferral:		

REGISTRATION	Name of Medical Officer:	Date
Donor I.D. No.	Blood Unit No.	Segment No:
Type of Bag:	Single.	Double.: Triple.: Quadruple.:

BLOOD COLLECTION	Name of Phlebotomist:	Sign:
Check: Donor's Name		
Check Donation No: On Donation record / Blood Bags / Specimen Tubes		
Start time:..... a.m. / p.m. Time Taken:.....mins.		
Volume:.....ml		
Complications: Faint: Fits: Double Prick: Haematoma:		
Others (please specify):		
Management:		



Annexure - 2

Roles & Responsibilities of Counsellors

1. Donor Education

- a) To explain the blood donor of the entire blood donation process
- b) To ensure that the donor understands all questions and responds accurately to the donor questionnaire.
- c) To inform the donor that his/her blood will be tested for blood group serology and markers of TTI and the test results will be given to the donor.
- d) To ensure that the donor is able to give informed consent to donate and recognizes that his/her signature is an affirmation that responses provided to the questionnaire are accurate and the donor is willing to be informed of their test results.

2. Donor Education regarding Blood Donation Process

- a) To ensure that donors feel comfortable during blood donation process, including the venepuncture.
- b) To reduce donor anxiety and minimize the risk of any adverse donor reactions, such as fainting
- c) To give post-donation advice, including care of the venepuncture site.
- d) To secure donors' cooperation in the confidential unit exclusion or post-donation information process.
- e) To clarify doubts or concerns raised by donors.
- f) To alleviate donors' anxiety.

3. Donor Education regarding TTI Reactivity

- a) To keep the donor informed about the health implications of the positive TTI test results for the donor and the donated blood (discard) and the suitability of the donor for future blood donations
- b) To guide and help the blood donor with positive screening results in further investigation, management, treatment and care, if necessary
- c) To encourage donors to provide all relevant information, including the possible source of infection.
- d) To explain the test results, the need for confirmation of the results, the health implications for the donor and the donated blood (discard) and the suitability of the donor for future blood donation.
- e) To provide information on precautions for preventing the transmission of infection to others.

4. Donor Deferral and Preventive Health Education

- a) To explain and clarify of the nature of the deferral (permanent or temporary)
Example: Donor with low hemoglobin: refer to a health-care institution for hematological investigation and further management, and provide information on nutrition
- b) To encourage temporarily deferred donor to return for future blood donations after the defined deferral period
- c) To keep the donor informed about the donor deferral period: i.e. until screening test is non-reactive on follow-up
- d) To encourage individuals to self-defer if they are suffering from an infection, disease or health condition that may make them unsuitable to donate blood

5. Referral and Linkages

- a) To provide information and refer donors for further investigation, management, treatment and care, if necessary.
- b) To organise and schedule Blood Donation Camps
- c) To mobilize communities for blood donation.
- d) To organize and lead mobile blood donations in colleges, workplaces, etc.
- e) To give blood donation lectures at workplaces, schools and voluntary organisations
- f) To prepare donor cards and certificates to voluntary blood donors
- g) To maintain effective communication and working relationship with team members, other health workers and clients
- h) To develop list of prospective donor groups by using organizational, professional, and industrial listings and directories.
- i) To contact prospective donor groups to explain requirements and benefits of participation in blood donor program.
- j) To visit prospective or participating blood donor group to discuss blood program.
- k) To distribute promotional material and uses audio-visual aids to motivate groups to participate in blood-donor program.
- l) To arrange specific date of blood collection for blood-donor group and confirm appointment in writing.

6. Donor Identification and Motivation

- a) To identify donors with rare-type blood from blood-bank records, and telephone donors to solicit and arrange blood donation.
- b) To increase donors' trust in the BTS and encourage them to adhere to donor selection criteria while responding to the donor questionnaire



- c) To foster donor trust and confidence for donor retention.
- d) To reinforce the importance of healthy lifestyles for donors found to be non-reactive on blood screening and encourage regular blood donation.

6. Reporting and Record Keeping

- a) To keep records of organizations participating in program.
- b) To record information for mobile blood-collection unit, such as space available, staffing required, and number of donors anticipated.
- c) To consult blood bank records to answer questions, monitor activity, or resolve problems of blood donor groups.
- d) To prepare reports of blood-donor program and donor recruitment activities.

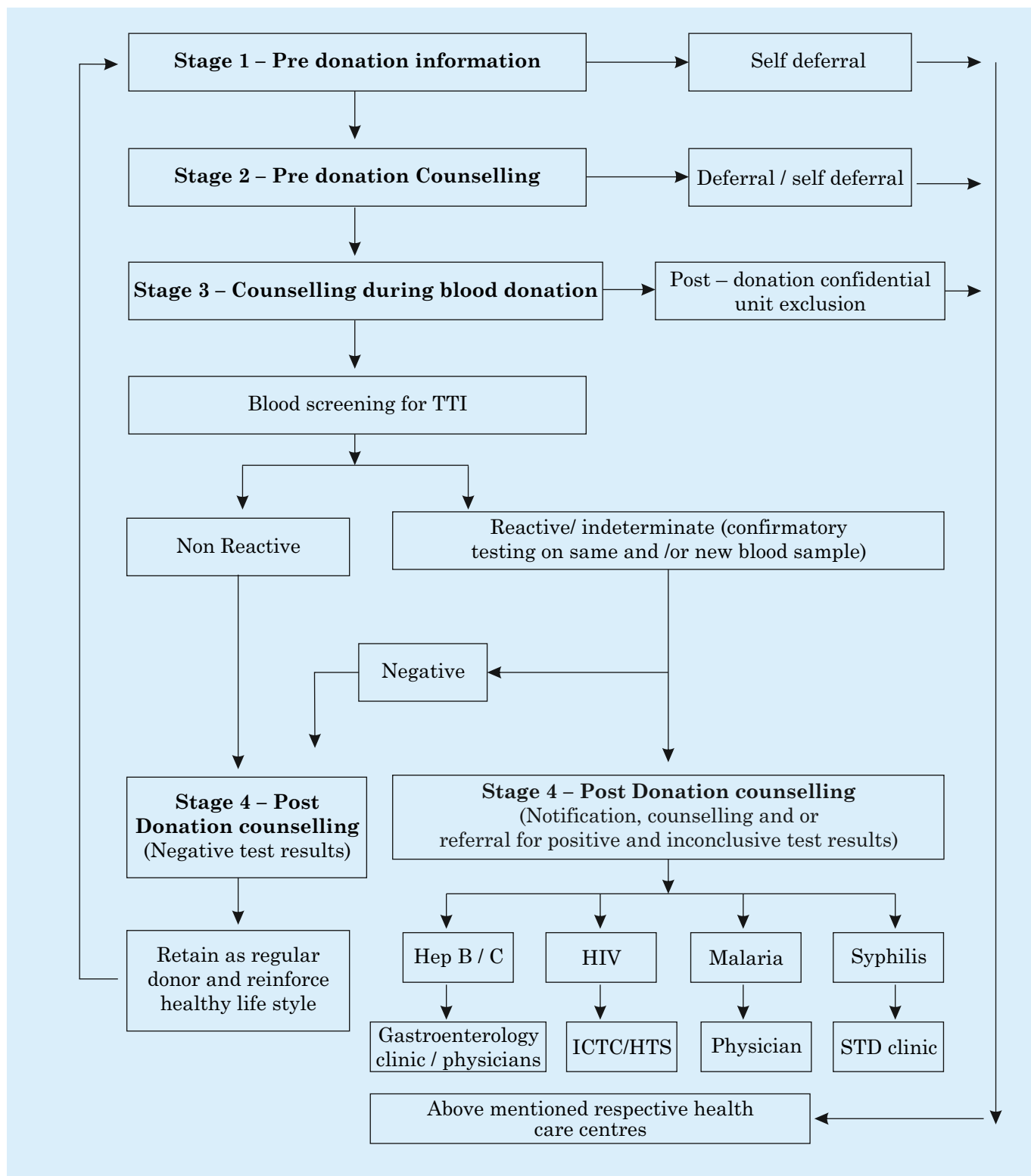
7. Self Motivation and Monitoring

- a) Develop and maintain continuing personal and professional development to meet the changing demands in the area of blood donor services
- b) Monitor own performance against objectives and standards

Keep up-to-date on job-related issues as appropriate and keep log of own performance and in-service training log for purposes of appraisal

Annexure - 3

Stages of Blood Donor Counselling





Annexure - 4

Referral Slip for TTI Reactive Donors

(To be filled by Blood Bank Staff)

Name and address of the Referring Blood Bank :-

Date of referral Blood Bank Id No.

Name of donor.....

Age Gender Phone Number Contact details.....

Name and designation of the referring person

Reason for referral (to be ticked)	Date of testing	Assay used (III gen/ Any other)
Counseling & testing for HIV <input type="checkbox"/>		
Testing of HBsAg <input type="checkbox"/>		
Testing of HCV <input type="checkbox"/>		
Testing of VDRL/RPR <input type="checkbox"/>		
Testing of Malaria <input type="checkbox"/>		

Address of referral centre (HTS/Clinician).....

(Blood Bank seal with contact details)

(To be filled by HTS(ICTC)/Laboratory and retained in record)

Name of Donor..... Date of performing test.....

PID No. /OPD Regn. No.

Investigation done

Results

(Seal of HTS(ICTC) /Laboratory with contact details)

(This part is to be filled by HTS (ICTC)/Laboratory and returned to donor)

Name of the Donor/Department

Blood Bank ID No. Date of Sample draw.....

Instructions:

Please come for retesting after 2 weeks on

1.Result to be collected on _____

2.Repeat test at HTS on _____

(Seal of HTS (ICTC)/Laboratory with contact details)

Consent for Referral

- I understand that during blood donation process I have been counseled regarding the importance of safe blood donation and have consented to testing of my blood and be informed of any abnormal test results.
- I understand that these screening tests conducted at blood bank are not diagnostic and may yield false-positive results.
- I understand that any willful misrepresentation of facts could endanger my health or that of patients receiving my blood and may lead to litigation.
- I understand that I have been contacted, counseled and referred by the blood bank for confirmation and management to appropriate facility.

Signature of Referring Blood Bank Staff

Signature of Donor

Date : _____



Annexure - 5

Sample format of Post Donation Instructions

Name & Contact details of the blood bank

.....
.....
.....

Dear (donor).....

We are grateful for your contribution to as life of hero of society. we are grateful to you for helping human society. Please accept refreshment as a token of thanks.

Kindly follow the advise as given below.

- Drink more liquids than usual in next 4 hours.
- Do not smoke or drive for next half an hour after donation
- Resume all normal activities if no symptoms occur.
- Remove bandage after 6 hours.
- Do not lift heavy weights or do sternous exercise for next 6 hours.
- Avoid self driving for 2 hours.
- In case of dizziness lie down and relax for few minutes. if symptoms persist contact counsellor.
- In case of any discomfort or query you can reach us at ...(Contact details of counselor).

we wish to see you after months

Warm Regards,
Blood Bank

Annexure - 6

Training Session Plan

Time	Day 1	Day 2	Day 3	Day 4	Day 5
9.15	Registration	A Blood Bank Counsellor's Guide to Blood Safety (Part 2) (contd)	Instructions for Field Visit	Blood Donor Counselling III: Post-Donation Counselling	Donor Motivation and Retention
9.30	Inauguration	Blood Donor Counselling I: Pre-Donation Information and Counselling			
9.45	Pre-Test	Tea	Field Visit to Blood Bank and ICTC	Tea	Tea
10.00					
10.15					
10.30					
10.45					
11.00					
11.15					
11.30					
11.45					
12.00					
12.15					
12.30					
12.45					
1.00	Lunch	Lunch	Lunch	Lunch	Lunch
1.15					
1.45					
2.00	Basic Information on Counselling (contd)				
2.15					
2.30	A Blood Bank Counsellor's Guide to Blood Safety (Part 1)	Blood Donor Screening Practice	Debriefing of the Field Visit	Team Work	Skills Practice Review (continued)
2.45					
3.00					
3.15	Tea	Tea	Tea	Records at the Blood Bank	Post-Test
3.30	A Blood Bank Counsellor's Guide to Blood Safety (Part 1) (contd)			Tea	Valedictory
3.45					
4.00					
4.15					
4.30					
4.45					
5.00					
5.15					



Annexure - 7

Blood Donor Counselling Checklist

Pre-Donation Information

- Use simple language
- Avoid using medical terms
- Avoid using slang language
- Discuss one key idea completely before moving on to the next
- Use the counselling skills of summarising YOUR
- OWN explanation to ensure the donor has understood.

Pre-Donation Counselling

- Ensure the donor understands the donor questionnaire and responds accurately to all questions
- Ensure the donor understands that his/her blood will be tested for blood group serology and markers of TTI and the test results will be given to the donor
- Ensure the donor is in a position to give informed consent to donate and recognizes that his/her signature affirms that responses provided to the questionnaire are accurate
- Ensure the donor is willing to be informed of his/her test results

Donor Selection and Health Check

(not a counsellor role)

Counselling during Blood Donation

- Ensure that donors feel comfortable during blood donation, including the venepuncture
- Reduce donor anxiety and minimize the risk of any adverse donor reactions, such as fainting
- Give post-donation advice, including care of the venepuncture site
- Secure donor's cooperation in the confidential unit exclusion or post-donation information process
- Foster donor trust and confidence for donor retention

Post-Donation Counselling

- Explain the test results, the need for confirmation of the results, the health implications for the donor and the donated blood (discard) and the suitability of the donor for future blood donation.
- Encourage donors to provide all relevant information, including the possible source of infection.
- Clarify doubts or concerns raised by donors.
- Alleviate donors' anxiety
- Provide information on precautions for preventing the transmission of infection to others.
- Provide information and refer donors for further investigation, management, treatment and care, if necessary



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