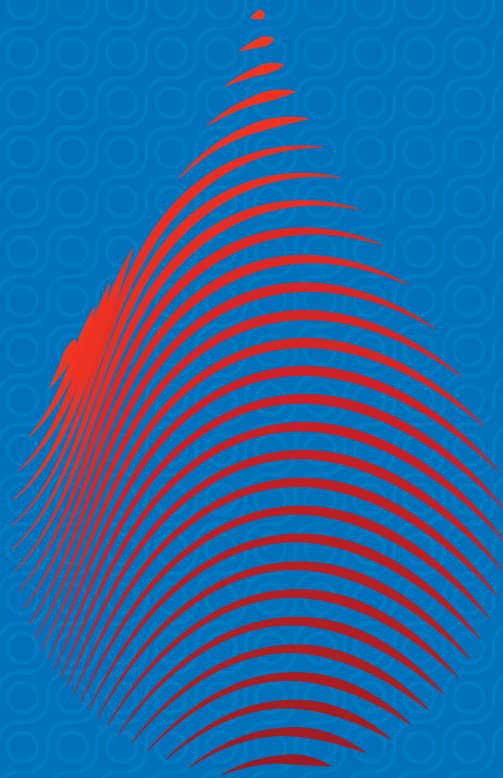




Ministry of Health & Family Welfare  
Government of India



# Guidelines for Voluntary Blood Donation



**Towards 100% Voluntary Blood Donation**

Reviewed and Published - 2024

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**Technical support by**

Blood Transfusion Services Division, Directorate General of Health Services,  
Ministry of Health & Family Welfare, Government of India

**World Health Organization Country Office for India**

# **Guidelines for Voluntary Blood Donation**



**Towards 100% Voluntary Blood Donation**







**जगत प्रकाश नड्डा**  
**JAGAT PRAKASH NADDA**



**मंत्री**  
**स्वास्थ्य एवं परिवार कल्याण**  
**व रसायन एवं उर्वरक**  
**भारत सरकार**  
**Minister**  
**Health & Family Welfare**  
**and Chemicals & Fertilizers**  
**Government of India**



### **MESSAGE**

The Government of India is committed to promoting voluntary and safe blood donation as a vital public health initiative. Ensuring an adequate, safe, and reliable blood supply is crucial for healthcare services, and the government has taken several measures to achieve this goal.

Comprehensive guidelines have been formulated to enable establishment of a robust and sustainable blood donation framework. These guidelines will help standardize practices, ensuring safety and efficiency for both donors and recipients. These guidelines include clear eligibility criteria, detailed information about the donation process, and generate awareness on the importance of regular donations.

Moreover, it is vital to engage various stakeholders, including healthcare professionals, community leaders, and schools, to promote the message that blood donation is a civic duty. Initiatives like awareness campaigns, donor appreciation events, and partnerships with the local community can significantly enhance community involvement.

I would like to extend my heartfelt appreciation to the Blood Transfusion Services Division, Directorate General of Health Services, Ministry of Health & Family Welfare, Government of India, and the dedicated technical experts for their invaluable contribution in developing these Voluntary Blood Donation Guidelines.

I commend the release of the Guidelines for Voluntary Blood Donation as a significant step forward in our collective efforts to build a healthier, more resilient nation. Let us embrace these guidelines with diligence, compassion, and unwavering commitment as we work towards a future where no life is lost due to a shortage of blood.

**(Jagat Prakash Nadda)**





**प्रतापराव जाधव**  
**PRATAPRAO JADHAV**



सत्यमेव जयते



राज्य मंत्री (स्वतंत्र प्रभार)  
आयुष मंत्रालय  
व  
राज्य मंत्री  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
भारत सरकार  
MINISTER OF STATE  
(INDEPENDENT CHARGE) OF  
MINISTRY OF AYUSH AND  
MINISTER OF STATE OF  
MINISTRY OF HEALTH & FAMILY WELFARE  
GOVERNMENT OF INDIA

### **MESSAGE**


The Voluntary Blood Donation (VBD) program is crucial and requires coordination among all stakeholders involved in blood donation service. The Government of India is committed to achieving 100% Voluntary Blood Donation (VBD) to enhance public health and support medical treatments and emergency care. Promoting awareness and fostering a culture of giving can strengthen these efforts. A successful blood transfusion service relies on a consistent supply of safe blood through effective management and voluntary, non-remunerated donors.

The Government under visionary leadership of Hon'ble Prime Minister Sh. Narendra Modi ji and in the able guidance of Hon'ble Minister, Health & Family Welfare Dr. Mansukh Mandaviya ji, has taken several initiatives to strengthen the health care system in the country. These guidelines serve as a comprehensive reference, offering clear and standardized protocols for every facet of the blood donation process. From donor recruitment and screening to blood collection, testing, processing, and distribution, they are designed to uphold the highest standards of quality, safety, and ethical practice. By adhering to these guidelines, we can significantly enhance the efficiency and effectiveness of our blood transfusion services, ultimately benefiting patients and communities across the nation.

I want to express my gratitude to the voluntary blood donors for their life-saving gift to humanity. Their generosity has saved countless lives and given hope to those in need. Their ongoing support enables us to provide timely and life-saving blood to those in need

I am profoundly grateful to the Blood Transfusion Services Division, Directorate General of Health Services, Government of India, as well as the team of experts, clinicians, policymakers, and stakeholders who have contributed their expertise, insights, and steadfast commitment to developing these guidelines.

I appreciate the release of the Guidelines for Voluntary Blood Donation as a major step in improving health safety. With the swift implementation and adherence to these guidelines by all stakeholders, we can achieve the national goal of ensuring safe and accessible blood for everyone.

  
(Shri Prataprao Jadhav)

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अनुप्रीया पटेल  
ANUPRIYA PATEL



Message

राज्य मंत्री  
स्वास्थ्य एवं परिवार कल्याण  
व रसायन एवं उर्वरक  
भारत सरकार

MINISTER OF STATE  
HEALTH & FAMILY WELFARE  
AND CHEMICALS & FERTILISERS  
GOVERNMENT OF INDIA

In India, the collection of blood from voluntary, non-remunerated donors is a key component in ensuring a safe and sustainable blood supply. The country's large population and diverse medical needs make it essential to maintain a reliable and high-quality blood supply for various purposes, including surgeries, trauma care, and treatment of chronic conditions, etc.

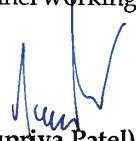
The Government of India has undertaken extensive efforts to motivate and retain donors, which will significantly contribute to guiding and supporting the Voluntary Blood Donation (VBD) movement across the country to ensure a safe and steady supply of blood for patients in need. By supporting the VBD movement, the government strengthens the healthcare system's ability to manage emergencies and enhance patient care.

I express my humble gratitude to blood donors for their selfless act of saving lives and also grateful to the various stakeholders involved in Voluntary Blood Donation programmes in the country.

It is pertinent to emphasize that the Government of India, is taking new initiatives to meet all the health needs of the people of India, I would like to appreciate the efforts of the Blood Transfusion Services Division, Directorate General of Health Services, Government of India and the technical experts who have contributed immensely in bringing out this Voluntary Blood Donation Guidelines.

The guidelines release marks a significant milestone in our ongoing efforts to further strengthen blood transfusion services and promote voluntary blood donation practices across our nation.

I am sure that these guidelines will serve as a repository of knowledge for Voluntary Blood Donation Services and will be gainfully utilized by the personnel working in this field.

  
(Anupriya Patel)

October 16, 2024  
New Delhi

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पुण्य सलिला श्रीवास्तव, भा.प्र.से.  
सचिव

**PUNYA SALILA SRIVASTAVA, IAS**  
Secretary



सत्यमेव जयते



### Message

भारत सरकार  
स्वास्थ्य एवं परिवार कल्याण विभाग  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
Government of India  
Department of Health and Family Welfare  
Ministry of Health and Family Welfare

Efficient Blood Transfusion Service is an indispensable component of healthcare. By fostering a culture of voluntary blood donation, we not only ensure a more stable and reliable blood supply but also promote community engagement and awareness about the importance of blood donation.

Comprehensive and useful guidelines have been developed to foster voluntary blood donation. These guidelines provide a thorough roadmap for all aspects of the blood donation process, from donor retention and screening to blood collection, testing, storage, and distribution. By establishing clear standards and protocols, these guidelines will enhance the efficiency, transparency, and accountability of our blood transfusion services, ultimately contributing to improved patient outcomes and public health outcomes. This will go a long way in further improving the safety and efficacy of Blood Transfusion Services in our country. I compliment the entire team.

I would also like to extend my gratitude to the blood donors whose noble contribution form the cornerstone of our blood transfusion services. Their altruism and generosity have saved countless lives and have inspired us all to strive for a healthier, more compassionate society.

*Punya Salila*  
(Punya Salila Srivastava)







प्रो.(डॉ.) अतुल गोयल

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स्वास्थ्य सेवा महानिदेशक

**DIRECTOR GENERAL OF HEALTH SERVICES**



सत्यमेव जयते

भारत सरकार  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
स्वास्थ्य सेवा महानिदेशालय

Government of India  
Ministry of Health & Family Welfare  
Directorate General of Health Services



### Message

Blood Transfusion Services are integral to healthcare delivery systems. Blood Transfusion Services (BTS) are required to provide safe, sufficient, and timely supply of blood and its components to patients who need them.

For providing good quality blood, Blood Transfusion Services need to be supported by voluntary blood donors. The key to safe blood transfusion are safe and healthy donors. Therefore blood transfusion services should take all the necessary steps to build and maintain a pool of safe, voluntary non-remunerated blood donors.

Implementation of voluntary blood donation programs in the country needs coordination between numerous stakeholders viz. Blood centres, blood donors, voluntary blood donor organizations, and organizers of blood donation camps. This program, implemented by blood centres, is guided at the state level by State Blood Transfusion Councils in coordination with voluntary blood donor organizations, CBOs, NGOs, and various organizers. The National Blood Transfusion Council provides overall guidance to the State Blood Transfusion Councils in implementing the program in States (Health being a State subject).

Release of these guidelines is an important occasion that reflects our commitment in ensuring well-established standardized procedures and best practices to enhance the safety, quality, efficiency, and sustainability of our Blood Transfusion Services, ultimately benefiting patients and communities across the nation. It is a significant step forward in our collective efforts to promote voluntary blood donation as a cornerstone of public health. These guidelines provide clear and concise concepts on every aspect of blood donation process, from donor eligibility criteria and screening protocols to blood collection, testing, processing, and distribution.

I would like to express my heartfelt appreciation to all healthcare professionals, blood centre staff, policymakers, and stakeholders who have contributed their invaluable insights, knowledge, and efforts to the development of these guidelines. Their collective expertise has been instrumental in shaping a framework that not only meets international standards but also addresses unique challenges and opportunities of our healthcare landscape.

I would also like to extend my deepest gratitude to blood donors whose selfless contributions form the life of our blood transfusion services. Their kindness and selflessness have saved countless lives and served as a beacon of hope for those in need. It is through their noble acts of kindness that we can fulfil our mission of providing timely and lifesaving healthcare to all.

I applaud the release of the Guidelines for Voluntary Blood Donation as a significant step in our journey to improve public health and well-being. I am sure that these guidelines will achieve their aim as we continue to strive towards a healthier, more equitable future for all through safe blood transfusion.

**16.10.2024.**

**New Delhi.**

  
(Atul Goel)



# Acknowledgement

Voluntary blood donors are the cornerstone of a safe and adequate blood supply. The most reliable donors are voluntary, nonremunerated individuals from low-risk populations. Each donation not only saves lives but also restores hope and strengthens communities. This selfless act transcends boundaries and embodies the highest spirit of humanity. To ensure the provision of high-quality, safe blood, Blood Transfusion Services must be supported by healthy voluntary donors, and replacement donors should be phased out in a timely manner.

We express our gratitude to the blood donors whose altruism and generosity continue to inspire us all. Their selfless contributions embody the essence of humanity's noblest virtues, and it is their noble acts that form the bedrock of our healthcare system.


We extend our gratitude to the Technical Resource Group (TRG) for Blood Transfusion Services of the National Blood Transfusion Council for recognizing the critical need for this valuable guideline on voluntary blood donation that will enhance the safety and quality of blood transfusion services. Their hard work and dedication are truly commendable.

We are thankful and appreciate the efforts of Blood Transfusion Services Division, Directorate General of Health Services, Ministry of Health & Family Welfare, Government of India, National Blood Transfusion Council for successful completion of this task.

A special word of appreciation for all the technical experts Dr. Neelam Marwaha, Dr. Rajiv Garg, Dr. Vanashree Singh, Dr. R. N. Makroo, Dr. Aseem Tiwari, Dr. Latha Jagannathan, Dr. Sangeeta Pahuja, Dr. R K Chaudhary, Dr. R R Sharma, Dr. Ravneet Kaur, and Mr. Apurba Ghosh for sparing their valuable time, considerable efforts, enriching and contributing immensely in creating this very important Guidelines for Voluntary Blood Donation.

We are grateful to Prof. (Dr) Atul Goel, Director General of Health Services for his unflinching support and leadership in supporting the guideline. The contribution of the Blood Transfusion Services Division, Directorate General of Health Services, Government of India team of Dr. Anil Kumar, Addl. ddg, Dr. Megha Pravin Khobragade, Assistant Director General and Dr. Manas Pratim Roy are most gratefully acknowledged. We are thankful for the valuable assistance of the WHO India team including Dr. Hilde De Graeve, Dr. Madhur Gupta, Dr. Reba Chhabra, Dr. Smriti Chawla, and Ms. Ruchi Rao. Their collaborative efforts have significantly enriched the quality and relevance of the guidelines, paving the way for safer, more accessible, and sustainable blood donation practices.

The release of these Guidelines for Voluntary Blood Donation marks a significant milestone in our collective efforts to build a healthier and more resilient nation. Embracing these guidelines with diligence, compassion, and unwavering commitment will help us work towards a future where no life is lost due to a shortage of blood. This initiative reflects our steadfast commitment to ensuring the safety, accessibility, and sustainability of blood transfusion services and underscores our dedication to promoting voluntary blood donation as a cornerstone of public health.



**(Dr Krishan Kumar)**  
**Director, NBTC**  
**Director General of Health Services**  
**Ministry of Health & Family Welfare**  
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# Abbreviations and acronyms

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<b>AIDS</b>	Acquired Immunodeficiency Syndrome
<b>BTS</b>	Blood Transfusion Services
<b>CBO</b>	Community Based Organizations
<b>DCG (I)</b>	Drug Controller General of India
<b>HBV</b>	Hepatitis B Virus
<b>HCV</b>	Hepatitis C Virus
<b>HIV</b>	Human Immunodeficiency Virus
<b>I/C</b>	In-charge
<b>IEC</b>	Information Education Communication
<b>IRCS</b>	Indian Red Cross Society
<b>MO</b>	Medical Officer
<b>NACO</b>	National AIDS Control Organization
<b>NACP</b>	National AIDS Control Programme
<b>NBP</b>	National Blood Policy
<b>NBTC</b>	National Blood Transfusion Council
<b>NCC</b>	National Cadet Corps
<b>NGO</b>	Non-Government Organization
<b>NSS</b>	National Service Scheme
<b>RRC</b>	Red Ribbon Clubs
<b>SACS</b>	State AIDS Control Society
<b>SBTC</b>	State Blood Transfusion Council
<b>TTI</b>	Transfusion Transmissible Infections
<b>UT</b>	Union Territory
<b>VBD</b>	Voluntary Blood Donation
<b>VNRBD</b>	Voluntary Non-Remunerated Blood Donors



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# 1. Why the need for voluntary blood donation?

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Voluntary blood donors are the cornerstone of a safe and adequate supply of blood, blood components and blood products. The safest blood donors are voluntary, non-remunerated blood donors from low-risk populations. For a safe blood service in our country, it is imperative to work towards 100% voluntary blood donation (VBD) in blood transfusion services. Thus, one of our key strategies to enhance blood safety is to focus on motivating non-remunerated blood donors and phasing out of replacement donors. The national blood policy also endorses that the practice of replacement donors shall be gradually phased out in a time bound programme to achieve 100% voluntary non-remunerated blood donation.

The key to recruiting and retaining safe blood donors is having an effective donor education, motivation, recruitment and retention strategy to motivate, recruit new voluntary non-remunerated blood donors and retain the voluntary donors from these populations, coupled with having a good epidemiological data on the prevalence (and incidence, where possible) of infectious markers in the general population, to identify low-risk donor populations. A pleasant environment in the blood centre and blood donation camp, good donor care, polite and effective communication between staff and donors are all important factors for the retention of blood donors.

The guidelines have been developed to assist the stakeholders who are responsible for implementation of voluntary blood donation programme. The guidelines focus upon various aspects of voluntary blood donation programme of the country like national policy on VBD, criteria of eligibility for VBD, roles and responsibilities of various stakeholders, various information, education and communication (IEC) material available for VBD and various communications strategy developed and adopted for promotion of voluntary blood donation in the country.

## 2. Definitions related to blood donors/blood donations

---

### A. Voluntary non-remunerated blood donor

A voluntary non-remunerated blood donor gives blood, plasma or cellular components of his or her own free will and receives no payment, either in the form of cash or in kind which could be considered as a substitute for money. This would include time off work other, than that reasonably needed for the donation and travel. Small tokens, refreshments and reimbursements of direct travel costs are compatible with voluntary, non-remunerated donation.

1. “Voluntary” blood donation refers to “unpaid, non-remunerated” blood donation.
2. An altruistic donor gives blood freely and willingly without receiving money or any other form of payment.

#### Categories of voluntary blood donor

1. **First-time voluntary donor:** A voluntary non-remunerated blood donor who has never donated blood in his/her lifetime.
2. **Repeat voluntary donor:** A voluntary non-remunerated blood donor who has given blood in the past but has not donated recently (and does not fulfill the criteria for a regular donor).
3. **Regular voluntary non-remunerated blood donor:** A voluntary non-remunerated blood donor who has donated several times and has donated at least once in the last two preceding years.

### B. Other categories of blood donors

#### i) Family/replacement blood donor

1. A family/replacement donor is one who gives blood when it is required by a member of his/her family or the community.
2. A member of the family of the patient who donates blood in replacement of blood needed for the patient without involvement of any monetary or other benefits from any source. This family/replacement blood donation may involve a hidden paid donation system in which the donor is paid by the patient's family. This often involves coercion and/or payment, which compromises the safety of the blood. The seroprevalence of transfusion- transmitted infections has been found to be higher in replacement as compared to voluntary blood donors.

## **ii) Paid/professional blood donor**

A donor who donates blood in exchange of value consideration, in cash or kind, or other form of payment on behalf of the recipient-patient. The professional blood donation is banned in India with effect from 1st January 1998 following a Supreme Court directive in a 1996 judgment on a public interest petition filed by Common Cause vs Union of India.

## **iii) Forced blood donor**

A person who is not willing to donate blood on his/her own will but is being forced by peer or workplace pressure to donate.

## **iv) Directed blood donor**

A donor whose donated blood unit is exclusively directed for a particular patient. This may be required in certain circumstances, e.g., rare blood groups, multiple alloantibodies etc.

## **v) Apheresis donor**

These are donors who donate specific blood component required for a patient through cell separation on an apheresis equipment. These donations may be voluntary or replacement in nature.

## **vi) Autologous blood donor**

A donor who donates his/her blood to be stored and reinfused to self, if needed, during surgical or medical need for blood. The patient themselves act as a blood donor for their own need for blood.

Blood donation can be categorized as:

### **A) Autologous blood donation**

The process of donating one's own blood prior to an elective surgical or medical need for blood to avoid or reduce the requirement for an allogeneic blood transfusion.

### **B) Allogeneic blood donation**

In blood centre, allogeneic transfusion is when a donor and a recipient are not the same person (in contrast to autologous donation, where donor and recipient are the same person).

### 3. Goal and objectives of voluntary blood donation

---

#### Goal

The aim of voluntary blood donation is to ensure availability of safe and quality blood and other blood components, round the clock, throughout the year with equitable distribution. This will lead to alleviation of human sufferings, whenever and wherever blood transfusion is required including the far-flung remote areas in the country.

**Objective: To fulfil the clinical requirement of blood throughout the country with 100 % of blood collected through voluntary blood donation**

The objectives of collecting blood through voluntary blood donation are as follows:

- a) Provide assured round the clock, safe and quality blood and blood components collected from voluntary non-remunerated regular donors.
- b) Motivate and maintain a permanent well-indexed record of voluntary blood donors.
- c) Educate the community on the beneficial aspects of voluntary blood donation and harmful effect of collecting blood from replacement donors.
- d) Actively encourage towards 100% voluntary blood donation and gradually eliminate replacement blood donation.
- e) Educate and generate the awareness amongst public about blood transmissible infections like HIV/AIDS and hepatitis.
- f) Assist the various organizations, clubs, colleges, public and private institutions and the public in general to conduct voluntary blood donation drives and arrange for motivational talks to enable progressive increase in the number of voluntary non-remunerated regular blood donors every year.

## 4. Who are eligible to donate blood?

---

### Introduction

The key to safe blood transfusion is to have safe and healthy donors. The blood transfusion services should take all the necessary steps to build and maintain a pool of safe, voluntary non-remunerated blood donors. To achieve this donor selection should be done properly and carefully. The donor should be in good health in order to avoid any untoward effect on the recipient as well as the donor.

### Donor counselling and selection

Donor selection criteria are as per second amendment (March 2020) in Drugs and Cosmetics rules. Criteria have been further revised by Technical Resource Group, Blood Transfusion Services division of Directorate General of Health Services and approved by National Blood Transfusion Council (December 2024). Once a prospective donor reaches the blood centre or blood donation camp, the following steps should be undertaken:

1. Donor registration
2. Pre-donation information
3. Pre-donation counselling
4. Donor history, examination and consent
5. Counselling during blood donation
6. Post-donation counselling

#### 1. Donor registration

- Donor registration is done, and demographic details are noted down. Demographic information should be complete and correct so that the donor can be informed of any laboratory testing abnormality for further referral and management or can be contacted for future donation.
- Minimum age of whole blood donor is 18 years and maximum age is 65 years.
- First time donor shall not be over 60 years of age; for repeat donor upper limit of age is 65 years.
- For apheresis donors the age is between 18-60 years.
- Donor questionnaire is administered to every prospective donor to enable a quick health history taking, brief physical examination and blood test for hemoglobin. Questionnaire should be prepared in English and local language, which is simple and easy to understand, for the donor. Counsellor/donor registration staff should give assistance to the donors who are not literate.

## **2. Pre-donation information**

It includes giving the information to the donor regarding the blood donation process, eligibility for blood donation, rationale for the medical history questionnaire and pre-donation health assessment, options for the donor to withdraw or self-defer and potential adverse donor reactions.

Pre-donation information tells the donor about the nature and use of blood and its component i.e., how a single blood donation can save multiple lives (with different components made from single donation).

Donors should be educated regarding the possible risks of transmission of transfusion transmissible infections (TTI) and encouraged to share his medical history and details to enable appropriate deferral.

This is an opportunity to talk to, dispel doubts and answer questions from donors. It can be done as a one-on-group and integrated with the activities undertaken for donor recruitment and retention and supported with simple information, education and communication (IEC) material and job aids like leaflets, posters etc.

## **3. Pre-donation counselling**

Counselling is to be provided by trained blood donor counsellors maintaining privacy and confidentiality. Medical officer with minimum MBBS qualification should be responsible for reviewing the donor's health conditions and physical examination of the donor. Final call on donor selection is taken by the medical officer. It should preferably be done one-on-one.

The objectives of pre-donation counselling include understanding of donor questionnaire to enable correct responses, reiterate understanding of TTI testing and the disclosure of results, clarify any misunderstanding about donor selection, blood donation and screening, explain temporary and permanent deferral and to familiarize donor to the process of blood donation.

## **4. Donor medical history and physical examination**

### **i) General information**

#### **a) Well-being**

The donor shall be in good health, mentally alert and physically fit. Differently-abled or donor with communication and sight difficulties can donate blood provided that clear and confidential communication can be established and he/she fully understands the donation process and gives valid consent.

#### **b) Donation interval**

The interval between donations of whole blood should be once in three

months (90 days) for males and four months (120 days) for females respectively.

For Single apheresis donation, at least 48 hours interval after platelet / plasma-apheresis shall be kept (donation not more than 2 times a week, 4 times a month, and limited to 24 times in one year).

For Double plateletpheresis donation ( $6 \times 10^{11}$ ), at least 7 days interval shall be kept (not more than 2 times a month and 12 times in one year). The donor should have minimum platelet count of more than or equal to  $250 \times 10^3/\mu\text{L}$ . After whole blood donation, a plateletpheresis donor shall not be accepted before 28 days. Apheresis platelet donor shall not be accepted for whole blood donation before 7 days from the last plateletpheresis donation provided reinfusion of red cells was complete in the last plateletpheresis donation.

If the reinfusion of red cells was not complete, the donor shall not be accepted before 90 days.

#### **c) Meal**

Donor should not be fasting before blood donation or observing fast during the period of blood donation and last meal should have been taken preferably 4 hours prior to donation.

Donor should not have consumed alcohol and show signs of intoxication before the blood donation.

#### **d) Occupation**

The donor who works as an aircrew member, long-distance vehicle driver, either above sea level or below sea level or in emergency services or where strenuous work (including miners and divers) is required, shall not donate blood for 12 hours after duty and not resume work for at least 24 hours after blood donation. The donor should not be a night shift worker without adequate sleep.

#### **e) Travel and residence**

The donor shall not be a person with history of residence or travel in a geographical area which is endemic for diseases that can be transmitted by blood transfusion and for which screening is not mandated or there is no guidance in India.

Residents of other countries:

Accept, if all donor selection criteria fulfilled. In case of language barrier, the donor screening and examination as well as the process of donation shall be done in presence of a translator/ witness. The consent should be



taken in the language they understand.

**f) Risk behavior**

Donor should be free from any disease transmissible by blood transfusion, as far as can be determined by history and examination. The donor should not be a person considered “at risk” for HIV, Hepatitis B or C infections (transgender, men who have sex with men, female sex workers, injecting drug users, persons with multiple sexual partners or any other high risk as determined by the medical officer deciding fitness to donate blood). The donor shall not be inmates of jail or any other confinement.

**ii) Medical history**

***Non-specific Illness***

Minor non-specific symptoms including but not limited to fever, general malaise, pain, headache.	Defer until all symptoms subside and donor is afebrile
In case of fever with joint pain, rashes, petechiae (diagnosis not specified)	Defer for 28 days after symptoms subside

***Respiratory (lung) diseases***

Cold, flu, cough, sore throat or acute sinusitis	Defer until all symptoms subside and donor is afebrile
Chronic sinusitis	Accept unless on antibiotics
Asthma	<p><b>Accept:</b> Individuals with asthma provided they are asymptomatic and/or on a maintenance dose of non-steroid and/or inhaled steroid medication.</p> <p><b>Temporary defer:</b> Individuals with asthma during an acute exacerbation or on a course of oral or injected steroids to be deferred for 14 days after full recovery.</p> <p><b>Permanently defer:</b> Permanently defer individuals with severe obstructive or restrictive respiratory disease.</p>



***Surgical procedures***

Major surgery	Defer for 12 months after recovery. [Major surgery being defined as that requiring hospitalization, anesthesia (general/spinal) had blood transfusion and/or had significant blood loss]
Minor surgery	Defer for 3 months after recovery
Received blood transfusion	Defer for 12 months
Open heart surgery, including-by-pass surgery	Permanently defer
Cancer surgery	Permanently defer
Dental procedures	Defer donor following: <ul style="list-style-type: none"><li>• Simple procedure (scaling, filling, etc) for 48 hours.</li><li>• Endodontic procedure (Root Canal/ Extraction) for 14 days.</li><li>• Bone/ Graft/ dental reconstruction for 12 months.</li></ul>

***Cardio-vascular diseases (heart disease)***

Has any active symptom (Chest Pain, Shortness of breath, swelling of feet)	Permanently defer
Myocardial infarction (Heart Attack)	Permanently defer
Cardiac medication (digitalis, nitroglycerine)	Permanently defer
Hypertensive heart disease	Permanently defer
Coronary artery disease	Permanently defer
Angina pectoris	Permanently defer
Rheumatic heart disease with residual Damage	Permanently defer

**Central nervous system/psychiatric diseases**

Migraine	Accept if not severe and occurs at a frequency of less than once a week
Convulsions and Epilepsy	Accept individuals with a history of convulsion /epilepsy who have been off medication and seizure-free for a period of at least 3 years.  Permanently defer if there is an organic cause.
Schizophrenia	Permanently defer
Anxiety and mood disorders	Accept person having anxiety and mood (affective) disorders like depression or bipolar disorder, but is stable and feeling well on the day regardless of medication

**Endocrine Disorders**

Diabetes	Accept person with diabetes mellitus, well controlled by diet or oral hypoglycemic medication, with no history of orthostatic hypotension and no evidence of infection, neuropathy or vascular disease (in particular peripheral ulceration).  Permanently defer person requiring insulin and/or complications of diabetes with multi organ involvement. Defer if oral hypoglycemic medication has been altered/ dosage adjusted in last 4 weeks.
Thyroid Disorders	Accept donations from individuals with Benign Thyroid disorders if asymptomatic and euthyroid with medication and no dose adjustment in the last 8 weeks.  Permanently defer if: -Thyrotoxicosis -History of Malignant thyroid tumours
Other Endocrine Disorders	Permanently defer

### ***Liver diseases and hepatitis infection***

Hepatitis	Known case of Hepatitis B, C - Permanently defer Unknown case of Hepatitis - Permanently defer Known case of Hepatitis A or E - Defer for 12 months
Spouse/partner/close contact of individual suffering with hepatitis B and C	Permanently defer
At risk for hepatitis by tattoos, acupuncture or body piercing, scarification and any other invasive cosmetic procedure by self or spouse/partner	Defer for 12 months
Spouse/partner of individual receiving transfusion of blood/ components	Defer for 12 months
Jaundice	Accept blood donors after one year of having jaundice due to any acute cause which has been adequately treated and resolved.
Chronic liver disease/liver failure	Permanently defer

### ***HIV infection/AIDS***

At risk for HIV infection (Transgender, Men who have Sex with Men, Female Sex Workers, Injecting drug users, persons with multiple sex partners)	Permanently defer
Known HIV positive person or spouse/partner of PLHA (the person living with HIV AIDS)	Permanently defer
Persons having symptoms suggestive of AIDS	Permanently defer person having lymphadenopathy, prolonged and repeated fever, prolonged and repeated diarrhoea irrespective of HIV risk or status.

### ***Sexually Transmitted Infections***

Syphilis (Genital sore, or generalized skin rashes)	Permanently defer
Gonorrhea	Permanently defer

**Other infectious diseases**

History of Measles, Mumps, Chickenpox	Defer for 2 weeks following full recovery
Malaria	Defer for 3 months following full recovery
Typhoid	Defer for 12 months following full recovery
Dengue/Chikungunya/Zika Virus	In case of diagnosed Dengue/Chikungunya/Zika infection, defer donor for 6 months following full recovery. In case of history of travel to Zika virus outbreak zone, defer donor for 28 days
Tuberculosis	Defer for 2 years following confirmation of cure
Leishmaniasis	Permanently defer
Leprosy	Permanently defer

**Other infections**

Conjunctivitis	Defer for the period of illness and continuation of local medication.
Osteomyelitis	Defer for 2 years following completion of treatment and cure

**Renal diseases**

Acute infection of kidney (pyelonephritis)	Defer for 6 months after complete recovery and last dose of medication
Acute infection of bladder (cystitis) UTI	Defer for 2 weeks after complete recovery and last dose of medication
Chronic infection of kidney/kidney disease/renal failure	Permanently defer

**Digestive system**

Diarrhea	Person having history of diarrhea in preceding week particularly if associated with fever - Defer for 2 weeks after complete recovery and last dose of medication
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GI endoscopy	<p>If no sampling during procedure, defer donor for 7 days (wellness to be ensured).</p> <p>If sample taken, then deferral to be considered based on the report.</p> <p>If Malignant disorder, then permanently defer the donor.</p> <p>If Benign disorder, then defer the donor for 28 days.</p> <p>If any other disorder (like H. Pylori infection) then deferral till completion of treatment.</p>
Acid Peptic disease	<p>Accept person with acid reflux, mild gastro- esophageal reflux, mild hiatus hernia, gastro-esophageal reflux disorder (GERD), hiatus hernia. Permanently defer person with stomach ulcer with symptoms or with recurrent bleeding.</p>

#### **Other diseases/disorders**

Autoimmune disorders like Systemic lupus erythematosus, scleroderma, dermatomyositis, ankylosing spondylitis or severe rheumatoid arthritis	Permanently defer
Polycythemia Vera	<p><b>Primary Polycythemia Vera:</b> Permanently defer.</p> <p><b>Secondary Polycythemia:</b></p> <p><b>Due to high altitude:</b> Accept donors having Hb ≤ 18.5 g/dl in males and ≤ 16.5 g/dl in females.</p> <p><b>Other causes:</b> Defer the donor permanently</p>
Bleeding disorders and unexplained bleeding tendency	Permanently defer
Malignancy	Permanently defer
Allergic disorders	<p><b>Permanently defer if:</b></p> <p>Donor has an allergy to a substance used in the blood donation process.</p> <p>Donor experiences cold urticaria (red, raised, itchy rashes on the skin after exposure to the cold).</p> <p>Donor has history of severe allergy.</p>

	<b>Temporary defer if :</b> Donor is unwell at the time of donation due to an allergy. Donor is on course of oral or injectable steroids (Accept after 28 days following full recovery and cessation of oral or injectable steroids).
Hemoglobinopathies and red cell enzyme deficiencies with anemia and a known history of hemolysis	Permanently defer

### ***Vaccination and inoculation***

Non live vaccines and Toxoid: Typhoid, Cholera, Papillomavirus, Influenza, Meningococcal, Pertussis, Pneumococcal, Polio injectable, Diphtheria, Tetanus, Plague, COVID-19 (non-live) vaccination & Swine Flu vaccination	Defer for 14 days
Live attenuated vaccines: Polio oral, Measles(rubella) Mumps, Yellow fever, Japanese encephalitis, Influenza, Typhoid, Cholera, Hepatitis A, COVID-19 (Live attenuated)	Defer for 28 days
Anti-tetanus serum, anti-venom serum, anti-diphtheria serum, and anti-gas gangrene serum	Defer for 28 days
Anti-rabies vaccination following animal bite, Hepatitis B Immunoglobulin, immunoglobulins	Defer for 1 year

### ***Medications are taken by prospective blood donor***

Oral contraceptive	Accept
Analgesics	Accept
Vitamins	Accept
Mild sedative and tranquillizers	Accept
Allopurinol	Accept
Cholesterol lower in medication	Accept for all medication except monoclonal antibody therapy.
Salicylates (aspirin), other NSAIDs	Defer for 3 days if blood is to be used for platelet component preparation
Ketoconazole, Anthelmintic drugs including mebendazole	Defer for 7 days after last dose if donor is well
Antibiotics	Defer for 2 weeks after last dose if donor is Well
Ticlopidine, clopidogrel	Defer for 2 weeks after last dose
Piroxicam, dipyridamole	Defer for 2 weeks after last dose

Etretinate, Acitretin or Isotretinoin (Used for acne)	Defer for 1 month after the last dose. Etretinate: Permanent deferral
Finasteride used to treat benign prostatic hyperplasia	Defer for 1 month after the last dose
Radioactive contrast material	Radioactive materials For non-malignant conditions: Defer for 6 months For malignant conditions: Permanent deferral
Dutasteride used to treat benign prostatic hyperplasia	Defer for 6 months after the last dose
Any medication of unknown nature	Defer till details are available
Oral anti-diabetic drugs	Accept if there is no alteration in dose within last 4 weeks
Insulin	Permanently defer
Anti-arrhythmic, Anti-convulsions, Anticoagulant, Anti-thyroid drugs, Cytotoxic drugs, Cardiac Failure Drugs (Digitalis)	Permanently defer

#### ***Physiological status for women***

Pregnancy or recently delivered	Defer for 12 months after delivery
Abortion	Defer for 6 months after abortion
Breast feeding	Defer for 12 months after delivery
Menstruation	Defer for the period of menstruation

#### ***Other conditions requiring permanent deferral***

Recipients of organ, stem cell and tissue transplants.	<b>Allogenic organ/stem cell:</b> Permanent deferral <b>Autologous organ/stem cell:</b> Permanent deferral <b>Hair transplant/ PRP therapy/ Skin grafting:</b> 6 months after the recovery from hair transplant / skin grafting surgery/ PRP therapy and no further treatment/ medication or follow-up is planned. For medication follow the deferral criteria as per the medication list.
Donors who have had an unexplained delayed faint or delayed faint with injury or two consecutive faints following a blood donation.	Permanently defer

Any additional notifications from the competent authority for donor eligibility e.g., during emergent infectious disease outbreaks or introduction of new vaccines or any other criteria should also be considered.



### iii) Medical examination

- a. **Weight:** A donor weighing 45 kg can give 350 ml blood (8-9 ml/kg body weight) in addition to the pilot samples for processing. Those weighing 55 kg or more may give 450 ml blood as well as pilot samples. For apheresis donor weight should be at least 50 kg.
- b. **Blood pressure:** The systolic blood pressure should be between 100 and 140 mm of Hg and the diastolic pressure between 60 to 90 mm of Hg, with or without medications. There should be no findings suggestive of end organ damage or secondary complications (cardiac, renal, eye or vascular) or history of feeling giddiness, fainting made out during history and examination. Neither the drug nor its dosage should have been altered in the last 28 days.
- c. **Pulse:** The pulse should be between 60 to 100 beats per minute and regular.
- d. **Temperature:** Donor should be afebrile and oral temperature should not exceed 37°C/98.4°F.
- e. **Respiration:** Free from acute respiratory disease
- f. **Hemoglobin (or Hematocrit):** Hemoglobin (Hb) or Hematocrit (Hct) should be determined each time the donor presents himself/herself. The Hb should not be less than 12.5 g/dl (or 38% Hct). Thalassemia trait may be accepted, provided hemoglobin is acceptable.
- g. **Donor skin:** The skin at the site of phlebotomy should be free from any skin diseases. Arms and forearms of the donor shall be free of skin punctures or scars indicative of professional blood donors or addiction of self-injected narcotics.
- h. **Systemic examination:** Clinically heart, lungs and abdomen should be normal. Liver and spleen should not be palpable.

### iv) Donor's informed consent

Prior to blood donation, consent of donor who is declared eligible for donation should be obtained in writing with donor's signature or thumb impression on medical history questionnaire. The donor should understand that blood donation is a totally voluntary act and no inducement or remuneration will be offered and also regarding testing of his/her blood for all mandatory tests such as Hepatitis B, Hepatitis C, malarial parasite, HIV/AIDS and Syphilis for safety of recipients.

The donor should understand the process of donation of blood or the component. The donor should be informed that the blood or component donated can be used in other healthcare facility for patient need and plasma



separated from whole blood may be utilized for plasma fractionation. The donor should be provided an opportunity to ask questions and take an informed decision to give or refuse consent.

### **Collection of blood**

Blood shall be collected from the donor only by licensed blood centre. The blood shall be drawn from the donor by a qualified physician or trained phlebotomist under the supervision of physician.

Blood donation shall be carried out as per validated SOPs and in keeping with regulatory requirements.

Blood donation is a safe procedure, however some donors may have an adverse donor reaction. Blood centre staff (including medical officers, phlebotomists, nursing staff) should be competent for early recognition and management of donor adverse reactions.

All the donor reactions should be reported to National Blood Donor Vigilance Programme under 'Haemovigilance Programme of India'.

### **5. Counselling during donation**

It must be aimed at:

- i) Ensuring that donors feel comfortable during blood donation, including the venipuncture.
- ii) Reducing donor anxiety and minimizing the risk of any adverse donor reactions such as fainting.
- iii) Giving post-donation advice, including care of the venipuncture site.
- iv) Fostering donor trust and confidence for donor retention.

### **6. Post donation counselling**

Post-donation interaction includes:

- i) Brief instructions on self-care such as -
  - a. Plenty of fluids
  - b. No heavy work
  - c. No smoking or driving immediately post donation
  - d. Remove medicated adhesive tape after 6 hours
- ii) Contact details of blood centre in case of discomfort following donation
- iii) Information about what to do in case of specific adverse donor reactions
- iv) Message on healthy lifestyle and regular blood donation
- v) Donor feedback
- vi) Issuance of donor card, donor certificate or small token gift/memento
- vii) Reiteration for recalling of blood donor for abnormal test results

Donors should be thanked and appreciated for their valuable contribution and efforts must be made to retain and recruit regular healthy voluntary blood donors.

## 5. Policy on voluntary blood donation

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**For providing good quality blood, the blood transfusion service must necessarily be supported by voluntary blood donors.**

The recruitment of healthy, eligible, motivated regular, repeat and non-remunerated voluntary blood donors becomes one of the most important aspects of blood transfusion services and are the backbone of blood transfusion services. The professional donor system was banned in the country with effect from January 1, 1998, after the landmark Hon'ble Supreme Court Judgment. The Policy, therefore, aims at catalyzing a situation of total voluntary blood donation programme and phasing out the replacement blood donation system.

### **Incentive and its role in blood donation**

An incentive is defined as something that motivates or encourages a person to take certain action. Incentives will differ from person to person depending on each person's hierarchy of needs e.g., cultural beliefs, personal values, economic needs etc.

In the case of blood donation, incentives should not influence people's decision to donate blood and thus compromise the safety of the blood supply. Incentives should not be conditional on a person donating blood. Incentives could be harmful not only to the recipient but also to the donor. Incentives have discouraging effects on pro-social behaviors like blood donation and will reduce the number of blood donors in long term. There is a longstanding concern that material incentives might undermine prosocial motivation and may lead to a decrease rather than an increase in blood donations.

Incentives should not have a monetary value. Examples of acceptable incentives depending on the circumstances are:

- Health screening
- Promotional campaign items e.g., T-shirts, pen, coffee-mug, entertainment passes, etc.
- Recognition items e.g., certificates, pins, medals, badges, pens, etc.
- Free refreshments
- Time off-work

In face of challenges faced during recruitment of blood donors, the judicious use and appropriate utilization of incentives is a way to motivate potential donors, which may be more helpful for recruiting the first-time donors. Appropriately utilized incentives might help overcome fear and reluctance to donating blood. Efforts must be made to retain such donors and convert them to regular repeat non-remunerated voluntary blood donor for the safety of blood and blood transfusion services.

## 6. Voluntary blood donation programme

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Implementation of voluntary blood donation programme in the country needs coordination between various stakeholders. At grass-root level these are blood centre, blood donor, voluntary blood donor organization and organizers of the blood donation camp.

This programme is implemented at State level by blood centres, under the guidance and leadership of the State Blood Transfusion Councils in coordination with voluntary blood donor organizations, CBOs, NGOs and various other organizers. National Blood Transfusion Council provides overall guidance to the State Blood Transfusion Councils in implementing the programme, as health is the State subject.

A successful voluntary blood donation programme is dependent on magnitude of factors and following are the broad parameters to be utilized for its implementation.

### A) Need assessment

National Blood Transfusion Council has carried out assessment of blood requirement across the country and concluded that the clinical requirement of blood is around 14.5 million units per year. In the country with population of about 130 crores approximately, the gap between demand and supply can be bridged by carrying out a proper assessment of the requirement of blood so that the demand can be met through planned donor recruitment and planned production of blood components and plasma derivatives.

State Blood Transfusion Council to take lead in planning the need assessment of the State for the clinical requirement of blood. As per World Health Organization Standards, blood requirement of the state is approximately 1% of the total population of the State.

Within a vast country like India, there are inter State variations and within the State there are inter-district variations based on the availability of healthcare infrastructure in the State. With variable availability of health infrastructure, some of the districts may need more blood proportionate to its population as compared to other districts. Thus, voluntary blood donation programme has to be planned accordingly, to meet the requirement.

### B) Education and awareness campaigns for the people

- i. There should be a planned programme to create awareness amongst the general public at large with respect to the voluntary blood donation so as to ensure recruitment of new donors and conversion of each of them to regular voluntary blood donor and thus ensuring a regular supply of good quality blood without having to experience seasonal shortages.

- ii. The educational programme, therefore, should be so designed that the community understands in-depth the need and advantage of regular non-remunerated voluntary blood donation.
- iii. The donor education and information material, donor questionnaire and donor consent forms should be prepared in simple language and translated for use in local areas.
- iv. The Raktdaan Logo and the IEC Material developed by NBTC and SBTC should be widely used for generation of public awareness regarding voluntary blood donation programme.
- v. The communication strategy and the corporate docket developed for adopting various strategies for promotion of voluntary blood donation should be distributed accordingly, for its widespread utilization.
- vi. School education programme should be developed in such a way to incorporate the chapters on promotion of voluntary blood donation. The concept should be well incorporated in the developing, enthusiastic and young minds of children through a designed curriculum for promotion of voluntary blood donation.
- vii. Short-term training courses for donor motivators, social activists, trainers, blood centre personnel and volunteers who have an aptitude to serve the cause should be conducted periodically.

### **C) Donor motivation**

The underlying principle of donor motivation is to make the voluntary blood donor feel important and needed. It should aim at creating general awareness and to imbibe essence of firm determination for voluntary blood donation in the minds of the potential blood donors. Any hesitance on the part of the donor will have to be tackled skillfully to remove any misconceptions about blood donation. The motivation of donors should be carried out as follows:

- i. By holding symposia, seminars, talks, discussions, get-togethers, and street corner meetings at regular intervals.
- ii. By displaying posters and hoardings at prominent places. These hoardings and posters should be appropriate and attractive and should be replaced at regular intervals.
- iii. By holding competitive contests and public exhibitions.

Following groups may be considered for motivation:

Educational institutions, industrial and commercial houses, social and cultural organizations, religious and spiritual groups, political organizations, uniformed services, medical Institutions, women's organizations, fan groups (film artists or sports

persons) and government organizations.

#### **D) Blood donations**

One key secret of the success of blood donor recruitment is to go to the donor, rather than expecting the donor to come to the blood centre. The policy for blood donations aims at:

- i. Organizing and holding blood donation camps in centres of public assembly, viz. educational institutions, youth groups, offices, factories, RWA etc.
- ii. By identifying and popularizing specific ways of motivation of different communities and social groups.
- iii. Blood donation drives should be evenly spread-out, throughout the year.
- iv. Voluntary donations at the blood centre will continue to be encouraged.

#### **E) Recognition**

Blood donors should be treated as a valuable resource and deserve courtesy and recognition. The policy therefore, should aim at rewarding and honoring donors and donor organization through awards, certificates, badges and trophies.

A list of honored donors and panel donors should be compiled and maintained. Preference may be provided to blood donors identified by the blood centre for queues in hospitals, preventive health-care, etc.

#### **F) Media**

Mass media approach for raising awareness of people and sensitizing them towards their participation is the most effective way to mobilize voluntary blood donation. All channels of media giving 360° visibility therefore, have to be utilized fully through a regular and sustained publicity campaign with a professional approach. To mobilize the media, there should be a three-pronged approach:

- i. Mass approach: Newspaper advertisements, articles, supplementary/articles in periodicals, journals, house magazines, stickers, posters, hoardings, radio programmes and TV spots should be used extensively.
- ii. Group approach: Use of audio-visual aids like posters, stickers, folders, and hoardings are useful.
- iii. Personal approach: Letters, face-to-face discussion, distribution of campaign material, newsletters, bulletins, telephone requests for repeat donation or on- call donations and emergency donations give good results.

#### **G) Database of donors**

- i. Maintain a detailed database of blood donors and voluntary blood donor

organizations (with the blood centre) with their names, addresses and contact numbers of organizations for ready and easy access at the time of need.

- ii. To network between the states to make data on blood donors available to the State Governments and voluntary donor organizations.
- iii. State Blood Transfusion Councils and State/UT Governments should make Directory of NGOs and agencies engaged in the field.

#### **H) Interaction and sharing of experiences**

All efforts should be made to facilitate blood donor organizations and blood donors to interact and share experiences by holding conferences, workshops, seminars, consultative meetings, colloquiums etc. These would help in bringing the blood donors and the blood donor organizations together and sharing information and experience on related areas.

#### **I) Publications**

- i. The State Blood Transfusion Council and National Blood Transfusion Councils should bring out a quarterly News Bulletin (bulletins in different regional languages) for wide circulation.
- ii. Regular publication of annual, six-monthly, and quarterly reports should be brought out and distributed for extensive publicity purposes by NBTC / SBTC.
- iii. Publication of working manuals for voluntary workers, guidebooks for blood centre associates and for teaching personnel in adequate quantities for circulation.

#### **J) Policy regarding legislation and regulations**

Regulations governing blood transfusion services should encompass the infrastructure facilities including manpower, equipment, space, and testing as well as donor selection procedures. This is in line with Drugs and Cosmetics Act 1940 and Rules amended from time to time there under (as required and as recommended by NBTC, Dte. GHS within the framework of national blood policy).

#### **K) Donor organizers**

Blood donor organization involved in voluntary blood donation may be registered under Society Registration Act and registered with SBTC. SBTC should ensure that individuals involved in organizing blood donation campaigns should be provided with adequate training in communication skills and motivation. Office infra-structure, telephone, vehicle, staff are essential to make them effective. All blood centre staff in the donation area is the public face of the blood centre and should be professional, polite, sympathetic, and trained in public relations.



## 7. Role of voluntary blood donor organizations

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### A. The importance of a voluntary blood donor organization

An ideal model for the foundation of a safe blood supply is a committed group of healthy, altruistic blood donors who have been recruited by a well-organized and dynamic blood donor organization. Countries that have efficient voluntary blood donor organizations can sustain a constant inflow of donors.

The goal of securing a sufficient number of voluntary, non-remunerated blood donors for a regular and safe supply of blood has not yet been achieved. A blood donor organization can be critical in ensuring that there is a sufficient blood supply.

While medical doctors are experts in their field, they often have limited experience in marketing, public advocacy, media strategy, fund-raising, or law. It is in these areas that the expertise of volunteers can be especially helpful. A few highly enthusiastic volunteers should be found, preferably at the local level, should be identified to form a voluntary blood donor organizers group. The volunteers should be supported by an adequate budget that will cover logistical expenses and pay for outreach campaigns.

### B. The role of volunteers

The role of volunteers within a blood donor organization should include:

- Maintaining close contact with local blood centres to ascertain the need for donors and provide necessary feedback for improvement in the blood donation camps.
- Enhancing donors experience by greeting, guiding, and accompanying them throughout their donation experience.

All the stakeholders for voluntary blood donation like the blood centre staff, volunteers and organizers need to be sensitized on this matter to make the experience of voluntary blood donation a pleasing one, thus having helped the first-time blood donor or replacement blood donor to convert to regular repeat voluntary blood donor.

- Volunteers can be helpful in educating the current and potential blood donors about the crucial service they can provide by avoiding high-risk behavior.
- Urging other voluntary organizations - such as religious bodies, youth organizations, labour unions and sports teams - to support and participate in the VBD movement.
- Forming partnerships with curriculum coordinators of schools and colleges such that imparting information regarding voluntary blood donation becomes part of their educational curriculum. As a part of curriculum, training can be imparted to the future donors of schools or the youth of colleges.



- Formation of “Donor Cell” in every organization to look after voluntary blood donation and motivate them to support nearby blood centre with regular blood donors.
- Volunteers can be very helpful in welcoming innovative and newer approach in recruiting voluntary blood donors and extending the same approach in other centres and organizations who are lagging in voluntary blood donation.

### **C. Strategies to encourage repeated blood donation**

The National Blood Transfusion Council along with State Blood Transfusion Councils with support from Indian Red Cross Society or NGOs engaged in voluntary blood donation has to carry out extensive work for donor motivation and retention. Below are some of the findings and methods that can help recruit and retain blood donors.

- Availability of interacting at the same educational session to the community on the topic of promotion of voluntary blood donation enhances the community participation and donor registration for blood donation. Donor frequency and donor retention are largely determined by the viability of such sessions.
- All voluntary blood donors should be managed appropriately and promptly such that they are not made to wait unnecessarily for longer duration and the process is completed promptly. If people are made to wait for unacceptable period, they perceive the staff to be inefficient. If beds are empty while people are waiting to donate, negative impressions tend to get imprinted on the minds of prospective repeat blood donors for voluntary blood donation.
- Good treatment of donors promotes retention. Donors must be treated as valuable resource. The practice of giving more care to first-time donors, manner in which thanks, rewards and recognition are offered to the blood donors has a lasting impact on retention of potential repeat as well as regular voluntary blood donor.
- The aura of a professional and organized “medical” environment is also essential to maintain motivation to voluntary blood donor visiting the blood donation site. Donors tend to be put off if they have unpleasant experiences, such as failed puncture of the vein or bruises or double pricks or mismanagement of blood donation drive at the blood donation site.

Continued reinforcement of concept of regular repeat voluntary blood donation keeps donors engaged in VBD programme for long duration of time. Donors should constantly be made to feel good about belonging to a select group of altruistic people who have donated blood, which will be protecting the life of others. They must be educated about the continued need of voluntary blood donation to saturate the requirement of blood by the community. Imparting the knowledge that blood donation is essential to prevent deaths is a strong motivation for retention of donor for repeat blood donations.

- Written communication can be used to inform, educate the potential blood donors,

and thank them for their contribution towards the strengthening of health system of the country.

- Repeat blood donors perceive that there is a constant need for blood and thus approach blood donation with feelings of duty, responsibility, and pride. Professional, caring, and appreciative approach of staff improves the donor experience and they tend to continue to be in the pool of repeat non remunerated voluntary blood donor.
- System of recognizing the work of volunteers, donor organizers, donor organizations at the local body to national level according to their level of contribution go a long way in boosting their morale for promotion of blood donation.
- The formation of Expert Working Group or the Technical Resource Group at national and state level will go a long way in providing guidance and strength to the VBD movement across the country.



## 8. Where can one donate blood?

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Voluntary blood donation programmes - recruitment and retention are about people and community, about understanding them, capturing their interest and influencing their behavior.

Once a blood donor motivator raises awareness, they must motivate and persuade people to donate blood. There are two ways where a blood donor gets in contact with the blood centre for donating blood. First, the donor can be a walk-in donor to the blood centre for donating the blood and the second is that the blood centre reaches the community through a camp approach for collection of blood through voluntary blood donation.

One key secret of successful blood donor recruitment is to take blood collection procedure, close to blood donors, as their convenient date and time rather than expecting donors to come to the blood centre. The closer the blood collection site to potential donor, the stronger is likelihood of success. This is possible through outdoor blood donation camps.

### Location

A person can donate blood either in a licensed blood centre, blood donation camps or at a blood mobile.

- 1 **Blood centres:** Any person can walk-in voluntarily in the licensed blood centre to donate blood at his/her own convenience and at a time when the blood collection is being undertaken in the blood centre.

Besides, an In-house camp can be organized in a blood centre on pre-fixed dates with the organizers and blood centre in-charge.

- 2 **Outdoor camps:** These can be organized at pre-fixed venues like educational institutions, industrial and commercial houses etc. Blood centres organize camps at these sites/ premises on a fixed day as decided by the respective blood centres. State Blood Transfusion Councils should be informed of the same.
- 3 **Mobile blood collection buses/vans:** This facilitates the blood centres to collect smaller number of blood units at regular and frequent intervals from location distant from blood centre.

## **Involvement of following stakeholders is essential to hold a blood donation camp**

### **1. State Blood Transfusion Council (SBTC)**

Voluntary blood donor organizations/ blood centres should intimate their respective SBTC before organizing the blood donation camps. Each SBTC should frame monthly/ yearly calendar of blood donation camps throughout all the districts of their state, in association with voluntary blood donor organizations/ blood centres. The camp dates should be widely publicized to make people aware of the date and sites of camps so that they can visit the camps according to their convenience.

### **2. Blood centres**

Blood centres collect the blood in the premises of blood centre, in the blood mobile vans or in the community with the help of blood collection team deployed in the blood donation camp. Blood centres provide all the necessary infrastructure needed for blood collection, pre- intra- and post- donation care, offer refreshments to the blood donors and display and distribution of relevant IEC material for promotion of voluntary blood donation.

### **3. Blood donor organizations/organizers/NGOs/Red Ribbon Clubs**

To coordinate a planned schedule of camps, the voluntary blood donor organizations are a critical link to bring everybody on the same platform for blood donation. They are the people who play a role of liaising between the blood centre and a blood donor.

They provide necessary physical infrastructure to hold the blood donation camp and recruit committed healthy prospective blood donors. Organizers can be any government or non-government offices, corporate offices, religious institutions, educational institutions, Resident Welfare Associations, etc., whose prime responsibility is to provide necessary physical infrastructure for conducting a VBD camp and the list of prospective donors who come under their ambit or reach or beyond to conduct a VBD camp.

### **4. Donor motivators/social workers**

For motivating the community and providing supervisory support during the camp. These people or group of people act like community counsellors or community mobilizers who have a social appeal which motivates the people who follow them to undertake voluntary blood donation. Donor motivators are persons with a background of good social repute like celebrities, actors, singers, international players, leaders, known professionals, persons who themselves have donated blood in the past like centurion blood donors or any well-known or reputed and respected person in the community.

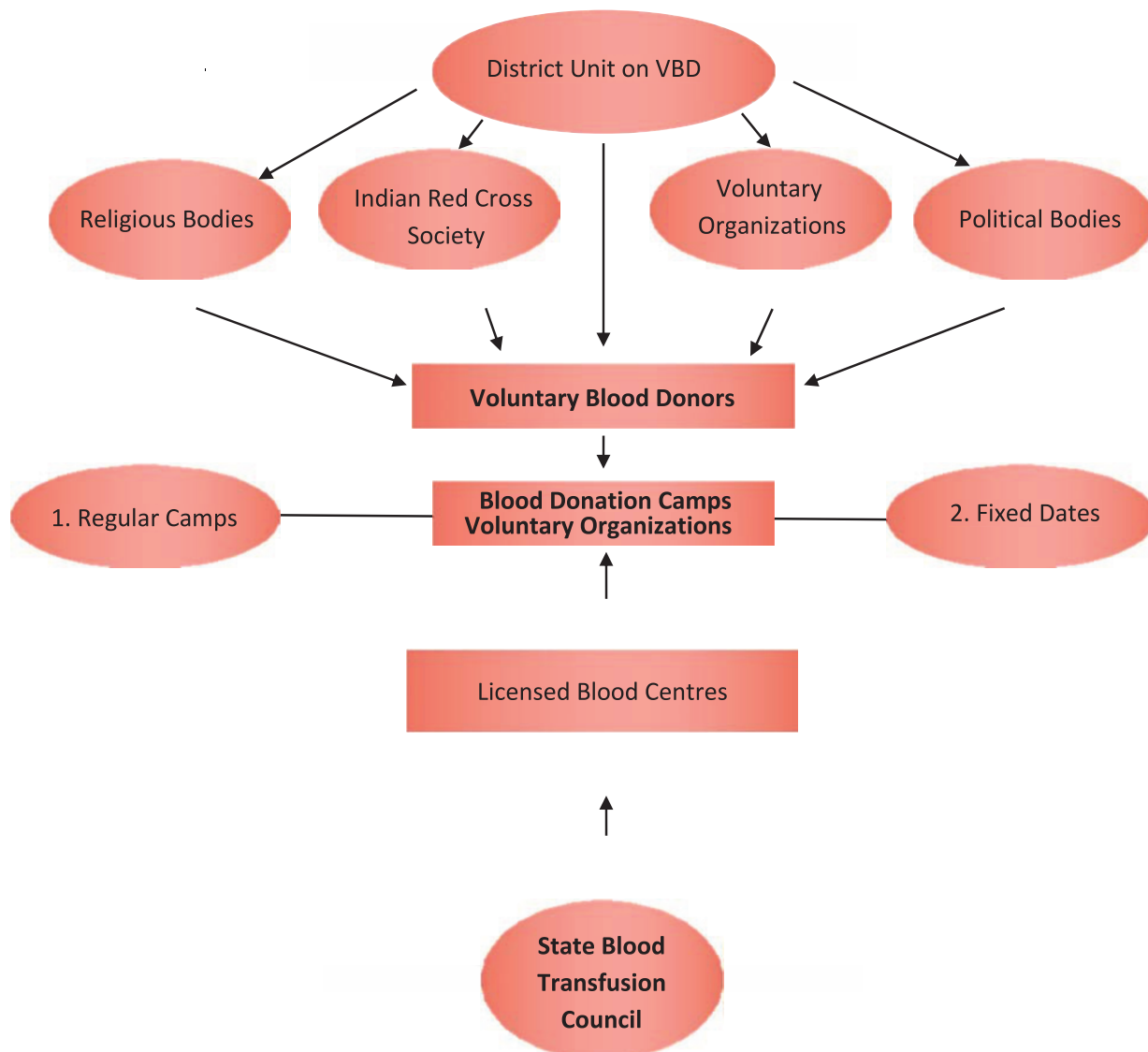
## 5. Media

Media plays a responsible role for providing publicity of the voluntary blood donation camps. These can be done with the help of playing short videos, news, articles, newspapers, radio jingles, advertisements etc.

## 6. Sponsors

They provide financial support to meet the expenses of conducting a voluntary blood donation camp.

### Organogram for voluntary blood donation programme at district level



## Outdoor voluntary blood donation camps are organized in three phases

1. Pre-camp phase
2. Camp phase
3. Post-camp phase

### Pre-camp phase

- a) The blood centre estimates its requirement of blood units for a particular period.
- b) Based on the availability of blood units in their stock, they determine the number of blood units required by them through camps for that period.
- c) Blood centres provide their requirement to the blood donor organizations (BDO) and request to arrange camps for them.
- d) BDO coordinates with various organizers like schools/colleges/universities, industries, religious bodies, etc. for organizing camps.
- e) The number of donations required is discussed with the organizers.
- f) Blood Donor Organization liaises with blood centre and the camp organizer about a mutually convenient date, time, and venue of the VBD camp.
- g) Organizers recruit committed healthy blood donors.
- h) Blood centre In-charge or his/her representative visits the site of the venue to inspect its suitability for the camp. A checklist may be provided to the organizer for conducting a blood donation camp.
- i) Few days before the camp, NGO/social worker/donor motivator can arrange a one-to-many talk on the importance of voluntary blood donation to the potential donors.
- j) IEC materials on the subject should be provided to the organizers to be displayed in premises where the VBD camp is planned to be conducted.
- k) Media may be approached to give adequate news coverage to the camp.
- l) Sponsors under Corporate Social Responsibility (CSR) may be identified to provide financial support for blood donation camp like for media coverage, refreshment, publicity material and to honor blood donors through badges/pins etc.
- m) Relevant correspondence should be documented for future reference.

### Camp phase

- a) The blood centre team arrives at the venue of camp well before the time given to donors to make the necessary arrangements needed to carry out the VBD camp.

- b) Supervise the venue for adequate facilities like space, furniture, heaters/ coolers, availability of safe drinking water etc.
- c) Inspect pre-donation, donation, and post-donation areas.
- d) Liaise with the organizer and voluntary BDO.
- e) IEC materials and banners are displayed everywhere.
- f) Arrangement for inauguration of the camp by a prominent personality in the area may be considered.
- g) The camp should be started on time.
- h) Counsellors provide counselling to the prospective donors and screening and medical examination of blood donors is done by medical personnel.
- i) Over-crowding of the area should be avoided.
- j) There should be comfortable and adequate seating arrangement for blood donors.
- k) Blood collection area should have adequate lighting and proper ventilation.
- l) Phlebotomy procedures should be as per national standards.
- m) Provisions for donor refreshment should be ensured.
- n) Provisions for cold chain maintenance should be in place.
- o) There should be provisions for medical management of adverse donor reactions.
- p) Area should preferably be cordoned-off from other areas/persons.
- q) Camp should be completed in the stipulated time.
- r) All the discarded blood bag tubing and needles must be segregated separately for disposal as per bio-safety protocols and existing bio medical waste disposal guidelines. They should never be left unattended.
- s) Used needles, lancets and syringes should be disposed as per bio-waste management standards.
- t) The entire area should be disinfected and cleaned after the camp is over.
- u) Blood spills if any should be cleaned with approved disinfectants as per SOPs, using validated procedures.
- v) The collected units should be kept under cold chain maintenance.



- w) Before leaving the camp premises, blood donors, organizers, VBD organizations should be appreciated for their gesture. They should be encouraged to donate again and organize similar camps in future.
- x) The blood centre team should reach their source blood centre in time.

### **Post-camp phase**

- a) Medical officer in-charge of blood centre must send letters of appreciation to the organizer for arranging the camp.
- b) They should be encouraged to organize similar camps on a regular basis.
- c) Blood donors of the camp can be given thank-you letters and blood group cards either individually or through their organization.
- d) Constant touch with blood donors should be maintained through greetings on their special days like birthday, festival, new year etc.



## 9. Checklist for voluntary blood donation camps

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Name of the blood centre holding the camp:

.....

Place of the camp:

.....

Date of the camp: .....

Name of the organization holding the camp: .....

Name of the organizer with whom correspondence made: .....

Contact number of organizer: .....

Departure timings from blood centre: .....

Starting time of camp: .....

Camp inaugurated by (Optional): .....

Ending time of camp: .....

Total duration of camp: .....

### Other checklists

1. List of staff attending the camp: Medical officers, technicians, nursing staff, attendants, driver, and social workers/counselor
2. Availability of staff on the day of camp, along with their contact number
3. Attendance of staff
4. Government and institutional ID proofs of staff, driving license of driver
5. Availability of vehicle: Along with vehicle number, Check for maintenance, including condition and spares of tyres/fuel/brakes etc.
6. List of equipment to be carried to the camp:
  - a) Sphygmomanometer
  - b) Stethoscope

- c) Blood Mixer
- d) Tube sealer
- e) Donor Weighing machine
- f) Portable Hemoglobinometer
- g) Temperature controlled blood transport boxes/ blood transport boxes with coolants to carry blood bags
- h) Portable donor couches (if available)/arrangement of donor beds and linen, mattresses, pillows ( if required)
- i) Armrest, soft balls
- j) Artery forceps, scissors, tongue depressor, kidney trays
- k) Oxygen cylinder
- l) Infusion stand
- m) Biomedical waste bags and containers as per existing regulations
- n) Provision of adequate electrical connections and extensions boards as required
- o) Small tool kit (Screwdriver, pliers, spanner etc.)

Note: Depending on the estimated collection of blood units, the number of each equipment varies. Appropriate number of spare machine/equipment should be available.

7. List of Consumables to be carried to the camp:
- a) Single/Double/Triple/Quadruple blood bags - 350/450 ml capacity
  - b) Test tubes - large and small (Plain, EDTA)/vacutainers
  - c) Donor health history questionnaire forms
  - d) Pre-donation information (pamphlets) to guide deferred donors (regarding hemoglobin, diabetes mellitus, hypertension, recent infection etc.)
  - e) Portable hemoglobinometer and consumable/ CuSO<sub>4</sub> solution
  - f) Disposable lancets
  - g) Disposable gloves
  - h) Cotton swabs, medicated adhesive tape
  - i) Antiseptic solutions for cleaning of phlebotomy site (as per validated SOPs)
  - j) Anti-sera for blood grouping (optional)
  - k) Glass slides, glass beakers, Pasteur pipettes
  - l) Approved disinfectant solutions/spill kit for disinfection of spillages
  - m) Emergency medicines
  - n) Stationery items as required
  - o) Labels and forms as per blood centre SOPs
  - p) Macintosh
  - q) Coolant packs
  - r) Masks

Note: Depending on the estimated collection of blood units, the number/ volume/ quantity of each consumable/disposable varies

- 8 Donor certificates and donor badges/pins
9. Organizer's certificate or memento (optional)
10. Volunteer certificate (optional)
11. IEC materials
12. Banners/Posters/Pamphlets
13. Other stationary
  - a) Ball pens
  - b) Writing pads
  - c) Stapler, Punching Machine
14. Accessories to be provided by the organizers
  - a) Furniture (donor beds, stool, chairs, tables, etc.)
  - b) AC or cooler or pedestal fans or heaters (as per climatic conditions)
15. Refreshment for donors
  - a) Crockery and cutlery
  - b) Provision for drinking water
  - c) Dry Snacks (e.g., Biscuits)
  - d) Refreshment drink (Tea, coffee, fruit juice)
16. Information regarding units collected in the camp
  - a) No. of blood units collected
  - b) No. of male donors
  - c) No. of female donors
  - d) No. of donors deferred
    - Male
    - Female
  - e) No. of donor reactions
    - Male
    - Female
  - f) No. of under-collected units
  - g) Any other data, as per blood centre SOPs
17. Remarks of the visiting officers, if any

## Hemovigilance

Hemovigilance is very important tool to ensure blood safety. This is defined as ‘a set of surveillance procedures covering the whole transfusion chain from the collection of blood and its components to the follow up of its recipients, intended to collect and assess information on unexpected or undesirable effects resulting from the therapeutic use of labile blood products, and to prevent their occurrence and recurrence’.

**Donor vigilance** requires reporting of all adverse donor reactions to the Haemovigilance Programme of India.

The objectives of national blood donor vigilance programme include:

- Improved donor safety and satisfaction through monitoring, analyzing and researching adverse events.
- Analyze risk factors, implement and evaluate preventive measures.
- Provide evidence based support for blood donation process improvement.
- Reduce the frequency of adverse events.
- Increase donation frequency.

## 10. Information, Education and Communication (IEC) activities for voluntary blood donation

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The need for blood is universal, but access to blood is not. Blood shortages are particularly acute in low- and middle-income countries.

Information, Education and Communication (IEC) activities are important for voluntary blood donation. Efforts must be initiated to encourage recruitment and retention of blood donors to ensure safe, sustainable and quality-assured blood supply for the country. This includes a series of interlinking strategies and suggestions for concrete action at national and community levels to scale up voluntary blood donor programmes with heightened commitment and support from governments, partners, and other stakeholders. Appropriate risk management procedures must be adopted in designing and implementing voluntary blood donation programmes.

### **Establishing and empowering an environment for 100% voluntary non-remunerated blood donation**

1. Advocate for 100 percent voluntary blood donation.
2. Prepare a roadmap towards a public driven voluntary blood contributor program.
3. Secure financial support through National and State Blood Transfusion Councils.
4. Develop a reasonable framework of infrastructure and equipment with inbuilt quality management systems.
5. Designate and prepare a satisfactory number of staff and volunteers.
6. Establish a national donor database and information management system.
7. Foster a crisis/emergency readiness and management plan.
8. Organize and maintain blood donation programmes.
9. Training of motivators for the voluntary blood donation programme.
10. Collate and study the collection of data and statistics in respect of voluntary blood donation programme.
11. Publish studies, treatise, periodicals, reports, and other literature relating to voluntary blood donation.
12. Promote dissemination of information and to educate public opinion for voluntary blood donation on scientific basis.

13. Organize seminars, conferences and symposia to promote voluntary blood donation.
14. Promote enactment of legislation and reforms in existing laws relating to blood donation programme.
15. Act as an advisory and research forum to the legislative bodies, committees and government bodies.
16. Collaborate with national and international organizations having similar objectives and to depute or receive representatives to and from such organizations.
17. Send delegates or observers to national and international conferences on voluntary blood donation.
18. The e-Raktkosh web portal and Arogya-Setu app can help facilitate voluntary blood donation.
19. Honour voluntary blood donors on special designated days such as National Voluntary Blood Donation Day (October 1) and World Blood Donor Day (June 14).

**IEC activities for voluntary blood donation:**

- a. Community awareness campaigns
- b. Regular seminars
- c. Radio and TV spots
- d. Media plans
- e. Banners
- f. Incentives

**Ways to promote voluntary blood donation:**

- a. Mobilize local community with cycle yatras and candlelight marches, nukkad nataks etc promoting voluntary blood donation through motivating slogans
- b. Encouraging friends and family to donate blood regularly
- c. Volunteering with the blood service
- d. Participating in local World Blood Donor Day events
- e. Registering as a blood donor
- f. Use of Social media and AI tools to promote voluntary blood donation

**Factors influencing voluntary blood donation:**

- a. Altruism: Most of voluntary blood donors are motivated by humanitarian reasons
- b. Peer influence
- c. Access to health communication
- d. Knowledge about the importance of blood donation

**Other factors that influence voluntary blood donation include:**

- a. Age
- b. Gender
- c. Education level
- d. Degree of understanding
- e. Attitude
- f. Occupation

**Factors that prevent people from donating blood include:**

- a. Fears and myths related to blood donation
- b. Safety issues
- c. Inaccessibility of blood centre
- d. Fear of weakness
- e. Not being asked to donate blood
- f. Lack of information
- g. Lack of opportunity

**Educational tools for voluntary blood donation activities**

Information and education that only safe blood, which is readily available, helps to save lives, should be stressed through passive, active and reactive communication. Donor education and information materials as posters, brochures, handouts, and donor questionnaires in simple language and translated to regional languages are passive ways of communication for donor motivation. Pictorial representation of information used to educate donors who cannot read goes a long way in donor education.

Verbal information and dissemination of information online through emails, social media, mobile apps and websites are active communication strategies and participative means for the response of donors to donor motivation. Reactive communication through motivational talk is an easy, instant, and most effective way of donor motivation. Blood services now use digital platforms as the main channel of communication as the youth are the potential donors who are internet savvy and proficient at using the apps.

Basic research tools such as knowledge, attitude, and practice (KAP) studies provide great insights in identifying the target donor population's specific characteristics, value, and behavior towards blood donation and developing appropriate motivational programmes.

- a. Awareness sessions: These can include live performances, street plays, competitions, and webinars.
- b. Voluntary blood donation campaigns: These can be organized at the community and institutional level.



- c. Education about the benefits of voluntary blood donation.

**Ways to encourage people to donate blood:**

1. Educate donors: Highlight the impact of their donation; make them feel good about being part of a select group. Each blood unit is processed into components and their donated blood can help more than one patient. Donors are informed that their blood is tested for mandatory TTI markers (HIV, Hepatitis B and C, Syphilis and Malaria) and they can seek the result from blood centre.
2. Educational workshops: Organize workshops or seminars in schools, colleges, and community centers.
3. Awareness sessions: Organize live performances, street plays, competitions, and webinars.
4. Use social media and digital means of communication.
5. Connect with influencers to spread the word.
6. Offer non-remunerated incentives for blood donation.
7. Make blood donation easy and convenient.
8. Organize blood drives: Hold them at convenient locations like your workplace, gym, or school.
9. Promote World Blood Donor Day: Participate in local World Blood Donor Day events.
10. Participate in National Voluntary Blood Donation Day.
11. Coordination for the organization of nationwide blood drives; as per national guidelines.
12. Engagement with professional associations, charitable organizations, religious organizations, educational institutions and NGOs.
13. Engagement with different ministries and stakeholders in public and private sectors.
14. Make it a point to thank the blood donor with a thank you card or message.
15. Volunteer with the blood service to reach out to members of your community.

### **Role of volunteers at a blood donation camp:**

- a. Greeting donors
- b. Answering questions
- c. Serving refreshments
- d. Monitoring donor reactions
- e. Helping donors fill out forms
- f. Advising donors on post-donation precautions
- g. Educating donors
- h. Thanking donors

### **Communication:**

Communication is often regarded as simply sending messages but is really more related to the giving of meaning to things; for this reason, the importance of the message lies not so much in what is sent but how the message is perceived by the receivers. This is why communication requires greater recognition within blood transfusion services as a professional discipline, requiring a dedicated budget and specialist staff to undertake research, planning, donor information and education, and evaluation.

Blood transfusion services should work in close coordination with non-governmental organizations in promoting voluntary blood donation programs.

### **Donor communication strategies**

The issue of effective donor communication strategies and educational materials is closely linked to the issues of budgets and staffing. Even if a blood centre is attractive and well-located, only the most dedicated donors will attend unless they are encouraged to do so. This requires time and money.

Without information, most people will simply remain unaware of the blood transfusion service and the need for blood donation. Without education and motivational activities, few will be sufficiently self-motivated to find out how they can donate their blood. Communication is at the core of a successful and sustainable voluntary blood donor programme. It transcends all areas, not only donor information and education, including advocacy and relationships with stakeholders.

Three communication channels are indicated in the research as the most promising for interventions designed to boost blood donation- in person, by telephone, by e-mail.

### **Importance of targeting youth for blood donation**

Targeting youth to become voluntary blood donors is a strategic and impactful approach to ensuring a stable and sufficient blood supply. Educating young people about blood donation early on can foster a culture of altruism and social responsibility. Information about the voluntary blood donation can be initiated amongst the school students. Merits of youth involvement are:

1. **Long-term donors:** Engaging young people can result in lifelong blood donors, ensuring a continuous supply.
2. **Healthier donors:** Generally, younger individuals are healthier, making them more suitable as blood donors.
3. **Community engagement:** Encouraging youth to donate blood fosters a sense of community and responsibility.
4. **Raising awareness:** Young donors can spread awareness among their peers, creating a ripple effect.
5. **Combating myths:** Educating youth can dispel myths and misconceptions about blood donation, increasing overall participation.



## 11. Assistance provided by BTS Division, Directorate General of Health Services for voluntary blood donation

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National Blood Transfusion Council (NBTC) is the apex policy making body for issues pertaining to blood and plasma. Supreme Court judgment of 1996 for CWP 91/1992 mandated the establishment of National Blood Transfusion Council (NBTC), State Blood Transfusion Councils (SBTC) and elimination of professional blood donation. Government of India adopted the National Blood Policy in April 2002 which aims to develop a nationwide system to ensure easy access to adequate and safe and good quality blood supply.

The policy aims to ensure easily accessible and adequate supply of safe and quality blood and blood components collected / procured from voluntary non- remunerated regular blood donors in well-equipped premises, which is free from transfusion transmitted infections, and is stored and transported under optimum conditions.

The policy clearly reiterates the importance to launch extensive awareness programmes for donor information, education, motivation, recruitment, and retention to ensure adequate availability of safe blood.

In keeping with the objective of National Blood Policy the NBTC has been continuously providing assistance for voluntary blood donation in the country in coordination with the State Blood Transfusion Councils as follows:

- 1) **State Blood Transfusion Council in each State/UT:** The State Blood Transfusion Council is a society registered under the Societies Registration Act. The Secretary to the government In-Charge of Department of Health would be the president of the SBTC. The SBTC will be responsible for overall implementation, within individual State/UT, all policy decisions for the BTS taken by the NBTC, within the parameters of the National Blood Policy and as detailed in the Action Plan for Blood Safety.
- 2) **Assistance in donor refreshment:** NBTC in its annual budget for blood transfusion services aids with donor refreshments up to INR fifty to each blood donor in government supported blood centres (to be revised periodically). This support is augmented by equivalent support from the state budget for promotion of voluntary blood donation.
- 3) **Assistance in conducting VBD camp:** NBTC in its annual budget for blood transfusion services helps with conducting voluntary blood donation camps in government supported blood centres. This assistance is INR two thousand and five hundred for each voluntary blood donation camp and this fund is augmented with an equivalent amount by state budget for promotion of voluntary blood donation.
- 4) **Development of IEC material for VBD:** NBTC provides yearly support to SBTCs for development of IEC material to be provided to each government supported

blood centre. This support is used for design, development, translation, and replication of IEC material for promotion of voluntary blood donation including thank you cards, certificates of appreciation, pins, badges, hoardings etc.

- 5) **Observance of Blood Donation Days:** Yearly support is provided to all the SBTCs for observing the blood donation days like World Blood Donor Day on 14th June and National Voluntary Blood Donation Day on 1st October every year. This support is provided for organizing various state level and district level activities as well as for advertisement and publicity of 14th June and 1st October events. The event serves to raise awareness of the need for safe blood and blood products and to thank blood donors for their life-saving gifts of blood. These events are getting celebrated in India consistently every year to share the significance of blood in saving the life of a needy person.
- 6) **Support for blood mobile vans and blood transportation vans:** Support is provided throughout the country in the form of provision of such vehicles and provision for salary of driver, attendant, maintenance, contingency, and POL of such vans. These vans play a crucial role in conducting the VBD camp in remote areas of the country and are critical in maintaining the supply chain of blood and blood component from the RBTC to the various other blood centres and blood storage centres.
- 7) **Support for blood centre counsellor in blood centres:** Counsellors posted in blood centres are responsible for providing a confidential dialogue to blood donor and address the issues related to donor's health and blood donation process. These counsellors play a critical role addressing the concerns of donor before, during and after the blood donations process. With the help of blood donor questionnaire, the counsellors help in donor selection, donor deferral, donor recall etc.

An amount of Rupees 2500/- per camp will be allocated to the State Blood Transfusion Council. An equal contribution will be provided by the States/UTs through their state grants. Thus, an amount of INR. 5000/- should be made available for one camp.

**Support for conducting the camp includes:**

- a) Donor refreshment
- b) Donor certificates
- c) Donor badges/pins
- d) Facility for transportation- hiring a vehicle, POL, etc.
- e) DA for staff attending the camps
- f) Banner/Posters/IEC materials

Note: Some of the above-mentioned activities are occasionally borne by the organizers like donor refreshment, banners, posters, etc.

Donor certificates, donor badges, donor pins can be prepared in bulk by SBTC and distributed to the blood centres or camp organizers.

IEC materials on Voluntary blood donation may be prepared by IEC division of SACS.

A minimum of 75-100 blood units to be collected from each blood donation camp. (The number of donors can vary as per the site/venue of the camp and their population size)

If the number of donors is less in one camp, few camps can be added together to make the number of units as 75-100 and considered as one camp. The fund can be utilized accordingly.

State Blood Transfusion Council will estimate the number of blood donation camps to be organized throughout the state/UT each year, depending on the need assessment of the blood required across the state.



## 12. Format for voluntary blood donation camp

Information relating to blood donation camps may be captured in the following format and may be sent to the respective email address of SBTC as per requirement.

Camp Code	Organization holding the camp	Address of the Organization	Telephone No. of the organization	Email Id of the organization	Name of the Contact Person of the organization responsible for camp	Date of Blood donation camp
Venue of proposed Blood donation Camp	No. of expected Blood Donors	Pre-Camp Visit Conducted (Yes/No)	Pre-Camp Motivational Session Conducted (Yes/No)	IEC materials provided by blood centre (Yes /No)	Arrival Time at Camp Venue	Starting Time of Camp
No. of Blood Donors Enrolled	Thermometer available in the camp (Yes/No)	Weighing machine available in the camp (Yes/No)	Sphygmomanometer available in the camp (Yes/No)	Hemoglobin estimation done in the camp (Yes/No)	No. of Blood Donors (Total)	No. of Blood Donors (Male)
No. of Blood Donors (Female)	No. of Blood Donors deferred (M /F)	No. of Donor reactions (total/ M/F)	Donor Pin/Badge provided (Yes/No)	Donor Certificate provided (Yes/No)	Refreshment provided to donor (Yes/No)	End Time of Camp
% Sero reactivity for HIV	% Sero reactivity for HBV	% Sero reactivity for HCV	% Sero reactivity for Syphilis	Feedback of the camp by organizer	Signature of Medical Officer	Signature of Camp Organizer



## 13. Donor retention

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### Introduction

A healthy blood donor pool must be effectively maintained to achieve self-sufficiency in blood supply. Depending upon the frequency of blood donation, donors can be broadly categorized as first-time, repeat and regular donors. First-time donors are those donors who have never donated blood in their lifetime. Repeat donors are those who have donated blood once or twice, before, in their lifetime (but have not donated recently) and regular donors are those donors who have donated several times and have donated at least once in the last two years. It is important that young first-time blood donors are actively retained and recruited into the regular donor pool in order to compensate the loss from drop out and deferred donors. Thus, donor retention can be defined as preventing donors from lapsing and eventually becoming inactive.

### Importance of blood donor retention

Though majority of people are capable of donating blood, only few of them donate blood, and even fewer do it on a regular basis. When a donor donates for the first-time, several barriers (hesitation, anxiety, apprehension) for donating blood are already broken, and therefore, with proper mechanism in place, it is easier to convert first-time donor to a regular donor. However, in absence of mechanism, it is seldom true. It has been observed that around 60 percent never come again for another donation and less than 10% of the first-time donors become regular donors. Thus, it is crucial for the blood transfusion service (BTS) to motivate and retain blood donors. Most blood collection centres spend more money and effort on recruitment of new donors than on retention of current donors. However, retention has several benefits over recruitment. Also the risk of transfusion-transmitted viral infections (e.g., Human Immuno-deficiency Virus, Hepatitis B and C) in donor blood is higher in first-time donors than it is in repeat or regular donors. The safety accrues from repeated testing in regular donors. In addition, regular donors usually have a healthier lifestyle than non-donors, and therefore tend to avoid risky behavior and infections.

### Role of health care personnel

To protect donors and donated blood, blood should not be collected in settings where there are insufficient staff with the required qualifications, training and experience to perform the procedure of blood donation, safely. The blood collection centre is the face of the blood centre and plays a strategic role in moving the donors through the different stages of motivation. A wider problem is the lack of specialist staff (donor motivator/ counsellor) with skills in communications that are needed for successful donor information, education and motivation. The counselling of blood donors is an important means of promoting healthy lifestyles and makes an important contribution to individual and community health. Blood donor counselling can be done by doctors, trained nursing staff or by professional counsellors. Counselling also reduces adverse donor reactions. It improves donor perceptions of BTS, encourages donors to



recommend blood donation to friends and family and most importantly, increase the likelihood of returning for future repeat donations. This is particularly valuable for BTS in the process of transition from reliance on first-time or family replacement donors to regular voluntary non- remunerated blood donors (VNRBD).

Stress reduction techniques can yield positive results. Such encouragement can be provided by nursing staff, social workers etc., in the form of conversation with the donor. Coping strategies can also incorporate passive distraction, for example getting the donor to read a book or magazine or making electronic tablets available. Donors can be motivated by counsellors to reappraise their feelings of fear, anxiety, and distress by emphasizing that they are actually saving a life (in fact, donors are usually told that they would save three or more lives, since whole blood is split into components benefitting several {3-4} patients) and therefore should feel proud and good about themselves.

Interventions can be done to reduce or prevent adverse donor reactions. For example, applied muscle tension and water loading before blood donation, can prevent vasovagal reactions.

### **Role of donor motivator in donor retention**

While medical doctors are experts in their field, they often have limited experience in social marketing, communication, public advocacy, media strategy or fund-raising. It is in these areas that the expertise of well-trained donor motivators/ counsellors/ social organizations can be especially helpful. Blood donor motivators are experienced in public speaking. They can act as a coach for donors, talking about the common fears such as fear of needles, blood donation, etc., and can also guide about how to overcome the barriers. If this is also backed by expertise in designing effective posters/leaflets and organizing media campaigns, it enhances the productivity of blood drives.

### **Role of voluntary and social organizations in blood donor retention**

An ideal model for the foundation of a safe blood supply is a committed group of healthy, altruistic blood donors who have been recruited by a well-organized and dynamic blood donor organization. Countries having efficient voluntary blood donor organizations can sustain a constant inflow of blood donors. Few examples of voluntary organizations, playing an important role in donor recruitment, retention and organizing voluntary blood donor drives includes Indian Red Cross Society (IRCS), National Cadet Corps (NCC), National Service Scheme (NSS), non-government organizations (NGOs), Rotary Clubs, Lions Club, Indian Society of Transfusion Medicine (ISTM) Indian Society of Blood Transfusion & Immunohematology (ISBTI), Federation of Indian Blood Donors, Blood for All etc. Other organizations like educational institutes, religious bodies, cultural bodies, youth organizations, labour unions, sports teams, corporates, housing societies can also be urged to support and participate in the VNRBD movement. BTS can specially target educational institutes for organizing camps.

Few days before the camp, donor motivator arranges a talk (one-to-many communication) on the importance of VNRBD to the potential donors. Information

Education and communication (IEC) materials are provided by the BTS to be displayed in the premises of the organization where a blood drive is planned.

The blood donation organizers could do the registration at the proposed blood drive venue/blood centre, with donor details including mobile phone and email address two or three days prior to the commencement of voluntary blood donation. After collecting all this information details about the blood donation date and time, venue and other information can be sent to the registered donors through phone, SMS, email, electronic and social media networks. This helps donors to prepare themselves to take part in the donation drives.

During the blood donation drive (both indoor and outdoor), organizers may use electronic media and other social media sources (like Facebook, Twitter, Linked In, Google, etc.), short message service (SMS), emails, websites, electronic and social networks, as they are fast and appropriate tools to convey information for motivating many donors among literate youth. Sending bulk messages through email, SMS, WhatsApp and other social media networks could help motivators to recruit more blood donors in a broader area.

Attractive thank-you messages should be sent to all the blood donors with reminders of the next due date for repeat blood donation. Electronic communication can be a useful tool in recruiting and retaining more blood donors to overcome blood shortages.

### **Strategies to improve donor retention**

Blood donors may hold conflicting thoughts about future donation. While they may perceive the direct benefit to themselves and others, they often report compelling reasons not to give again. As a result, the standard encouragements to return may not be sufficient to motivate some donors. Therefore, different donor retaining strategies should be adopted. It can be done through blood collection facility - both static and mobile.

- a.** Retention of donors is more successful if static blood collection centres are attractive and provide all facilities for the comfort and convenience to donors. The first-time donation must be made a pleasant and rewarding experience for the donors, so that they come back again for repeat donation. The reception area of static collection centres should be attractive with adequate seating arrangement at the collection centre. The likely waiting time should be indicated to donors.
- b.** Mobile collection venues are very convenient for many blood donors and attract people to donate first-time on impulse. Mobile collection sites are at locations, convenient for the donors, e.g., shopping centres, sports stadium, banks, factories, colleges, schools, offices, or any open public place. It should have a very congenial atmosphere and provide a festive look. Blood donors and organizers should be able to interact with each other.

Various other strategies can be applied to retain blood donors, such as:

- a. **Planning:** Interventions that make blood donation a completely planned action sequence, such as inviting the donor to make an appointment, sending them reminders, and contacting them if they fail to keep a donation appointment.
- b. **Educating potential donors:** The basic goal of donor education is to promote knowledge, attitudinal change, and beliefs about VNRBD. It is also important to educate donors about self-selection or self-exclusion. Donor education allays anxiety/fears and reinforces public confidence in safe blood supply. This can be facilitated through attractive messages that are designed and developed in a manner that attracts the target audience. Messages must refer to common experiences to match the value system of local populations. These must arouse the sense of need and reach at an appropriate time for the audience to respond and act. The speech should be in a friendly language (preferably local/bilingual), appropriate to the target audience, clear, lucid, concise, and informative.
- c. **Post-donation interview:** Donors can be interviewed telephonically post-donation and such conversation can provide an insight into donor experiences and conversation can provide an opportunity of problem-solving to perceived barriers (e.g., concerns about adverse reactions, inconvenience, lack of time). Post-donation motivational interviews can be carried out and donors can be encouraged for future donations.
- d. **Providing health care:** When someone donates blood, there is a free brief health check-up since every blood donor undergoes medical examination to ensure donor safety as well as the safety of blood for the transfusion purposes. This brief check-up also provides an opportunity to BTS to counsel and guide the donor; high blood pressure, abnormal rhythms of heart, anemia are few examples. If any abnormality is detected, the individual is informed, provided guidance and referred to a physician.
- e. **Celebrity endorsement:** Many times, blood drive organizers or BTS call upon celebrities from political, sports or entertainment arena to inaugurate the blood donation drives.
- f. **Effective communication methods, including role of media:** It can be used for donor motivation and retention in the form of individual, group or mass approach. Media (print and electronic) may be approached to give adequate coverage to the camp. Sponsor may be located to provide financial support for media coverage, refreshment, publicity material and to honor blood donors through badges/ pins. Both print and electronic media are important tools for marketing. The print media is in the form of newsletters, papers, magazines etc, whereas the electronic media includes radio programme and television as well as the creation of web sites and telephone information services. Tele-recruitment is also an effective medium for recruiting and more importantly retaining donors via means of telephone/SMS. Simple intervention like reminder calls on telephone can be a highly effective tool to retain blood donors.

## Conclusion

Blood donor recruitment and retention of safe and low-risk donors is a challenge all around the world. Donor retention is very important for getting repeat and regular VNRBD for safe blood transfusions. Donors should be retained by giving them special care, a feeling of being an important person and reducing waiting period. A 'Thank you' smile, 'Thank you' letter and donor felicitation go a long way in retaining VNRBD.



## 14. Apheresis: frequently asked questions

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### This chapter explains

- What is apheresis?
- Types of apheresis
- What are platelets?
- What is plasma?
- How are platelets and plasma made available in blood centres?
- Who can be an apheresis donor?
- Where can one donate platelets and plasma?
- What is the actual procedure of platelet/plasma donation by apheresis?
- Probable adverse reactions during apheresis
- Voluntary platelet donation programme

### What is apheresis?

Blood is drawn from a person's vein and is processed in a cell separator (apheresis) machine to separate blood components inside this machine (plastic disposable). The desired component of blood is harvested, and remaining components of blood are returned to the person's circulation.

The cell separator is a fully automated machine. It has a centrifuge inside where the collected blood spins and cells are separated by automated programme. It is well designed for donor safety with sufficient alarm systems. A new sterile, single use disposable set (containing needle, bags, belt/bowl, tubing etc.) is used during each apheresis. Apheresis is performed by trained personnel.

This technique is used to collect platelets or other cells/plasma from donors.

When apheresis technology is used for collection of platelets, the procedure takes about one to one and a half hour. The needle is generally inserted in the vein of one arm of the donor and the other arm of the donor is free (single-needle) or where needle is inserted, and blood is drawn from one arm and remaining components are returned via the other vein/arm (double-needle). Donor can relax in the donor chair and listen to music, watch television or read a book during this time.

## Types of apheresis

1. Plasmapheresis
2. Plateletpheresis for harvesting platelet concentrate (single donor platelets)
3. Leukapheresis for harvesting
  - Granulocyte concentrates
  - Lymphocytes
  - Mononuclear cells
  - Hematopoietic stem cells (Peripheral Blood Stem Cells)
4. Erythrocytapheresis - Red cell apheresis including double unit red cell collection

### Plasmapheresis

Collection of plasma from a donor with the help of cell separator machine is called as plasmapheresis.

### Plateletpheresis (Single Donor Platelets)

The term plateletpheresis includes platelets collected by apheresis, using a cell separator and the product is called single donor platelets (SDPs).

### Leukapheresis

This procedure includes collection of granulocytes (granulocytapheresis), lymphocytes, monocytes or peripheral blood stem cells or hematopoietic stem cells for treatment of certain clinical conditions.

### Erythrocytapheresis

This is the collection of two units of red cells from a single donor meeting specified requirements.

### Therapeutic plasmapheresis and cytapheresis

Apheresis can also be used in patients for treatment where diseased cells/plasma are removed from the patient's circulation as a part of his/her therapy. If used for such purpose it is called therapeutic apheresis.

## What are platelets?

Platelets are a type of tiny blood cells. The main function of platelets is to contribute to the process of stopping bleeding. Clotting of blood is like a train which starts with the engine of platelets.

If any one of our blood vessels gets damaged, it sends out signals that are picked up



by platelets. The platelets then rush to the site of damage and form a plug by clumping, or clot, to repair the damage. The blood clot is a temporary solution to stop ongoing bleeding; tissue repair occurs later.

Life span of platelets circulating inside our body is about 8 to 9 days.

Platelets separated from donor's blood have a shelf life of five days in the blood centre.

Lack of platelets or low platelet count due to certain diseases can result in spontaneous bleeding and many other complications. Conditions like dengue, malaria, aplastic anemia, certain blood cancers, chemotherapies, operative cases and bleeding patients need transfusion of platelets along with other blood components. Hence availability of platelets in blood centres is of crucial importance in saving lives of such patients.

### **What is plasma?**

It is the liquid portion of blood, without the cells. The cells are sort of suspended in the plasma usually when the blood is circulating in our body. Plasma contains water, various proteins (nutritional proteins as well as the proteins which provide immunity), clotting factors, electrolytes, etc.

Plasma is required for transfusion to patients in cases of factor deficiency (if that individual factor is not available in drug formulary), replacement fluid in few therapeutic plasmapheresis (for e.g., thrombotic thrombocytopenic purpura and disseminated intra-vascular coagulation). The life of plasma in blood centre is one year. It is preserved in frozen state and is brought to liquid state before issuing to the patients.

### **How are platelets and plasma made available in blood centres?**

A blood centre can provide platelets to patients in two ways: Random Donor Platelets (RDPs) and Single Donor Platelets (SDPs). RDPs are separated from a donor's whole blood after his/her blood donation is completed. SDP is collected by apheresis from the donor's blood with the help of cell separator machine by an online component separation method. SDP has a larger dose of platelets (equivalent to 6-8 RDPs), and has few advantages over RDP in the treatment of patients. SDPs ensure more safety for patients as they are less likely to cause transfusion reactions, as compared to RDPs.

Similar to platelets, plasma can be separated from donor's whole blood after his/ her blood donation is completed. It can also be collected by apheresis from the donor's blood with the help of cell separator machine.

### **Who can be an apheresis donor?**

Any healthy adult, both male and female, can become an apheresis donor. Good health of the donor should be ensured. The donor should be eligible for all the criteria mentioned for selection of a blood donor (Refer Chapter 4). After being eligible as a blood donor, he/she should also fulfill following selection criteria to be eligible as an apheresis donor as per second amendment (March 2020) in Drugs and Cosmetics rules.



Criteria have been further revised by Technical Resource Group, Blood Transfusion Services division of Directorate General of Health Services and approved by National Blood Transfusion Council (December 2024).

- 18 - 60 years in age
- Weight at least 50 kg or more
- No apheresis donation to be accepted up to 6 months of a peripheral stem cell harvest or up to 12 months of a bone marrow harvest.

Apart from these criteria, the apheresis donor should also be evaluated for the following:

- Presence of a large, prominent antecubital vein in the donor's arm (in front part of the elbow)
- Normal hemogram with platelet count of at least 1,50,000/ $\mu$ L.
- It is preferable if he/she is already a repeat/regular blood donor
- Motivation and complete understanding about apheresis
- Willingness to spend the required time (1 to 1.5 hour)

If a donor is eligible from above general criteria for apheresis, and has to be selected as an apheresis platelet donor (plateletpheresis) then he/she should fulfill following additional criteria:

- Should not have taken salicylates (aspirin) or other NSAIDs at least 3 days prior to donation
- After whole blood donation, a plateletpheresis donor shall not be accepted before 28 days
- At least 48 hours interval after platelet/plasma-apheresis shall be kept (not more than 2 times a week, limited to 24 in one year)
- If the red cells have not been returned to the donor during last platelet apheresis donation, then the donor should not be accepted for next donation up to 90 days
- For Double plateletpheresis donation ( $6 \times 10^{11}$ ), at least 7 days interval shall be kept (not more than 2 times a month and 12 times in one year). The donor should have minimum platelet count of more than or equal to  $250 \times 10^3/\mu$ L.

If a donor is eligible from above general criteria for apheresis, and has to be selected as a plasma donor (plasmapheresis) then he/she should fulfill following additional criteria:

- The serum protein shall be minimum 6 gm/dl before first plasmapheresis procedure
- In repeated plasmapheresis, serum protein should be tested before the third procedure, if done within four weeks.
- The quantity of the plasma collected shall not exceed 500 ml per sitting and once in a fortnight or shall not exceed 1000 ml per month

### **Where can one donate platelets and plasma?**

A donor can donate platelets/plasma/cells in a blood centre which is licensed for apheresis of the specific blood component from donors.

### **What is the actual procedure for platelet/plasma donation by apheresis?**

- A donor is selected for platelet donation after evaluating him /her as per platelet/plasma donor selection criteria.
- He /she is given a donor registration form.
- Pre donation counseling is done (in same way as done for donation of whole blood and additional points related to apheresis are explained). Informed consent for donation of platelets/plasma for apheresis is taken.
- A basic medical examination is conducted, including weight, body temperature, pulse, blood pressure. Blood sample is collected and tested for haemogram (focusing on hemoglobin and platelet count) and transfusion transmitted infections.
- New kit of platelet apheresis is installed in the cell separator machine. Then the donor is called to apheresis room for actual donation. Needle is inserted in his vein by following aseptic precautions for phlebotomy. Blood starts getting collected into the kit and the machine processes the blood to collect desired number of platelets and/or desired volume of plasma, always ensuring donor safety. Mild side effects may be experienced by the donor e.g., tingling sensation around the lips. The needle is removed after completion of the procedure. Using apheresis, platelet donation and plasma donation can be done separately or simultaneously also, as per need.
- Donor is given light refreshments.
- He/she is asked to take sufficient rest in the blood centre and is then allowed to leave the premises after adequate post-donation counseling (which is the same as that for whole blood donation).

### **Probable adverse effects during apheresis**

- Citrate related\* – numbness and tingling sensation around the mouth, muscle cramps, nausea, shivering, tetany

- Hypovolemia (resulting in giddiness)
- Sweating/restlessness

\*Citrate is the solution which is used to prevent the blood from clotting during the apheresis procedure. Mild side effects due to citrate are tingling and numbness around the lips and these may be occasionally experienced by the platelet donors. These mild side effects are purely procedure related and they fade away after the procedure is completed.

### **Voluntary platelet donation programme**

There are numerous challenges for voluntary platelet donation programme:

- It is a relatively new concept
- Lack of awareness: a major challenge
- Fear factor: As automated machine is involved
- Donor has to go to the blood centre for donation
- Time required for the procedure

Awareness should be created amongst the general public so as to ensure a regular availability of voluntary platelet donors. The programme, therefore, should be so designed that the community understands, in-depth, the need and safety of regular platelet donation.

The donor education and information material, donor questionnaire/consent forms should be prepared in simple language and translated for use in local areas.

In regular blood donation camps, screening activity for platelet donation can be done, including overall motivation, explaining the need for platelet donation and evaluation of donor's antecubital vein

**Following points should be considered while developing IEC material for promoting/ motivating voluntary platelet donation:**

- How is platelet donation different from routine blood donation?
- Additional criteria for donor selection
- Duration of platelet donation
- Actual technique of the procedure

Refer to chapter 10 on IEC and other promotional activities.

### **Enrolment of voluntary platelet donors**

Once selected from all criteria, the donor should be enrolled for voluntary platelet donation with the blood centre.

The aim of voluntary platelet donation programme is to achieve need-based platelet donation from voluntary, registered platelet donors.

### **Donor retention strategies for voluntary platelet donors**

Platelet donors should be treated as a valuable resource and deserve courtesy and recognition. The policy, therefore, should aim at recognizing platelet donors through awards, certificates, badges and trophies.

**Interaction and sharing of experiences:** Efforts should be made to arrange events for platelet donors to interact and share experiences by holding conferences, workshops, seminars, consultative meetings, colloquiums etc. These would help in bringing the platelet donors together and sharing information and experience on related areas.

### **Annual SDP donor get-together (a social element for donor retention)**

Such events are extremely useful in retention of donors. It is very motivating if there is presence of an eminent social personality, celebrity as a guest to encourage voluntary platelet donors.

Audiovisuals can be made available to the donors during such events to share about:

- Experiences of patients (recovery by SDP transfusion)
- Experiences of patients' relatives (about easy availability of SDP due to voluntary platelet donors)
- Clinicians talking about crucial role of platelet transfusion in medical care

At such event, confidentiality of donor/patient identity needs to be maintained.

## 15. Blood donor motivation

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1. Without blood, there can be no transfusion.
2. Without blood donors, there can be no blood.
3. Without motivators, there cannot be enough blood donors.

### Blood donor motivation

Blood donor motivation plays an important role in blood transfusion service (BTS) in recruiting and retaining voluntary blood donors. Anybody having empathy, compassion and concern for the patients who are in need of blood can become a donor motivator.

For a successful blood transfusion service of any country, we need to have consistency of blood supply that too blood donated by non-remunerated voluntary blood donors. To recruit and retain voluntary blood donors for BTS we have to adopt different motivating strategies with different people to persuade them as a blood donor which is possible only by motivating the donors.

### Need for motivation

- Paucity of safe blood
- Demand for blood has been increasing, steadily over time
- Blood has no substitute
- Without donor, there can be no blood
- People do not donate blood unless they are asked to
- There are sufficient potential donors
- There are myths and misconceptions

Each and every donor motivator must have thorough knowledge about voluntary blood donation not only in the area where they live but also overall status of blood donation movement at the District/ State/National and International level. Motivators should have also donated blood at least one time to address and face the non-donor category.

### **Motivators must have knowledge on the following areas:**

- a. Eligibility criteria for voluntary blood donation
- b. General requirements
- c. Physical requirements
- d. Medical requirements which have been given in details in the previous chapters

Besides the above, motivators should know about the basic blood science, donor screening, blood centre operation, screening of blood, running a voluntary organization and post donation care.

### **Role of a donor motivator**

- a. To educate and create awareness
- b. To recruit new donors
- c. To retain repeat (repetitive) donors
- d. To relieve emergency shortage of blood
- e. To maintain a panel of rare group donors
- f. To organize blood donation camps
- g. To keep up liaison with donors, donor organizations and blood centres

In general people know about the need of blood but they have some myths and misconceptions in donating blood. Donor motivator should have the ability to understand the psychology of non-donors and knowledge of blood and blood centre practice which are essential for converting the non-donors into donors.

### **Donor psychology**

- a. Why are people hesitating to donate blood?
- b. Why are people donating Blood?
- c. Why are donors not donating blood again?
- d. Why are donors regularly donating blood?

By this motivator can adopt short-term or long-term approach by implementing the donor motivation techniques through individual or group or mass approach. This is also possible by practicing various motivating strategies. The main aims and objectives of motivating strategies are:

- To facilitate motivators in preparing talk
- To adopt different strategies for different categories of donors
- To provide right information to right person at right place at right time to get right donor for right patient
- To involve and attract all sections of people
- To make all the donors and prospective donors as fully aware donors

**Pre-requisites of a donor motivator are given below:**

- Thorough study of each category of donors
- Thorough check list for each category
- Availability of all relevant materials
- Adequately trained for donor motivation
- Knowledge of blood donation – why, what, where, when, who and how

Donor motivators must have pre-requisite knowledge about the target groups for whom motivation is required, their strength and weaknesses, their language, what they are lacking, their qualities and habits, when to motivate and finally by whom. The required knowledge is both theoretical and practical.

**Theoretical knowledge**

- History of blood transfusion
- Importance of blood
- Composition of blood
- Blood circulation system
- Blood groups
- Blood volume
- Communication techniques



- Donor psychology
- How to meet blood requisitions
- How to meet emergency need
- Record keeping system

### **Practical knowledge**

- By donating blood
- By visiting blood centres
- By organizing blood camps
- By attending motivation seminars, workshops etc.
- By voluntary involvement

Good motivator is a person who should be able to use any tools available at the place of organizing motivating session. There are various ranges of tools available for oral, written and visual presentation - from chalk and board to the latest information technology through video conference depending upon the category chosen. Different types of motivation training modules have to be prepared and kept ready for motivating the donors.

Donor motivators must acquire a good concept on the principles and strategies of donor recruitment appropriate for the particular region. They must be competent to answer all possible questions that may be raised by the general public and non-donors during the motivation session.

### **Conclusion**

Blood donor motivation is the only way to ensure consistent supply of safe blood to the blood centres and for retaining the repeat donors.

## 16. Communication strategy

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### Communication strategy for 100% voluntary blood donation and appropriate utilization of IEC

#### Blood donation and its need

Blood and blood products are unique and precious national resource because they are obtainable only from individuals who donate blood. It has been recognized world over that collection of blood from regular (repeat) voluntary non - remunerated blood donors should constitute the main source of blood supply. *“A voluntary non-remunerated blood donor gives blood, plasma or cellular components of his or her own free will and receives no payment, either in the form of cash or kind which could be considered a substitute for money. This would include time off work other than that reasonably needed for the donation and travel. Small tokens, refreshments and reimbursements of direct travel costs are compatible with voluntary, non-remunerated donation.”*

Blood may be needed for people after an accident, as well as for surgery and cancer treatment, complicated pregnancies, anemia, and regular transfusions for conditions such as thalassemia and sickle cell disease. The annual blood requirement in India is estimated to be 14.5 million units. However, with a population of over 1.3 billion, India still faces a shortage of safe blood. Government has conducted various campaigns, blood donation camps and activities to raise awareness and promote voluntary blood donation (VBD). However, still more efforts are required.

#### Communication strategy

##### Communication

Communication can be verbal and non-verbal expression of words, action, gesture, written or oral interaction with the target groups to express concepts, and to convey meaning. In its simplest form, communication involves exchange of information between the people and receives feedback from the receiver. An effective communication reduces workload and saves ample of time.

A communication strategy is the critical piece bridging the situation analysis and the implementation of a social and behavior change communication (SBCC) programme. It is a written plan that details how an SBCC programme will reach its vision to the current situation. SBCC for health is a research-based, consultative process that uses communication to promote and facilitate behavior change and support the requisite social change for the purpose of improving health outcomes.

## Objective

The main goal is to wipe off the scarcity of blood and ensure availability of safe and quality blood and other blood components, round the clock and throughout the year. This will lead to alleviation of human sufferings, even to the far-flung remote areas in the country. The main objectives in general are to understand how many people were exposed to the key message through campaign (reach), and of those exposed, how many were able to remember the key messages (recall).

1. Provide safe and quality blood and blood components collected from voluntary donors, round the clock, at affordable cost to the public and free of cost to the poor.
2. Educating the community on the beneficial aspects of blood donation and actively encourage voluntary blood donation.
3. Promote AIDS awareness and education to the public.
4. Assist the various organizations, clubs, colleges, public/private institutions and the public to conduct voluntary blood donation drives and arrange for motivational talks to enable progressive increase in the number of voluntary non-remunerated blood donors every year.

## Need for communication strategy

Communication is at the core of a successful and sustainable 100% voluntary blood donor programme. Without information, most people will simply remain unaware of the blood transfusion service and the need for blood donation. Blood transfusion services must strive to develop positive community attitudes to 100% voluntary blood donation to motivate, recruit and retain a sufficient number of safe blood donors.

However, bringing donors for voluntary blood donation is only the first step in fostering donor and community commitment. The long-term objective of communication initiatives will be to create a positive culture of 100% voluntary blood donation and promote it as a normal part of a healthy lifestyle.

Identifying information gaps and reasons for communication failures, it is essential in building community awareness and confidence in the blood transfusion service. Messages must be devised to overcome the myriad cultural constraints and social and psychological fears held by different target populations in our country. The nation-wide campaign on 100% voluntary blood donation will delve on positive values, such as a religious or moral sense of duty to fellow citizens.

Negative beliefs, such as misconceptions and superstitions about blood, need to be addressed with information and the support of influential individuals who command widespread respect. The ultimate goal is to promote changes in individual behavior that are manifested by an initial decision to donate blood followed by a commitment to donate on a regular basis and to continue to lead a healthy lifestyle.

Bridging the gap between awareness and the actual act of blood donation requires communication and education strategies that address the specific characteristics, values and concerns of different target donor populations and identify entry points and the channels of communication that they use, be it mass media channels like TV, radio, newspaper and social media or outdoor communication channels such as posters, leaflets, banners, wall paintings, etc.

The purpose of framing the communication strategy is targeting 100% VBD through proper clubbing of various channels of communication at right time and hit message on right audience. The strategy will help SBTC as well as nodal officers to utilize appropriate medium for communication to the target groups. For eg. a remotest area where there is no electricity will opt for traditional media (folk, street play etc.) instead of electronic media (video spots/radio spots).

**Steps to be followed:**

**Step 1. Objective** - To set an objective as well as vision

**Step 2. Audience** - To identify whom we want to convey our message

**Step 3. Messages** - What we want to convey among the target groups

**Step 4. Mode of communication** - How we will convey message through various media

**Step 5. Resources and timescales** - Analyse and calculate available and new resources

**Step 6. Evaluation, assessment and amendment** - To know well where the gaps exist and how to address them

Altruism and humanity are commonly identified as the primary reasons for blood donation, but awareness of the need for blood, social pressure and perceived personal benefits, such as enhanced self-esteem and recognition, are also important motivators. The ideal blood donor ought to sufficiently be self-motivated to donate blood on a regular basis. The efforts should be to inculcate “self-identity” with blood donation.

## Enhancing awareness among general public on 100% voluntary blood donation

Communication Material	Objectives	Target Groups	Dissemination	Expected outcome
<b>Mass Media</b>				
<b>Radio Jingles</b> (Through private channels and AIR)	<ol style="list-style-type: none"> <li>To highlight and address myths and misconceptions</li> <li>To enhance awareness pertaining to 100% VBD</li> <li>To encourage new donors</li> </ol>	<ol style="list-style-type: none"> <li>General population</li> <li>Specific target groups youth in schools, colleges and universities</li> <li>Service professionals from factories and offices, etc.,</li> <li>Women</li> <li>Corporate sector</li> <li>Others: cultural organizations, community service organizations, faith-based organizations, etc.</li> </ol>	<ol style="list-style-type: none"> <li>Blood donation camp</li> <li>Colleges, institutes universities campus.</li> <li>Clubs, recreational centres, fitness centres / gyms</li> <li>Restaurants, bars and eating outlets, shopping malls etc.</li> </ol>	Radio is affordable medium which reaches to maximum number of listeners in one go. It will highlight the need of 100% VBD across the country. The spots will target on myths and misconception and reflect motivational theme for voluntary and new donors.
<b>Short Films</b>	<ol style="list-style-type: none"> <li>To enhance awareness pertaining to 100% VBD</li> <li>To encourage new donors</li> <li>To inform, educate and augment participation for blood donation</li> </ol>	<ol style="list-style-type: none"> <li>General population</li> <li>Specific target groups youth in schools, colleges and universities</li> </ol>	<ol style="list-style-type: none"> <li>Blood donation camp</li> <li>Clinics and hospitals</li> <li>Colleges, institutes universities.</li> <li>Workplaces</li> <li>Clubs, recreational centres, fitness centres / gyms</li> </ol>	The short films are highly creative mode of communication where in message will have visual impact on the audiences. It will highlight the need of 100% VBD across the country with key national and state's statistics focusing on particular audience segments to address their specific issues, for e.g., youth, women, service personnel
<b>Outdoor Media</b>				
<b>Banners/ Billboards /Signboards/ Panels</b>	<ol style="list-style-type: none"> <li>To highlight events on blood donation</li> <li>To inform, educate and enhance participation for blood donation</li> </ol>	<ol style="list-style-type: none"> <li>Blood donors</li> <li>Specific target groups youth in schools, colleges and universities</li> <li>General population: passers-by, visitors, travellers etc.</li> </ol>	<ol style="list-style-type: none"> <li>Blood donation camp</li> <li>Clinics and hospitals</li> <li>Colleges, institutes universities</li> <li>Clubs, recreational centres, fitness centres / gyms</li> </ol>	Banners/ Billboards have high impact and reach of mass audience so it would be useful to understand the steps involved in blood donation, for e.g., registration, counselling, consent, blood donation, refreshments etc. It will also reflect upcoming events and relevant key information.

Communication Material	Objectives	Target Groups	Dissemination	Expected outcome
<b>Exhibition Panel</b>	<ol style="list-style-type: none"> <li>1. To inform, educate and enhance participation for blood donation</li> <li>2. To highlight and address myths and misconceptions</li> </ol>	<ol style="list-style-type: none"> <li>1. Blood donors</li> <li>2. Specific target groups youth in schools, colleges and universities</li> <li>3. Service professionals</li> <li>4. Women</li> <li>5. Corporate sector</li> </ol>	<ol style="list-style-type: none"> <li>1. Blood donation camp</li> <li>2. Clinics and hospitals</li> <li>3. Colleges, institutes universities.</li> <li>4. Workplaces</li> <li>5. Clubs, recreational centres, fitness centres / gyms</li> </ol>	Exhibition panel would be useful to help to understand the steps involved in blood donation, for e.g., registration, counselling, consent, blood donation, refreshments etc. through series of panels.
<b>Print Material</b>				
<b>Status Stock Board</b>	<ol style="list-style-type: none"> <li>1. To display stock availability</li> <li>2. To inform and update visitor about the stock</li> </ol>	<ol style="list-style-type: none"> <li>1. Blood donors</li> <li>2. Visitors to the hospital/ clinic</li> </ol>	<ol style="list-style-type: none"> <li>1. Blood donation camp</li> <li>2. Clinics and hospitals</li> </ol>	It would help to facilitate the patients and their immediate family members seeking blood units to end the frantic search for blood or donors during blood need.
<b>FAQs</b>	To provide accurate, updated and relevant information to the readers	<ol style="list-style-type: none"> <li>1. Blood donors</li> <li>2. Corporate sector</li> <li>3. Specific target groups youth in schools, colleges and universities</li> </ol>	<ol style="list-style-type: none"> <li>1. Blood donation camp</li> <li>2. Clinics and hospitals</li> <li>3. Colleges, institutes universities.</li> <li>4. Workplaces</li> <li>5. Clubs, recreational centres, fitness centres / gyms</li> </ol>	These provide point to point information and benefit individuals to get accurate answers to their queries.
<b>Traditional Media</b>				
<b>Wall Writings</b>	<ol style="list-style-type: none"> <li>1. To enhance awareness pertaining to 100% VBD</li> <li>2. To encourage new donors</li> </ol>	General public /population	<ol style="list-style-type: none"> <li>1. Outer walls of hospitals, blood centres and other such institutions will warrant much visual contact</li> <li>2. Walls of school, office canteens, parking lots, important roads in the city</li> </ol>	Catchy slogans with creative wall-art can be used as a great medium of communication for voluntary blood donation.

Communication Material	Objectives	Target Groups	Dissemination	Expected outcome
<b>Print Media</b>				
<b>Newspaper Advertisement</b>	<ol style="list-style-type: none"> <li>1. To highlight Voluntary Blood Donation Day and World Blood Donors Day</li> <li>2. To recognize the contribution of blood donors in saving precious lives</li> </ol>	General public /population	<ol style="list-style-type: none"> <li>1. Blood donation camp</li> <li>2. Clinics and hospitals</li> <li>3. Colleges, institutes universities.</li> <li>4. Workplaces and homes</li> <li>5. Clubs, recreational centres, fitness centres / gyms</li> <li>6. Restaurants, hotels etc.</li> </ol>	Newspaper is cost effective and has wider dissemination, a creative advertisement with catchy slogans and infographics highlights various aspects of 100% voluntary blood donation.
<b>Certificates</b>	To felicitate and encourage all voluntary blood donors and serve as a token of recognition	Blood donors	<ol style="list-style-type: none"> <li>1. Blood donation camp</li> <li>2. Clinics and hospitals</li> </ol>	Certificate will help to acknowledge volunteers' altruistic nature and give them recognition and genuine appreciation.
<b>Social Media</b>				
<b>Social Media Creatives</b> (Through Facebook, Twitter, Instagram, Google Chat, WhatsApp, YouTube, and many other social networking sites)	To share and interact through online content and to connect with like-minded people through social platform	Specific target groups youth in schools, colleges and universities	Colleges, institutes universities	It will strengthen rapid dissemination and amplification of content and ability to lead conversation and making it a powerful communication tool to enhance voluntary blood donation.



## 17. e-RaktKosh

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### **e-RaktKosh “A Centralized blood centre Management Information System”**

e-RaktKosh is a comprehensive IT solution to connect, digitize and streamline the workflow of blood centres, an initiative by MoHFW to monitor the following:

- Safe and adequate blood supplies
- Reduced turnaround time
- Networking of blood centres
- Adherence to blood centre regulations within the Drugs & Cosmetics Act and Rules thereon
- Real time blood stock availability
- State-wise / District-wise donor database
- Reports to blood centre officials and administrators

e-RaktKosh consists of a Standard Compliant Centralized Blood Bank Management System (BBMS) and it caters to the complete workflow of blood centres across the country and has following major functionality:

- Donor management system for identifying donors, donation history and donor health.
- It has provision to upload information on component preparation, blood grouping, cross matching, and antibody screening.
- It has provision to upload information related to the request and issue of compatible blood and blood components.
- It has provision to upload data related to sero-reactivity of blood as per the TTI screening in compliance with the regulations.
- The system also provides alerts and notifications to the concerned stakeholders.

## 18. Registration of voluntary blood donor organizations

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### Importance of registration of voluntary blood donor organizations

The voluntary blood donor organizations are those organizations that arrange voluntary blood donation (VBD) camps in the blood centres as well as outside the blood centre or provide voluntary, regular and non-remunerated blood donors to the blood centres on regular basis.

#### These voluntary blood donor organizations are:

1. Religious organizations which show interest in voluntary blood donation activities.
2. Social and charitable organizations.
3. Government departments interested to organize voluntary blood donation camps
4. Youth wing of political parties.
5. Banks, insurance companies, etc.
6. Industrial houses.
7. Trade unions/labour organizations, etc.
8. Uniform Group such as BSF, ITBP, CRPF, Army, Air Force, and Police.
9. Universities/colleges/schools/other educational institutions, etc.
10. NSS, NCC, RRC, Bharat Guides and Scouts, etc.
11. Individual who organizes camps or provide voluntary blood donors.

Countries that have efficient registered voluntary blood donor organizations are able to sustain a constant and need based inflow of blood donors.

Voluntary blood donor organizations should preferably be registered (enlisted) with State Blood Transfusion Council/National Blood Transfusion Council/Red Cross/State Govt., etc. to make their capacity to provide need base voluntary, regular, non-remunerated blood donors in voluntary blood donation camps or in the blood centre.

#### The other benefits to blood centre, organization, donors and vice versa are:

1. Helping in need-based blood collection and works with close contact with local blood centres to ascertain the actual need.

2. Helping in making policies for voluntary blood donation, and enact legislation.
3. Creating awareness and public relations for importance of voluntary blood donation.
4. Motivate people to donate blood regularly and voluntarily.
5. Organize need based VBD camps for blood centres.
6. Enhancing friendly donor experience by greeting, guiding and accompanying the blood donor throughout the donation that help to promote voluntary blood donation.
7. Raise funds and hire expert manpower for IEC activities, donor motivation, recruitment and retention of young donor from low-risk population.
8. Obtaining tax exemptions from concerned department.
9. Obtaining manpower, vehicles, accommodation, and other requirements to enhance VBD.
10. Representing in government events/ programmes.
11. Sign contract with other departments/ NGOs for obtaining projects for health and social welfare.

## 19. Monitoring and evaluation of voluntary blood donation programme

Monitoring is the routine assessment of on-going activities and progress to provide an overview of what has been done. Evaluation is the periodic assessment of overall achievements to measure what impact has been made.

Quality Indicators are objective quality measures of key system elements, used to identify potential quality concerns and risks, and to monitor the changes over time. Quality indicators are usually expressed as a relative frequency, most commonly as a percentage. To calculate relative frequency, the numerator (observations of interest) and the denominator (total number of observations) should be defined.

### Quality indicators for blood donor recruitment, selection and counselling

Quality indicator	Proportion of voluntary blood donation
Description	Total number of voluntary blood donors over other donor categories.
Importance	It is a measure of effectiveness of blood donor motivation and retention strategies.
Numerator	Total number of voluntary blood donations .
Denominator	Total number of donations.
Quality indicator	Blood Donation Rate
Description	Number of donations relative to the population of the country.
Importance	It is a measure of effectiveness of donor motivation and retention strategies.
Numerator	Total number of whole blood donations in the country / region / hospital.
Denominator	Total population of the country / region / hospital bed.
Quality indicator	Rate of first-time blood donors
Description	Percentage of donations collected from first-time donors, relative to the total number of donations.
Importance	This indicator shows the extent to which blood establishment is successful in promoting blood/blood component donation. Continuous recruitment of new donors into the donation system is a guarantee of a sustainable blood component supply.
Numerator	Total number of donations collected from first-time donors (whole blood and/or apheresis).
Denominator	Number of whole blood and/or apheresis donations.

<b>Quality indicator</b>	<b>Donor deferral rate</b>
Description	The percentage of blood donors temporarily and permanently deferred from donating whole blood and blood components using apheresis procedure. This indicator can be used separately for whole blood donations and for apheresis donations.
Importance	This indicator monitors the trend of donor deferrals over time. Deviations from the predicted frequency may indicate the need for further investigation to verify if deferral criteria are consistently and uniformly applied. This indicator is also important in planning blood donation sessions, considering seasonal and/or epidemiological variations affecting donor deferrals.
Numerator	All donor deferrals from donating whole blood and/or blood components using apheresis procedure, regardless of the deferral reasons
Denominator	Number of whole blood and/or apheresis donor
<b>Quality indicator</b>	<b>Proportion of female blood Donors</b>
Description	Percentage of female blood donors as compared to male blood donors
Importance	It is a measure of effectiveness of blood donor motivation and retention strategies. It also reflects nutritional status of female population
Numerator	Total number of whole blood / apheresis female donors
Denominator	Total number of whole blood / apheresis donors
<b>Quality Indicator</b>	<b>Donor adverse reactions/complications</b>
Description	Incidence of donor adverse reactions / complications expressed as a percentage.
Importance	For most people, donating blood and blood components is a safe and well-tolerated procedure. However, some blood donors may experience reactions or complications during or after donation. By monitoring the frequency and trends of these events it is possible to identify opportunities for improvement through the education of staff and blood donors, improved communication, and implementation of strategies proved to be effective in decreasing the incidence of such events.
Numerator	The number of donor adverse reactions/complications recorded before, during or after donation (whole blood and/or apheresis donations).
Denominator	Total number of donations (whole blood and/or apheresis, commenced donations).

Quality indicator	Donor deferral due to low hemoglobin concentration
Description	The percentage of blood donors temporarily or permanently deferred from donating blood and/or blood components, due to low hemoglobin concentration. This indicator can be used separately for whole blood donations and for apheresis donations.
Importance	This indicator monitors the trend of donor deferrals due to low hemoglobin concentration, the most common cause of blood donor temporary deferral. Deviations from the predicted frequency may indicate seasonal variations, accuracy of the methods used for hemoglobin determination, skills of the blood establishment staff, the success of strategies aimed at reducing iron loss in donors, etc.
Numerator	Deferred donors (all donor deferrals from donating whole blood and/or blood components using apheresis procedure, due to low hemoglobin concentration).
Denominator	Number of whole blood and/or apheresis donor attendances.

Prevalence of TTI sero-reactivity can also be used as an indicator for regular voluntary blood donor recruitment and retention.

Regular monitoring of above quality indicators are important to objectively assess the VBD programme. Analysis of QIs can suggest avenues of process improvement to ensure success of VBD programme.

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## Annexure

### Blood donor questionnaire & Consent form

Name and address of blood centre \_\_\_\_\_ License No. \_\_\_\_\_

*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) \_\_\_\_\_

Email: \_\_\_\_\_

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? Yes No

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? Yes No

2.2 Have you eaten anything in the last 4 hours? Yes No

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
• Heart disease	• Cold/Cough	• Gonorrhoea	• Tuberculosis
• Lung disease	• Liver disease	• Skin disease	• Polycythemia
• Asthma	• Fever	• High/low BP	• 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? Yes No

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

Chicken Pox Yes No

Dengue Yes No

9. Have you taken any medicine in last 7 days especially 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 have any reason to believe that you been infected by the virus that causes AIDS? Yes    No
- 11.1 Do you or your sexual partner belong to any of the categories at 10 & 11? 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 Diarrhoea    | Yes | No |
12. For female donors:
- 12.1 Are you pregnant or have you had an abortion in the last 6 months? Yes    No
- 12.2 Have you a child less than 1 year of age? Are you breast feeding? Yes    No

## Consent

*I understand that:*

- a) Blood donation is a 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) Blood and plasma recovered from my donated blood may be sent for plasma fractionation for preparation of plasma-derived medical products, which may be used for patients in other hospitals also. These may be used for the purposes of scientific research, indigenous manufacture or preparation of panels as per national guidelines.
- d) My blood will be tested for Hepatitis B, Hepatitis C, Malaria Parasite, HIV/ AIDS and Syphilis disease in addition to any other screening tests required to ensure blood safety.
- e) I would like to be informed about any abnormal test results done on my donated blood: Yes/No
- f) I prohibit any information provided by me or about my donation to be disclosed to any individual without my prior permission.

Donor's Signature

Signature of Medical Officer

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

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

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

### Blood safety begins with a Healthy Donor

( This is a sample format as approved by NBTC and may be modified as per updated guidelines/ notifications from time to time.)



