

**A Report on the  
“Assessment of Blood Banks in Andaman and  
Nicobar Islands, India”**

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## *Abbreviations*

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BB	- Blood Bank
BCSU	- Blood Component Separation Units
BTS	- Blood Transfusion Service
CDSCO	- Central Drug Standard Control Organisation
CHEMI	- Chemiluminescence
DAT	- Direct Antiglobulin Test
DCT	- Direct Coombs Test
ELISA	- Enzyme Linked Immuno Sorbent Assay
EQAS	- External Quality Assessment Scheme
FFP	- Fresh Frozen Plasma
HIV	- Human Immunodeficiency Virus
HBV	- Hepatitis B virus
HCV	- Hepatitis C virus
HVPI	- Haemovigilance Program of India
IAT	- Indirect Antiglobulin Test
ICT	- Indirect Coombs Test
IH	- Immunohematology
IQC	- Internal Quality Control
IQR	- Interquartile Range
MoHFW	- Ministry of Health and Family Welfare
NACO	- National AIDS Control Organisation
NAT	- Nucleic Acid Testing
NBTC	- National Blood Transfusion Council
NGO	- Non Governmental Organisation
NHP	- National Health Portal
PSU	- Public Sector Undertaking
QC	- Quality Control
QM	- Quality Manager
QMS	- Quality Management Systems
RPR	- Rapid Plasma Reagin
SACS	- State AIDS Control Societies
SBTC	- State Blood Transfusion Council
SD	- Standard Deviation
SIMS	- Strategic Information Management System
SOPs	- Standard Operating Procedures
TTI	- Transfusion Transmitted Infection
TM	- Technical Manager
TPHA	- Treponema Pallidum Hemagglutination Assay
VNRBD	- Voluntary, Non-Remunerated Blood Donation
VBD	- Voluntary Blood Donor/Donation
WHO	- World Health Organization



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## **Executive Summary**

### **Blood Banks in Andaman and Nicobar Islands**

According to CDSCO, there are 3 blood banks in the state of Andaman and Nicobar Islands in 2015 (CDSCO, 2015). The assessment exercise identified two blood banks as functional. Of the two functional blood banks (1 NACO supported-50% and other 1 Non-NACO-50%) have submitted the assessment form in complete were included in analysis.

Considering the number of blood banks per one million population, Andaman and Nicobar Islands has 5.3 blood banks per 1,000,000 (one million) population which is more than the National Average of 2.2 blood banks per one million.

Out of two functional blood banks, one blood bank is NACO supported and has component separation facility whereas other blood bank is Non NACO and does not have component separation facility.

### **Description of blood banks**

- NACO supported Blood bank is owned by Public sector and has component separation facility also, whereas Non-NACO blood bank is owned by not for profit sector and does not have component separation facility.
- All the blood banks (100%) in Andaman and Nicobar Islands are attached to hospitals
- Out of two functional blood banks Non NACO blood bank (1, 50%) is with Valid licence, whereas licence status of NACO supported blood bank (1, 50%) is under renewal.

### **Annual Collection and Voluntary Blood Donation**

- During January 2015 to December 2015, the annual blood collection from all the blood banks that reported was 4,095 of which 82.3% (3,371) units were through voluntary blood donations and the remaining were from replacement donations.
- The average annual collection of blood units of all the blood banks in the state was 2,047 units. The average annual collection of NACO supported blood banks was found to be higher (3,765 units) than the Non-NACO blood banks (330 units).
- NACO supported blood bank with component separation units recorded a average higher collection of 3,765 units compared to Non-NACO blood bank without blood component separation units which was 330 units.
- Blood banks collected 86% (89,199 units) of the total collection, of which 86% (76,778) units were through voluntary blood donation. Blood banks with component separation facility collected (95%) of blood units (84,984) and the remaining 5% (4,215) were collected by blood banks without the component facility.

- NACO Supported blood banks collected 91.9% (3,765 units) of the total collection, of which 82.2% (3,095 units) were through voluntary blood donation. The Non-NACO supported blood banks collected 8% (330 units) of which 83.6% (276 units) were through voluntary blood donation.

### **Transfusion Transmitted Infections**

- HBV seroreactivity was found to highest with 0.85% followed by Malaria with 0.76%, HCV with 0.27% and Syphilis with 0.12%. HIV positivity was found to be negligible in state of Andaman and Nicobar Islands.

### **Component Separation**

- Around 29% of blood units collected by blood banks with component separation facilities were used for component separation in GB Pant hospital.

### **Quality Management Systems**

- All blood banks (100%) reported that they adhered to the NBTC guidelines.
- No blood bank reported for Document control system in the state.
- In terms of Standard Operating Procedures (SOPs) for technical processes, 100% reported that they had SOPs.
- At the state level, Internal Quality Control (IQC) for Immunohematology was reported by 100% of the blood banks.
- There was no blood bank that had IQC for TTIs.
- All blood banks (100%) reported carrying out quality control for kits, reagents and blood bags.
- No blood banks enrolled in EQAS by recognized providers for immunohematology and for TTIs.
- No Blood bank that participated in the assessment was accredited by National Accreditation Board for Hospitals & Healthcare Providers (NABH).
- All blood banks reported to have Designated and trained Quality Managers, however no blood bank reported to have trained technical managers.
- Only Pillar health centre reported to have regular equipment maintenance programme.
- All blood banks reported to have 100% equipment calibration as per requirement.

### **Reporting and Documentation**

- Around, 100% of Blood Banks reported that they were recovering processing charges within NBTC/SBTC norms.
- No blood bank reported that they were displaying stock position in their Blood bank Premises.

- In terms of reporting requirement, 100% of the blood banks submitted regular reports to state drug controller, 50% of blood banks regularly reported in national strategic information management systems (SIMS).
- However, no blood bank regularly reported in E-blood banking either national or state e-blood banking. Only 50% of the Blood banks were members of National Haemovigilance Program.

## **Human Resources**

- The mean number of employees in the blood bank was 9.5 (SD 4.9).
- It ranges from 6 employees to 13 employees. Around 50% of blood banks reported to have medical officers, 100% of blood banks reported to have technical staff, nursing staff.
- Around 50% of blood banks reported to have counsellors.
- No blood banks reported to have PRO/Donor motivators.
- All blood banks (100%) reported to have Designated and trained Quality Managers,
- No blood bank reported to have trained technical managers.
- No blood banks reported that they had at least one medical officer trained by NACO/NBTC.
- Around 50% blood banks reported they had trained technical staff, however no blood bank reported having trained PRO and nursing staff. Around 50% had trained counsellors.

## **The current status of blood banks based on the assessment**

- The mean assessment score of blood banks in the Andaman and Nicobar Islands was 51.50.
- All blood banks in Andaman and Nicobar Islands have scored between the range of 35 to 70.
- The mean score of blood banks with component facilities (52) was found to be higher than the mean score of those without component facilities (51).
- The mean assessment score of NACO supported blood bank (52) owned by Public sector scored higher than Non NACO blood bank (51) owned by NGO/Trust/charitable. However the mean score of Non NACO blood bank is similar to state mean score.
- The mean assessment score of blood banks that collected between 3001 to 5000 (52) was found to be higher than the blood bank (51) that collected up to 3,000 blood units.
- NACO supported blood banks scoring 75 to 90% of VBD have mean score of 52. However Non NACO blood banks scoring 75 to 90% of VBD have mean score of 51.
- None of the blood banks participated in EQAS IH or EQAS TTI
- There were no blood banks that were accredited by National Accreditation Board of Hospitals and Health care Providers (NABH).



# **Assessment of Blood Banks in Andaman and Nicobar Islands**

## **1. Background**

Blood Transfusion Service (BTS) is an essential part of modern health care system without which medical care is impossible (Pal, Kar, Zaman, & Pal, 2011). Adequate measures to ensure blood safety play a major role in preventing the transmission of HIV, Hepatitis and other bloodborne pathogens in health care settings. The blood and its products must not only be safe but must be clinically effective, and of appropriate and consistent quality (WHO, 2012). Ensuring the safety and availability of blood and blood products is an essential public health responsibility which is primarily the responsibility of the government or the appropriate national health authority of each country (Ramani, Mavalankar, & Govil, 2007). Therefore, it is important to establish a sustainable national blood system that should be supported by a national blood policy, strategic plan, and appropriate legal instruments (WHO, 2011). The Twenty-eighth World Health Assembly resolution number WHA 28.72 of 1975 urged member countries to promote the development of national blood services based on voluntary non-remunerated blood donation (VNRBD); to enact effective legislation governing the operation of blood services and to take other actions necessary to protect and promote the health of blood donors and of recipients of blood and blood products (WHO, 1975).

However, provision of safe and quality blood for a country like India involves a highly complex operation involving various stakeholders, and the magnitude and complexity of issues raise several challenges (GOI, 2003). This requires a holistic and comprehensive approach to planning, designing and operationalizing the BTS. It is important to ensure coordination between blood transfusion services, health services and hospitals, educational institutes, religious, social and industrial organizations, mass media, and other stakeholders including the general public. The system should ensure adequate resources and inputs into the legislative, regulatory, technical, social, and cultural aspects of making this life-saving product accessible and safe.

The need for blood is paramount and universal. However, millions of patients requiring transfusion do not have timely access to safe blood, and there is a major imbalance between developing and industrialized countries in access to safe blood (WHO, 2009). There is a huge inequity in the availability of blood within countries, with the urban areas having more access to the majority of blood available. Even if sufficient blood is available, many are exposed to avoidable, life-threatening risks through the transfusion of unsafe blood. In order to ensure universal access to safe and quality blood, achieve 100% voluntary blood donation and quality-assured testing of donated blood, strengthening the blood transfusion services with evidence-based, innovative and result-oriented strategies are essential. It is also imperative to optimize blood usage, develop quality systems in the transfusion chain, strengthen the workforce, adopt new developments, and build effective partnerships (WHO, 2008).

The National AIDS Control Organization(NACO), under the Ministry of Health and Family Welfare, and the National Blood Transfusion Council (NBTC), which is the apex policy making body, are the prime bodies responsible for the functioning of blood transfusion services and blood safety in India at the national level. At the state level, the respective state AIDS Control societies(SACS) and State Blood Transfusion Councils(SBTCs) are responsible for the smooth functioning of blood transfusion services. As blood and blood products are considered as drugs, the Central Drug Standard Control Organisation(CDSCO) and State Drug Control Organisations play a vital role in key aspects such as, approval of licenses, and enforcement of standard transfusion practices to ensure safe, quality and efficacious blood and blood components in clinical practices.

Several directions, guidelines, and legal measures during the last two decades facilitated the significant improvement of blood transfusion services in the country. The Supreme Court verdict in 1996 directed the government to improve the blood transfusion services that resulted in establishing the National and State Blood Transfusion Councils. The Drugs and Cosmetics Rules, 1945, framed under the Drugs and Cosmetics Act, 1940 were amended in 1993, as a result of which the licensing of blood banks was brought under the dual authority of the state and central government (MoHFW, 2013). The state licensing authority issues the license, while the Drug Controller General (India) is the central license approving authority. In 2002, the WHO Guidelines on the Clinical Use of Blood was adopted by NACO. In the same year, the Government of India framed and adopted the National Blood Policy (NBP) (NACO, 2007a).

In 2007, the National AIDS Control Organization developed standards for blood banks and blood transfusion services. This clearly spelled out the need for mandatory licensing and compliance to all regulatory norms; compliance to policies/ guidelines of NBTC; donor selection/ recruitment/ retention/ counseling based on voluntary non-remunerated regular repeat blood donors; appropriate blood collection procedures; mandatory testing of all donated Blood units for HIV, HBV, HCV, Syphilis and Malaria; transportation of blood and blood components ensuring cold chain maintenance; manpower requirements; maintenance of quality assurance system; regular maintenance and calibration of equipment; biosafety; waste disposal mechanisms; documentation, record keeping and regular reporting under the national programme(NACO, 2007b).

Since the inception of the National AIDS Control programme in 1992, the blood safety programme in India under the National AIDS Control Organization has been making significant strides towards ensuring access to safe, and quality blood and blood products to all those who are in need of a transfusion. The goals and objectives of the programme are to ensure provision of safe and quality blood even to the most remote areas of the country. NACO has been taking continuous steps to strengthen the blood banks across the country by providing equipment, consumables, manpower and capacity building. The efforts to modernizing blood-banks, establishing model blood banks, and setting up blood storage

centres in rural areas have improved the quality of blood transfusion services in the country. The current phase of the NACP IV (2012 -2017) focuses on blood safety that aims to support 1,300 blood banks, and achieve 90,00,000 blood units from NACO supported Blood Banks and 95% Voluntary Blood Donation in 2016-17. The key strategies under NACP IV are strengthening management structures of blood transfusion services, streamlining the coordination and management of blood banks and blood transfusion services, and developing new initiatives such as the establishment of Metro Blood Banks and Plasma Fractionation Centre (NACO, 2014).

Due to the continuous efforts in India, the availability of safe blood increased from 44 lakh units in 2007 to 100 lakh units by 2014-15; during this time HIV seroreactivity also declined from 1.2% to 0.2%, and Voluntary Blood Donation increased substantially (NACO, 2016). NACO has been providing technical and operational support to improve the efficiency and effectiveness of these blood banks, thereby, increasing the availability and accessibility of safe and quality blood and blood products to those who are in need. Though there has been a substantial improvement in BTS in India over a period of time, there are still gaps in ensuring access to quality blood and blood products that needs to be addressed at the district, state and regional levels through an evidence-based approach.

In order to have evidence-based programmes, and policies, accurate and updated information at the district, state and national level is an essential prerequisite. Lack of updated information is one of the key barriers affecting the planning and implementation of blood transfusion services across the country. Though current programmes emphasize Quality Management Systems (QMS) including EQAS and accreditation in blood banks, not much information is available related to this area. In particular, information on the existing practices of blood banks, their potential, and willingness to get involved in the programmes on QMS are critical factors that will facilitate developing appropriate strategies and programmes related to QMS at the National level.

Therefore, facility-wise updated information on structural and programmatic components, the gaps, and challenges are required which will not only facilitate in developing better programmes and policies in BTS, but also serve as a baseline for specific programmes that are being, and will be implemented at the district, state, regional, and national levels. Considering the above factors, a nationwide assessment of all the Blood Banks was conducted.

## 2. Objectives

The overall purpose of this assessment was to understand the current situation of blood banks, in terms of facilities, services, practices, performance, gaps, and challenges.

The specific objectives were:

- To review the existing situation in blood banks in terms of collection of blood, voluntary blood donation, quality management systems, and other programme areas.
- To categorize and grade the blood banks using a scoring system, for implementation of phased quality improvement systems.
- To provide evidence for the formulation of evidence-based policies and programs for blood transfusion services in India.
- To develop an updated database with basic essential details of blood banks in the country.

## 3. Methodology

This assessment was a cross-sectional survey that captured the current situation of all the blood banks that are owned by the government, private, non-profit and not-for-profit organizations in the state during the reporting period - January to December 2015. In order to create a comprehensive and accurate list of functional blood banks in the state, data (list of blood banks) from multiple sources were obtained which included NACO, NBTC, CDSCO, state drugs control organizations, SACS, and SBTCs. These were further reviewed for duplication, errors in name and other necessary details, and triangulated to arrive at a comprehensive list of blood bank wise functional blood banks.

Following this, an assessment tool was designed as a web-based survey tool in REDCap Software - Version 6.11.2 which was developed by an informatics core at Vanderbilt University with support from National Center for Research Resources (NCRR) and National Institute of Health (NIH) grants. An exclusive online survey link for each blood bank, generated from REDCap, was sent to all the blood banks. This online link was linked to the email ID of the blood bank and Unique IDs created for each blood bank. Since many blood banks did not have adequate internet facility, a paper format was also developed which was sent to all the blood banks by post with a pre-stamped and self-addressed envelope. The data from the completed paper forms were then entered into REDCap.

**Tool:** A self-assessment questionnaire that included all the below-mentioned components was developed in consultation with programme officials and experts from the areas of public health, epidemiology, bio-statistics, and transfusion medicine.

The review focused on the following components:

**Table 1-Details of technical areas included in the assessment**

S No	Component	Description
1	General	Basic details, Ownership, Category, License, etc.
2	Collection and VBD	Annual Collection, VNRBD and donor management
3	Technical – IH, TTIs, components	Methods, Performances
4	Quality Management System	Check for compliance to guidelines and standards
5	HR, Training, and Equipment	Availability and Participation

**Data Management and Analysis:** The database for this study was developed and maintained by Clinical Data Management Centre (CDMC), Department of Biostatistics, Christian Medical College, and Vellore, India. In-built validation checks were incorporated in the system to confirm that all study related parameters are captured completely and accurately.

Data were analyzed using SPSS Version 21 for Windows. The data were screened for outliers and extreme values using histograms, frequency distribution and Box plots. To summarize the whole data, frequency distributions and bar/pie charts were done for qualitative (categorical) variables such as ownership, type of blood banks etc., and descriptive statistics like mean, standard deviation (SD), median, minimum, and maximum were done for quantitative variables such as annual collection, voluntary blood donation, etc.

**Categorisation of blood banks and scoring:** In order to study variables that impact quality, the blood banks have been categorized into two groups based on the availability of component separation facility. The first category comprises of blood banks with component separation facility that includes Model Blood Banks and Blood Component Separation Units (BCSU) in NACO supported blood banks. Model blood banks collect more than 10,000 units and BCSUs collect between 5,000 to 10,000 units of blood annually. The second category includes blood banks without component separation facility that covers major blood banks and District Level blood banks (DLBB) in NACO supported blood banks. Major blood banks collect between 3,000 and 5,000 units and district level blood banks collect up to 3,000 units annually.

Each component of the tool was given a weight based on the programmatic and quality priorities. The maximum achievable sum of all weighted scores under each component totaled 100 marks.

**Table 2- Scoring details and weight**

<b>Details</b>	<b>With Components</b>	<b>Without Components</b>
Licence	3	3
Annual Collection, VBD, Repeat donation and Counselling	11	16
Technical - IH, TTI and Component separation	43	38
Quality Management Systems	35	35
Reporting	8	8
<b>TOTAL</b>	<b>100</b>	<b>100</b>

The scoring pattern was different based on the category of blood banks that are: 1. Blood banks with component separation facility (n=1) and, 2. Blood banks without component separation facility (n=1). Scores were allocated to each indicator under specific components based on the expected level of performance by these two categories of blood banks.

The blood banks were categorized based on the scores obtained by each blood bank that are, less than and equal to 35 (Red); 36 to 70 (Yellow) and above 70 (Green).

## 4. Key Findings

According to CDSCO, there are 3 blood banks in the state of Andaman and Nicobar Islands in 2015 (CDSCO, 2015). The assessment exercise identified two blood banks as functional. Of the two functional blood banks (1 NACO supported-50% and other 1 Non-NACO-50%) have submitted the assessment form in complete were included in analysis.

Table -3 indicates blood bank wise description of NACO supported and Non-NACO blood banks.

**Table 3- Description of blood banks**

Name of the blood bank	NACO supported	NON-NACO	Total
GB Pant Hospital	1	-	1
Pillar Health Centre	-	1	1
Andaman & Nicobar Islands	1	1	2

Considering the number of blood banks per one million population, Andaman and Nicobar Islands has 5.3 blood banks per 1,000,000 (one million) population which is more than the National Average of 2.2 blood banks per one million.

### 4.1 Basic details of blood banks (n=4)

As indicated earlier, Two blood banks (1 NACO supported and 1 Non-NACO ) submitted the assessment forms that were included in the analysis.

**4.1.1 Category of Blood Banks:** Out of two functional blood banks, one blood bank is NACO supported and has a component separation facility whereas the other blood bank is Non NACO and does not have component separation facility.

**Table 4- Basic details of blood banks**

Specifics	Description	NACO Supported	Non-NACO	Total
<b>Type of BB</b>	With components	1(100%)	-	1(50%)
	Without components	-	1(100%)	1(50%)
<b>Ownership</b>	NGO/Trust/Charitable	-	1(100%)	1(50%)
	Private	-	-	-
	Public	1(100%)	-	1(50%)
<b>Licence</b>	Valid	-	1(100%)	1(50%)
	Under Renewal	1(100%)	-	1(50%)
<b>Attachment</b>	Attached to Hospital	1(100%)	1(100%)	2(100%)
	Attached to lab	-	-	-
	Stand alone	-	-	-

**4.1.2 Ownership:** As depicted in Table:- 4, NACO supported Blood bank is owned by Public sector and has component separation facility also, whereas Non-NACO blood bank is owned by not for profit sector and does not have component separation facility.

**Table 5 Blood bank wise list of blood banks by Ownership**

Blood Bank	Public	NGO/Trust/charitable	Private	Total
<b>GB Pant Hospital</b>	1	-	-	1
<b>Pillar Health Centre</b>	-	1	-	1
<b>Andaman &amp; Nicobar Islands</b>	1	1	-	2

**4.1.3 Organizational Attachment:** All the blood banks (100%) in Andaman and Nicobar Islands are attached to hospital.

**4.1.4 License details of blood banks:** The license status was categorized as “valid” which means that the blood bank has current and active license; and “deemed renewal” which means that the blood bank had applied for renewal which is pending.

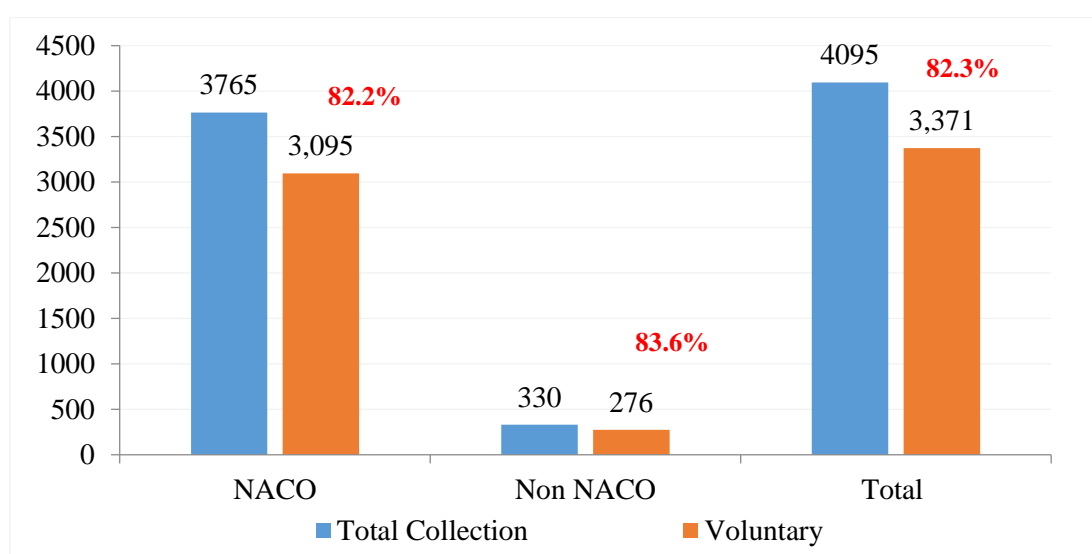
Out of two functional blood banks Non NACO blood bank (1, 50%) is with valid licence, whereas licence status of NACO supported blood bank (1, 50%) is under renewal.

## 4.2 Annual Blood Collection and Voluntary Blood Donation

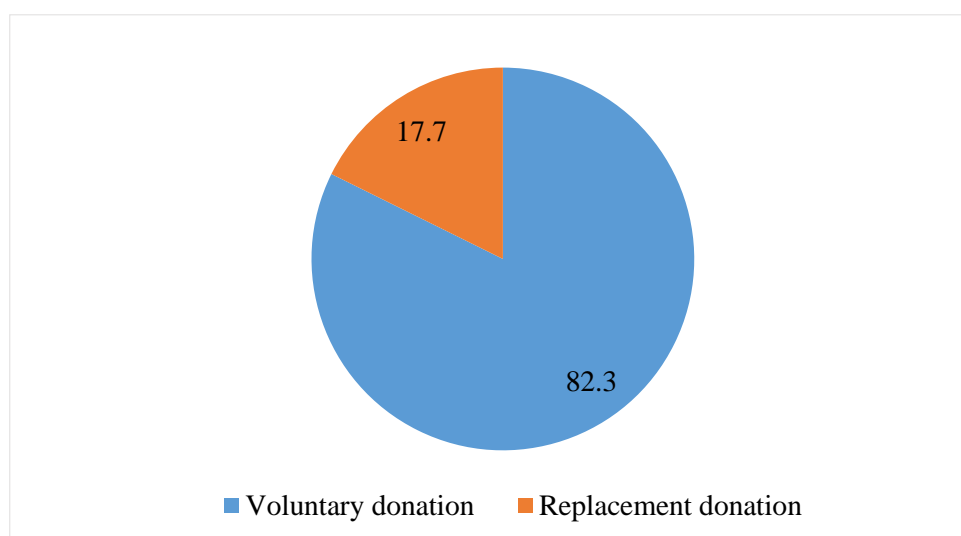
According to WHO, it is estimated that blood donation by 1% of the population can meet a nation's most basic requirements for blood (WHO, 2016b), which means the state with a population of 380,581, currently needs around 3,805 units of blood. As per this criteria, Andaman and Nicobar Islands is producing more than what is required.

**4.2.1 Annual Collection of Blood:** During January 2015 to December 2015, the annual blood collection from all the blood banks that reported was 4,095 of which 82.3% (3,371) units were through voluntary blood donations and the remaining were from replacement donations.

**Figure 1- Annual Collection and Voluntary Donation**



**Figure 2 -Type of Blood Donation (Voluntary vs Replacement Donation %)**



The average annual collection of blood units of all the blood banks in the state was 2,047 units. The average annual collection of NACO supported blood banks was found to be higher (3,765 units) than the Non-NACO blood banks (330 units).

**Table 6-Average Annual collection**

Blood Bank	NACO	Non-NACO	All BBs
<b>GB Pant Hospital</b>	3765	-	3765
<b>Pillar Health Centre</b>	-	330	330
<b>Andaman &amp; Nicobar Islands</b>	<b>3765</b>	<b>330</b>	<b>2047</b>

Similarly, NACO supported blood bank with component separation units recorded a average higher collection of 3,765 units compared to Non-NACO blood bank without blood component separation units which was 330 units. However, the variation in the collection was found to be very high across and within blood banks.

NACO supported blood banks collected 91.9% (3,765 units) of the total collection, of which 82.2% (3,095 units) were through voluntary blood donation. The Non-NACO supported blood banks collected 8% (330 units) of which 83.6% (276 units) were through voluntary blood donation. Blood banks with component separation facility collected the majority 91.9% (3,765 units) and remaining 8% (330 units) were collected by blood banks without the component facility. Similarly blood banks owned by public sector collected majority of blood collection as compared to blood bank owned by not for profit sector.

Table-7 indicates the Blood bank-wise details of the total annual collection, voluntary and replacement donation in the state of Andaman and Nicobar Islands. Blood banks reported a varying proportion of VNRBD ranging from 79 to 100%.

**Table 7-Annual blood collection and percentage of VBD**

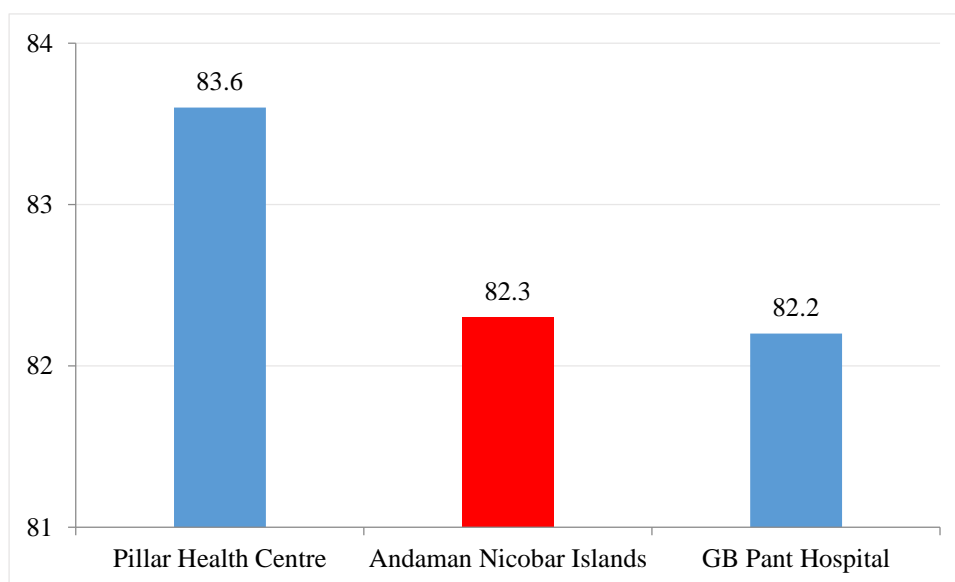
Blood Bank	Total Voluntary Donation	Replacement Donation	Annual Collection	VBD %
<b>GB Pant Hospital</b>	3095	670	3765	82.2
<b>Pillar Health Centre</b>	276	54	330	83.6
<b>Andaman &amp; Nicobar Islands</b>	<b>3371</b>	<b>724</b>	<b>4095</b>	<b>82.3</b>

The annual collection of blood units per 100 individuals was found to be around 1% in the country, which is meeting the WHO suggested requirement that 1% of the population can meet a nation's most basic requirements for blood. Andaman and Nicobar Islands collects 8.5 units of blood per 100 populations.

Andaman and Nicobar Islands had 1.1:5.3 which indicates that state collects relatively less blood with more number of blood banks proportionate to the population. Around 5.3 blood banks per million population that collected around 1.1 units per 100 population at the ratio of 5.3 BB: 1.1 blood unit.

**4.2.2 Voluntary blood donation:** As depicted in Figure-3, Pillar Health Centre (83.6%) recorded more than the National Average of 82.3%. Though there is not much difference between GB Pant hospital (82.2%) and National average (82.3%). This indicates that Non NACO blood banks shows higher VBD as compare to NACO supported blood banks, whereas NACO supported blood banks reported similar voluntary blood donation as compared to the state average.

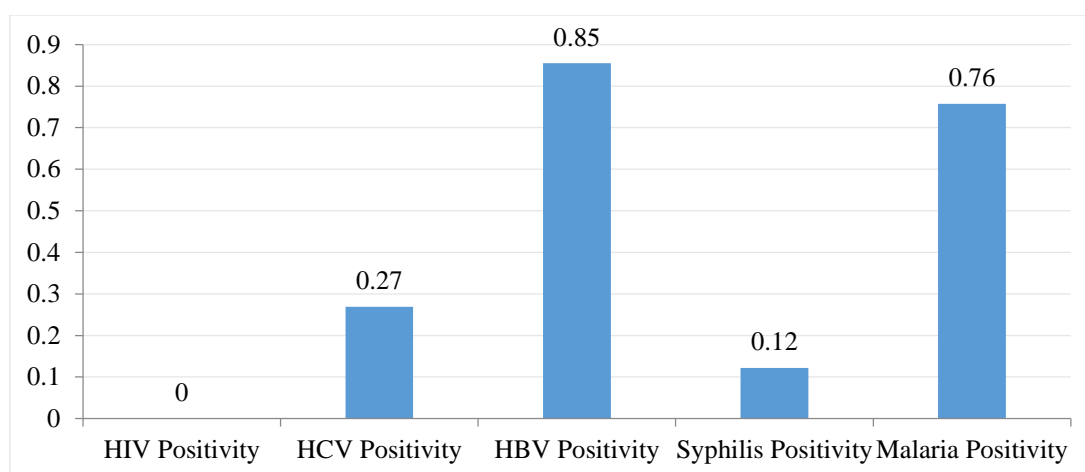
**Figure 3 -Percentage of Voluntary Blood Donation by Blood bank (Overall)**



### 4.3 Transfusion Transmitted Infections(TTIs)

Transfusion-Transmitted Infections (TTIs) are major problems associated with blood transfusion (Chandra, Rizvi, & Agarwal, 2014; Gupta, Singh, Singh, & Chugh, 2011). Screening for TTIs such as HIV 1, HIV 2, Hepatitis B, Hepatitis C, Malaria, and Syphilis is mandatory in India. Due to the concerted and active efforts, the seroreactivity percentage of TTIs has come down significantly over the years.

**Figure 4 Transfusions Transmitted Infection (%) -Jan-Dec 2015**



The seroreactivity of TTI among blood donors in the year 2015 is depicted in Fig-4.

HBV seroreactivity was found to be the highest with 0.85% followed by Malaria with 0.76%, HCV with 0.27% and Syphilis with 0.12%. HIV positivity was found to be negligible in state of Andaman and Nicobar Islands.

**Table 8 - Transfusion Transmitted Infections (%)**

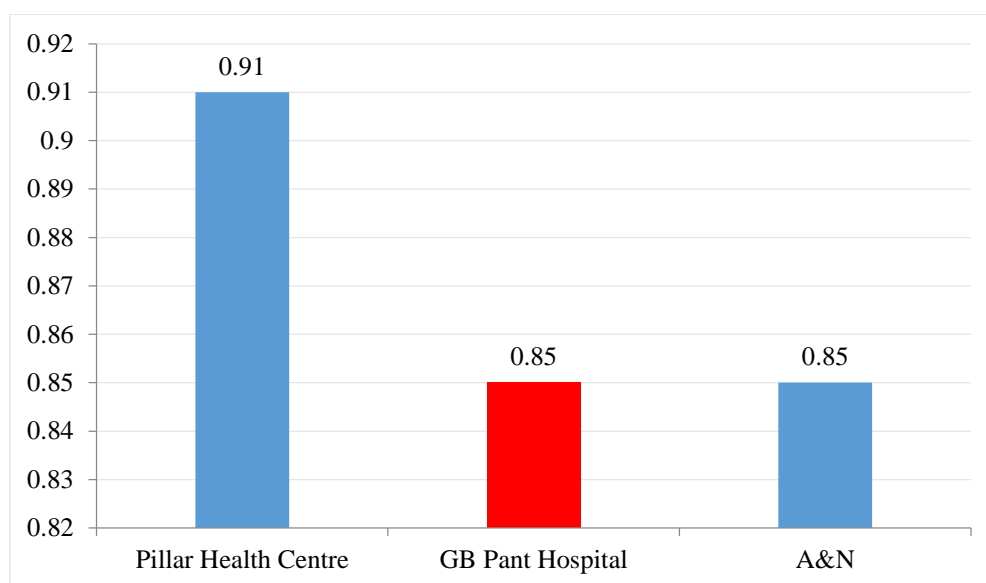
Category of BB	Transfusion Transmitted Infections %				
	HIV	HCV	HBV	Syphilis	Malaria
NACO Supported	-	0.29	0.85	0.13	0.82
Non-NACO	-	-	0.91	-	-
Overall	-	0.27	0.85	0.12	0.76

**4.3.1 Transfusion Transmitted Infections by Category of blood banks:** The blood banks with component facility indicated a higher positivity of HBV (0.85%), Malaria (0.82%), HCV (0.29%) and Syphilis (0.13%) whereas HBV reactivity rate was higher in the blood bank without component separation facility.

**Table 9-Transfusion Transmitted Infections by category of blood banks**

Category of BB	Transfusion Transmitted Infections (%)				
	HIV	HCV	HBV	Syphilis	Malaria
<b>BBs with component facility</b>	-	0.29	0.85	0.13	0.82
<b>BBs without component facility</b>	-	-	0.91	-	-
<b>Overall</b>	-	0.27	0.85	0.12	0.76

**Figure 5 HBV Seroreactivity- By Blood bank (%)**

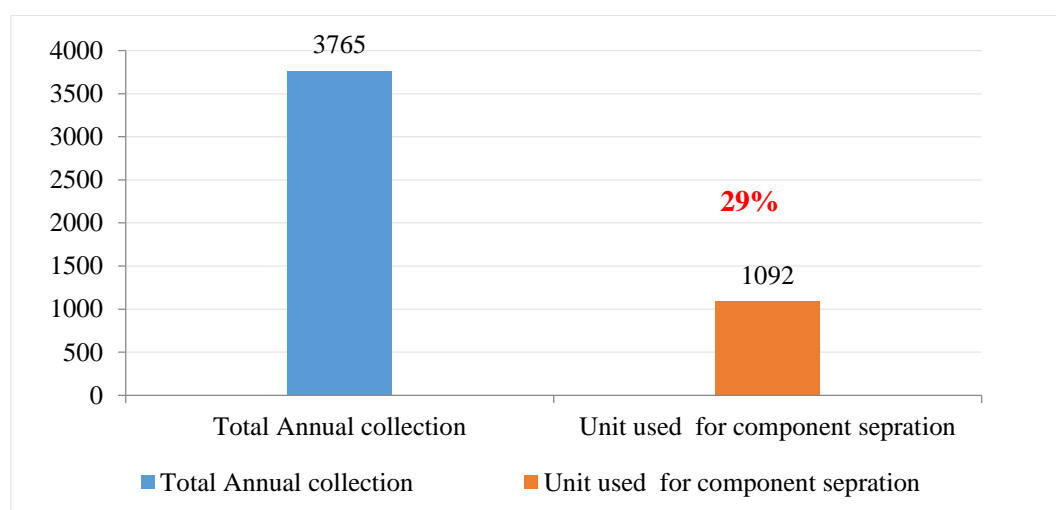


Hepatitis B seroreactivity was found to be highest in Pillar Hospital with 0.91%. However HBV seroreactivity of GB Pant hospital (0.85%) is similar to the state average (0.85%).

## 4.4 Component Separation

Around 29% of blood units collected by blood banks with component separation facilities were used for component separation in GB Pant hospital.

**Figure 6 Total blood collection and component separation for GB Pant hospital**



## 4.5 Quality Management Systems

Quality is defined as the totality of characteristics of an entity that bears on its ability to satisfy the stated and implied needs (Schlickman, 1998). It is a spectrum of activities and processes that shape the characteristics of a product or service. Quality systems are defined as the organizational structure, resources, processes, and procedures needed to implement quality management (ISO-8402, 1994) and Quality Management System is the sum total of all business policies, processes and procedures required for the execution of production, development or service of an organization.

Blood transfusion is a multi-step process with the risk of error in each process from selecting donors, collecting and processing donations, testing of donor and patient samples, issue of compatible blood, to transfusing the patient (WHO, 2016a). An effectively planned and implemented quality system that includes internal quality assessment, external quality assessment, and education and training of staff can significantly reduce the risk associated with blood transfusion.

The assessment captured several parameters that influence the quality of service provision. Some of the key parameters are mentioned in Table -10. All blood banks (100%) reported that they adhered to the NBTC guidelines. No blood bank reported for Document control system in the state. In terms of Standard Operating Procedures (SOPs) for technical processes, 100% reported that they had SOPs.

**Table 10 -Availability of Quality Parameters in Blood Banks**

<b>Quality Parameters</b>	<b>NACO supported (n=1)</b>	<b>Non-NACO (n=1)</b>	<b>Total</b>
<b>Compliance with NBTC guidelines</b>	1	1	2
	100%	100%	100%
<b>Availability of Document Control System (DCS)</b>	-	-	-
	-	-	-
<b>SOPs for Technical Processes</b>	1	1	2
	100%	100%	100%
<b>IQC for IH</b>	1	1	2
	100%	100%	100%
<b>IQC for TTI</b>	-	-	-
	-	-	-
<b>QC for kits, reagents and blood bags</b>	1	1	2
	100%	100%	100%
<b>EQAS for IH</b>	-	-	-
	-	-	-
<b>EQAS for TTI</b>	-	-	-
	-	-	-
<b>NABH accreditation for blood banks</b>	-	-	-
	-	-	-
<b>Availability of designated and trained Quality Manager</b>	1	1	2
	100%	100%	100%
<b>Availability of designated and trained Technical Manager</b>	-	-	-
	-	-	-
<b>Programme for regular Equipment maintenance</b>	-	1	1
	-	100%	50%
<b>Equipment calibration as per regulatory requirement</b>	1	1	2
	100%	100%	100%

At the state level, Internal Quality Control (IQC) for Immunohematology was reported by 100% of the blood banks. There was no blood bank that have IQC for TTIs. All blood banks (100%) reported carrying out quality control for kits, reagents and blood bags. No blood banks enrolled in EQAS by recognized providers for immunohematology and for TTIs. No Blood bank that participated in the assessment was accredited by National Accreditation Board for Hospitals & Healthcare Providers (NABH).

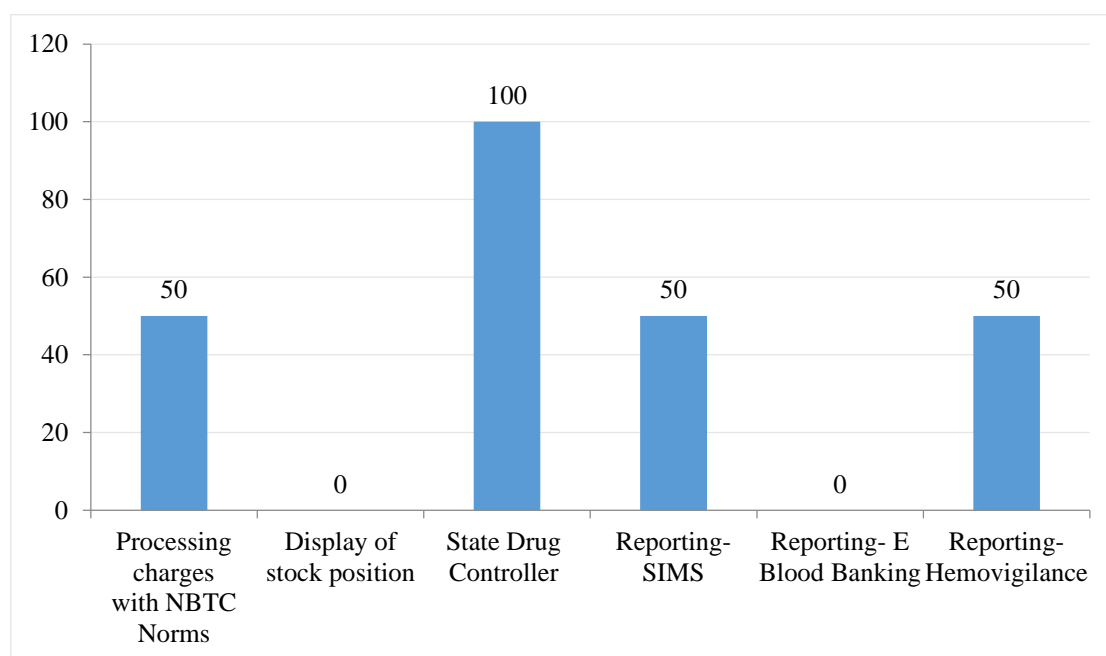
All blood banks reported to have Designated and trained Quality Managers, however no blood bank reported to have trained technical managers. Only Pillar health centre reported to have regular equipment maintenance programme. All blood banks reported to have 100% equipment calibration as per requirement

## 4.6. Reporting and Documentation

### 4.6.1. Compliance to NBTC guidelines

Around, 100% of Blood Banks reported that they were recovering processing charges within NBTC/SBTC norms. No blood bank reported that they were displaying stock position in their Blood bank Premises.

**Figure 7 - Reporting and Documentation**



**4.6.2 Reporting requirements:** In terms of reporting requirement, 100% of the blood banks submitted regular reports to state drug controller, 50% of blood banks regularly reported in national strategic information management systems (SIMS). However, no blood bank regularly reported in E-blood banking either national or state e-blood banking. Only 50 % of the Blood banks were members of National Haemovigilance Program

## 4.7. Human Resources

### 4.7.1. Availability of staff

The mean number of employees in the blood bank was 9.5 (SD 4.9). It ranges from 6 employees to 13 employees. Around 50% of blood banks reported to have medical officers, 100% of blood banks reported to have technical staff, nursing staff. Around 50% of blood banks reported to have counsellors. However no blood banks reported to have PRO/Donor motivators.

## 4.8. Training of Blood Bank Personnel

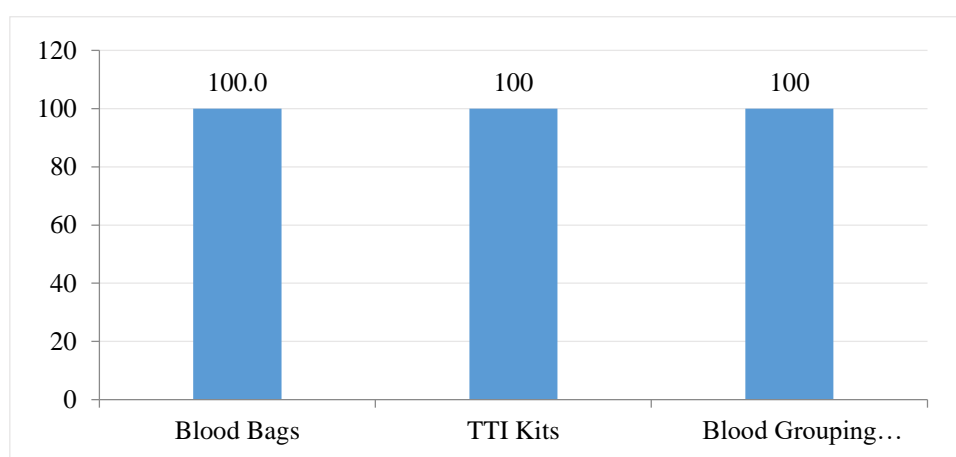
According to the assessment, No blood banks reported that they had at least one medical officer trained by NACO/NBTC. Around 50% blood banks reported they had trained technical staff, however no blood bank reported having trained PRO and nursing staff. Around 50% had trained counsellors.

## 4.9. Equipment and Supplies

### 4.9.1. Regular supply kits/supplies

All blood banks (100%) reported that they have regular supply of blood bags, kits and blood grouping reagents.

**Figure 11 Regular Supply of Kits**



#### 4.9.2. Equipment Availability (working condition)

Table 11 indicates the percentage of blood banks that have different equipment in working condition.

**Table 11- BBs having Equipment in working condition**

BBs having Equipment in Working Condition		
S No	Equipment	% BB
1	Donor Couches	100
2	Instrument for Hb Estimation	100
3	Blood collection monitor	100
4	Quarantine Blood Bank Refrigerator to store untested blood	100
5	Container for safe disposal of sharps	50
6	Oxygen supply equipment	100
7	Computers with accessories and software	0
8	General lab centrifuge for samples	50
9	Bench top centrifuge for serological testing (Immunohaematology)	50
10	Blood transportation box (No. in inventory)	100
11	Emergency drugs box / Crash cart	100
12	Autoclave machine	100
13	Water bath	100
14	Blood bank refrigerator (storage of tested blood) with temperature recorder	100
15	Automated pipettes	50
16	Refrigerated centrifuge	50
17	Blood container weighting device	50
18	Serology rotator	100

#### 4.10. The current status of blood banks based on the assessment

As mentioned in the methodology section, the blood banks were assessed and categorized based on the scores obtained. Though the assessment captured all the aspects of blood transfusion services in blood banks, adequate importance and weightage were given to the technical aspects and adherence to quality management systems.

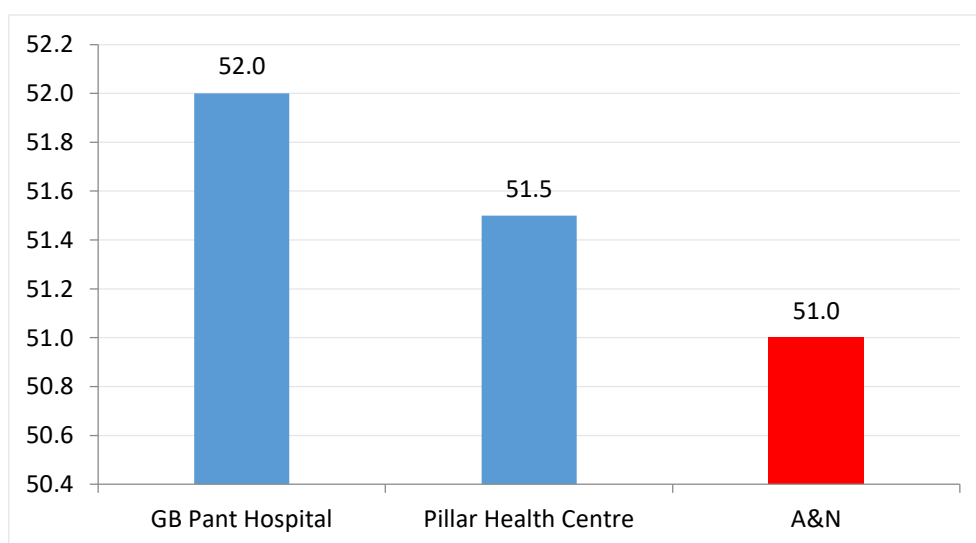
The mean assessment score of blood banks in the Andaman and Nicobar Islands was 51.50.

**Table 12 - Mean Assessment score**

Type of BB	Mean
NACO supported	52.0
Non-NACO	51.0
Total	51.5

In Andaman and Nicobar Islands, all blood banks scored between 35 and 70.

**Figure 8 Mean Assessment Score – By Blood bank (All BBs)**



All blood banks in Andaman and Nicobar Islands have scored between the range of 35 to 70. GB Pant hospital (52) scored highest followed by Pillar Health Centre (51). Both the blood banks have similar mean score.

**4.10.1 Assessment score by Category of blood banks:** The mean score of blood banks with component facilities (52) was found to be higher than the mean score of those without component facilities (51).

**Table 13-Mean assessment score by category of blood banks**

Type of BB	Mean
Blood Component Separation Units	52
Without Component Separation Facility	51
Total	51.5

**4.10.2 Assessment score by Ownership:** The mean assessment score of NACO supported blood bank (52) owned by Public sector scored higher than Non NACO blood bank (51) owned by NGO/Trust/charitable. However the mean score of Non NACO blood bank is similar to state mean score.

**Table 14-Mean assessment score by Ownership**

Type of BB	Mean
Public	52
NGO/Trust/charitable	51
Total	51.5

**4.10.3 Assessment score by Annual Collection:** The mean assessment score of blood banks that collected between 3001 to 5000 (52) was found to be higher than the blood bank (51) that collected up to 3000 blood units.

**Table 15 -Mean assessment score by annual collection**

Annual Collection	NACO Supported	Non NACO	Total
	Mean	Mean	Mean
Up to 3000	-	51	51
3001 to 5000	52	-	52

**4.10.4 Assessment score by Voluntary Blood Donation:** Table -16 provides the mean assessment score of blood banks that have been categorized by percentage of voluntary blood donation. The blood banks that reported higher proportion of voluntary blood donation indicated higher mean assessment score. NACO supported blood banks scoring 75 to 90% of

VBD have mean score of 52. However Non NACO blood banks scoring 75 to 90% of VBD have mean score of 51.

**Table 16 -Mean assessment score by voluntary blood donation**

% VBD	NACO supported	Non NACO	Total
	Mean	Mean	Mean
75 to 90	52	51	51.5

**4.10.5 Assessment score by participation in External Quality Assessment Scheme (EQAS) for Immunohematology and Transfusion Transmitted Infections (TTI)**

None of the blood banks participated in EQAS IH or EQAS TTI

**4.10.6 Assessment score by Accreditation status:** There were no blood banks that were accredited by National Accreditation Board of Hospitals and Health care Providers (NABH).

The list of blood banks under different categories of score is given in Table- 17

**Table 17-Distribution of Blood banks by mean assessment score categories**

Score Category	
Blood bank	35 to70
GB Pant Hospital	52
Pillar Health Centre	51
Andaman & Nicobar Islands	51.5

## 5 Conclusion

Considering the importance of blood transfusion services in the provision of medical care, ensuring quality systems and standards in blood banks are vital, as the blood and its products must not only be safe but also clinically effective and of appropriate and consistent quality. From the programmatic perspective, adequate, accurate and updated information at the district, state and national level is essential for planning and implementation of quality management systems in blood transfusion services across the country. Generation of accurate and essential data from blood banks at regular intervals is imperative to effectively monitor the progress, gaps and challenges in the service provision which would not only facilitate appropriate corrective measures but also facilitate the development of evidence-based policies and programmes.

This state-wide assessment captured most of the required information related to the structure, services, facilities, availability of human resources, equipment, quality management system and practices in blood banks across the state. All blood banks in Kerala function subject to obtaining and maintaining a license for operations from the FDA which means compliance to basic quality standards mentioned in the Drugs and Cosmetic Act 1940 and Rules 1945 there upon. However, this assessment brings out specific gaps and possible opportunities to improve quality standards in Transfusion Services at the state.

There are 3 blood banks in the state of Andaman and Nicobar Islands in 2015 (CDSCO, 2015). The assessment exercise identified two blood banks as functional. Of the two functional blood banks (1 NACO supported-50% and other 1 Non-NACO-50%) have submitted the assessment form in complete were included in analysis. The annual collection of these blood banks was 4,095 units which is approximately 107% of the total blood requirement based on WHO's estimation that blood donation by 1% of the population can meet a nation's most basic requirements for blood (WHO, 2010). Clinical demand for blood and blood products can happen only when there is a health care facility with adequate infrastructure in proximity to a blood bank. The relatively lower collection of blood in the few blood bank could be due to the fact that there is lower demand for blood because of the gaps in availability, accessibility, and affordability of health care services.

The review also revealed that blood banks with component separation facility collected (91.4%) of blood units (3,765) and the remaining 8% (330) were collected by blood banks without the component facility. Though there has been an increase in the percentage of voluntary blood donation over the years, there is not much variation between blood banks that ranges from 82 to 83%. A targeted program to increase the non-remunerated voluntary blood donors will go a long way towards ensuring a safer option for our patients.

Out of two functional blood banks Non NACO blood bank (1, 50%) is with Valid licence, whereas licence status of NACO supported blood bank (1, 50%) is under renewal .

The provision of a blood component separation unit in the blood bank and the volume of collection apparently have a positive influence on the quality. The inequity in the distribution of component separation facilities across districts and region is very evident. However, it is important to note that in the absence of reliable laboratory support, it will not be possible to ensure rational use of blood and its components. It is difficult to sustain cost-effective component production when the volume of operations is low without compromising the quality of the blood provided to the patients who access this service. Given that the provision of safe and high-quality blood in areas where access is a challenge is still the remit of the state, it is essential to explore new cost effective innovative methods in partnership with non-governmental agencies.

For the first time, a quality score system has been created and applied to the blood banks. This review indicated a mean score of 51.50 with significant variations across the category of blood banks, ownership, voluntary blood donation, participation in proficiency testing (EQAS) and accreditation status. It is important to understand that there is a huge variation between districts on several parameters included in the assessment. This suggests the need for targeted and customized approach to address the gaps and challenges faced by the blood banks in the state. This assessment suggests that blood banks owned by trusts/charities in the private sector seemed to have performed slightly better in the quality parameters. This may be partly due to access to resources, both financial and technical, to enhance capacity and modern technology to overcome potential barriers to quality.

It is evident from the assessment that blood banks that focussed on quality improvement systems performed better than others. Considering the deleterious effect of poor quality practices on patient care, it is imperative that specific programmes and strategies to improve quality systems in blood transfusion services are developed and implemented across the state.

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## 7 Annexures

### 7.1 Individual Blood Banks Summary

District	Name of the Blood Bank	Type	Ownership	Annual Collection	Score (Out of 100)
South Andaman	Blood Bank GB Pant Hospital	BCSU	Public	3765	52
	Pillar Health Centre	Non-BCSU	NGO/Trust/Charitable	330	51

## 7.2 NACO/NBTC – Questionnaire for Blood Banks

NACO/NBTC - Questionnaire for Blood Banks						
Data Filled by						
Mobile Phone Number (Person filled the data)						
<b>Section A – GENERAL</b>						
<b>A1.</b>	<b>Basic Information</b>					
1	Name of the Blood Bank (as mentioned in the licence)					
2	Address 1 (Institution name)					
3	Address 2 (Door number & Street name – if applicable)					
4	Address 3 (Important land mark - if applicable)					
5	City/Town					
6	District					
7	State					
8	Pin code					
9	Blood Bank Phone number (Land line including area code)					
10	Blood bank Email ID					
11	Do you have internet facility?				Yes	
					No	
12	Name of the Blood Bank In-charge (This should be the name of the current Medical Officer in charge)					
13	Is the name of the Medical officer mentioned in the Licence, the current medical officer?				Yes	
					No	
14	Designation (Please enter designation of the Medical Officer in the blood bank (e.g. Civil surgeon, or academic like Asst. Prof etc.)					
15	Highest Qualification (Tick only one)	MBBS				
		MD				
		MS				
		Diploma				
16	Specify branch/Broad speciality					
17	Email ID: (Official/Personal Email where					

	<i>the medical officer can be directly contacted). This is apart from the blood bank email ID provided above.</i>	
18	Fax number	
19	Telephone number 1 – Medical Officer (Mobile)	
20	Telephone number 2 – Medical Officer (Landline including STD code)	
21	Type of blood bank as per NACO category	Model blood Bank
		Blood Component Separation Units
		Major Blood Bank
		District level blood bank
		Others
22	Who is the blood bank owned by?	Public (Central/State/Local government)
		Public (Other than ministry of health e.g. PSU, Army etc.)
		NGO/Trust/Charitable – NACO Supported
		NGO/Trust/Charitable
		Private - Others
23	Is the Blood Bank attached to any of the following?	Hospital
		Lab
		Stand alone
24	If attached to Private Hospital, specify level of hospital	Medical College Hospital
		Tertiary care hospital (other than medical college)
		Secondary care hospital
25	If attached to public/govt. hospital, specify the level of the hospital	Sub-District hospital
		District level hospital
		Medical College hospital
		Tertiary care hospital (other than Medical College)
26	If the blood bank is attached to a hospital, please specify the number of inpatient beds available	
27	Are you permitted to conduct Blood donation camp?	Yes
		No
28	How many Blood storage centres are linked to your blood bank?	
29	BB working hours (Specify hours per day)	
<b>A2. License Information</b>		
1.	<b>BB License Number</b> (Enter your license number. This should be exactly as is displayed in your license issued by the Drugs Controller Office and will be used for verification purposes. This is a mandatory field and should be entered regardless of the status of license - under-	

	<i>renewal etc. (You will have to submit a self-attested photocopy of the currently displayed license along with this form.)</i>			
2	Status of Current License	Valid		
		Under renewal		
3	Date of issue of current licence DD/MM/YYYY			
4	Last Inspection by licensing authority	< 1 year		
		1-2 years		
		2-3 years		
		3-4 years		
		>4 years		
<b>A3.</b>	<b>Basic Statistics (Date of reporting from Jan-2015- Dec-2015)</b>			
1	Number of voluntary donations			
2	Number of replacement donations			
3	Number of autologous deposits			
4	Total Annual collection for reporting period (Jan - Dec 2015) Total Annual collections (sum of A3.1+A3.2+A3.3)			
<b>5. Transfusion Transmissible Infections - Annual statistics</b>		<b>Number tested</b>	<b>Number positive</b>	
	<b>HIV</b> (Anti-HIV I & II)			
	<b>HCV</b> (Anti-HCV)			
	<b>HBV</b> (HBs Ag)			
	<b>Syphilis</b> (RPR/TPHA/ELISA)			
	<b>Positive for Malaria</b> (Any method)			
<b>A4.</b>	<b>Reporting Summary</b>			
1	Are you in compliance with NBTC guidelines?	Yes		
		No		
2	Are you recovering processing charges for blood/components within NBTC/SBTC norms?	Yes		
		No		
3	Are you displaying stock position in the blood bank premises?	Yes		
		No		
4	Are you submitting statistics to the State Drugs controller?	Regular		
		Occasional		
		No		
5	Are you reporting in SIMS (strategic Information Management System- NACO)?	Regular		
		Occasional		
		No		
6	If yes to Q5, please provide your SIMS ID			

7	If you are not reporting to SIMS, would you be willing to report in the future?	Yes	
		No	
8	Are you reporting in the E-blood banking?	Regular	
		Occasional	
		No	
9	If Regular/ Occasional to 8, specify ( <i>more than one can be selected</i> )	State	
		National (NHP)	
		Other(Specify	
10	Please provide E Blood banking user ID ( <i>State</i> )		
11	Please provide E Blood banking user ID ( <i>National</i> )		
12	If not part of e-blood banking, would you be willing to participate in future?	Yes	
		No	

SECTION B			
B1	Blood Donor(Reporting from Jan 2015- Dec 2015)		
Definition of VBD = Close relatives should NOT be counted as VBD			
1	Are you recruiting voluntary blood donors?	Yes	
		No	
2	Is donor selection performed as per regulatory norms?	Yes	
		No	
3	Do you maintain records of donor deferral?	Yes	
		No	
4	Is pre-donation counselling being performed for blood donors?	Regular	
		Occasional	
		No	
5	Is post donation counselling being performed for blood donors?	Regular	
		Occasional	
		No	
6	Are you conducting Blood donor drives/Blood collection camps?	Regular	
		Occasional	
		No	
7	If you conduct camps, how many have been conducted in the reporting period? ( <i>Provide numbers of VBD camps conducted during the period January - December 2015.</i> )		
8	Does the blood bank have dedicated staff for the promotion of Voluntary blood donors? ( <i>If your blood bank has dedicated staff for camps, answer yes.</i> )	Yes	
		No	
8 a.	if Yes to 8, select as applicable ( <i>More than one may be selected</i> )	Donor Motivator	
		Public relations officer (PRO)	

		Social Worker		
9	Is there a specific budget for donor program?	Yes		
		No		
10	If Yes, Specify budget source	Central		
		State		
		Others (Specify)		
11	Is there a donor database in the blood bank ( <i>Donor database is essential to contact donors to remind them or to call during an emergency?</i> )	Yes		
		No		
12	If yes to Q 11, is it in electronic format or paper based?	Electronic		
		Paper		
		Both		
13	What percentage of the voluntary blood donors are repeat blood donors? (%)			
14	Does your blood bank have a mobile blood collection facility? ( <i>Answer yes if your Blood bank has a mobile facility (bus or van with donor couches)</i> )	Yes		
		No		
15	Source of funds for the mobile blood collection ( <i>Indicate the source of funding for the purchase of the mobile blood donor van.</i> )	State		
		Central		
		Donor		
		Others		
16	Specify, other source of funds			
17	Is there a record for donor adverse reactions?	Yes		
		No		
18	Is there a referral system for HIV sero-reactive blood donors?	Yes		
		No		
19	If yes to Q 18, please specify what is the process adopted.			
<b>Section C</b>				
<b>Technical – Immunohematology</b>				
C1.	Which of the following tests are performed for determination of ABO and Rh (D) groups and what techniques are followed?	<b>Blood Group</b> (Tick as applicable)		<b>Rh Type</b> (Tick as applicable)
		Forward	Reverse	
C1.1.	Slide			
C1.2	Tube			
C1.3	Micro plate			

C1.4	Column agglutination Gel/Microparticle)			
C1.5	Solid phase			
C1.6	Other Specify			
1	How do you perform RhD typing?	Monoclonal reagent		
		Polyclonal reagent		
		Both		
2	Do you perform irregular antibodies screening on blood donations and patient sample?	Yes		
		No		
3	Do you perform direct antiglobulin test (DAT/DCT)? <i>(If you are performing Direct Antiglobulin test (DAT) - earlier called as Direct Coombs Test (DCT), answer yes.)</i>	Yes		
		No		
4	If yes to previous question, please specify method	Tube		
		Column agglutination		
		Solid phase		
5	Do you perform indirect antiglobulin test (IAT/ICT)?	Yes		
		No		
6	If yes, to previous question please specify method	Tube		
		Column agglutination		
		Solid phase		
7	Number of group and type tests performed in reporting period (Jan - Dec 2015) <i>(Specify the number of group and type tests performed - Total of all patient and donor tests in the reporting period - January to December 2015.)</i>			
8	Number of compatibility testing performed in reporting period. <i>(Specify number of compatibility tests performed in the reporting period January to December 2015)</i>			
9	Total Number of DAT/DCT tests performed in the reporting period <i>(Specify number of DAT/DCT tests performed in the reporting period (January to December 2015)</i>			
10	Total Number of IAT/ICT tests performed in the reporting period <i>(Specify number of DAT/DCT tests performed in the reporting period (January to December 2015)</i>			
11	Total Number of antibody screening performed in reporting period <i>(If you answered YES to Q2, Specify number of antibody screening tests performed in the reporting period (January to December 2015).</i>			
12	Do you have automation for Immunohematology testing?	Yes		

	(If you have implemented any kind of automation, please indicate so.)	No	
13	Do you perform Internal QC for all immunohematology tests (blood group/DAT/IAT etc.)? (Please answer yes if you are performing internal quality control (IQC) for the immunohematology tests listed above. They include daily QC on reagents and cells.)	Yes	
		No	
14	Do you participate in an external quality assessment program or scheme (EQAS) for Immunohematology tests usually performed in your laboratory?	Yes	
		No	
15	If yes to 14, Specify name of program/provider		
16	If yes to 14, EQAS Membership ID number/ PIN#.		
17	If yes 14, specify Highest level of EQAS program participant in	Inter-lab	
		National	
		International	
18	If you are not participating in EQAS for immunohematology, will you be willing to do so in the future?	Yes	
		No	
19	If Yes to above question, will your blood bank be able to allocate financial resources (about Rs.2500 per year)?	Yes	
		No	
20	If your answer to Q 19 is NO, when do you think you will be ready for EQAS participation? (immunohematology)	Next 6 months	
		Later than 6 month	
21	Are you a member of National Haemovigilance Program of India (HVPI)?	Yes	
		No	
22	If yes, provide HVPI ID Number		
23	If not, would you be willing to participate in HVPI in the near future?	Yes	
		No	
24	Are you reporting all adverse events to the National Haemovigilance Program of India?	Yes	
		No	
25	Number of adverse reactions recorded in the reporting period		
26	Does your hospital have regular transfusion committee meetings?	Yes	
		No	
27	What is the frequency of Transfusion committee meetings?	Annual	
		Half-yearly	
		Quarterly	
		Occasional	

Section D					
Technical - Screening For Transfusion Transmissible Infections (TTI)					
Does the blood bank screen the following TTIs?					
Type of Test		Platform (please tick appropriate)		Method (please tick appropriate)	
1	HIV I & II	Rapid			
		ELISA		Manual	<input type="text"/>
				Automated	<input type="text"/>
		CHEMI		Manual	<input type="text"/>
				Automated	<input type="text"/>
		NAT		Manual	<input type="text"/>
				Automated	<input type="text"/>
1.1	Specify % of donors tested by Rapid Test?				
2	Hepatitis B	Rapid			
		ELISA		Manual	<input type="text"/>
				Automated	<input type="text"/>
		EM		Manual	<input type="text"/>
				Automated	<input type="text"/>
		NAT		Manual	<input type="text"/>
				Automated	<input type="text"/>
2.1	Specify % of donors tested by Rapid Test?				
3	Hepatitis C	Rapid			
		ELISA		Manual	<input type="text"/>
				Automated	<input type="text"/>
		CHEM		Manual	<input type="text"/>
				Automated	<input type="text"/>
		NAT		Manual	<input type="text"/>
				Automated	<input type="text"/>
3.1	Specify % of donors tested by Rapid Test?				
4	Syphilis	RPR		Manual	<input type="text"/>
				Automated	<input type="text"/>
		TPHA		Manual	<input type="text"/>
				Automated	<input type="text"/>
		ELISA		Manual	<input type="text"/>
				Automated	<input type="text"/>
5	Malaria	Rapid			
		Fluorescent		Manual	<input type="text"/>
				Automated	<input type="text"/>
		Slide microscopy			
		ELISA		Manual	<input type="text"/>
				Automated	<input type="text"/>
6	Does the blood bank have an algorithm for units that test			Yes	<input type="text"/>

	POSITIVE in initial screening? (If you have a method of verifying a sample that has tested positive on the screening test please answer yes.)	No	
7	If yes to Q6 , Repeat testing with same test/ technique	Yes	
		No	
8	If Yes to Q6, Repeat testing with different test/technique	Yes	
		No	
9	If yes to Q6, Recalling donor for repeat sample	Yes	
		No	
10	Do you perform independent internal QC (Third party controls) with TTI testing?	Yes	
		No	
11	Do you participate in an external quality assessment program or scheme (EQAS) for TTI (Viral Markers, Malaria, and Syphilis) testing?	Yes	
		No	
12	If yes, Specify program/provider		
13	Membership ID number (PIN)		
14	Level of EQAS	Inter-lab	
		National	
		International	
15	If you are not participating in EQAS for TTI screening, will you be willing to participate in future?	Yes	
		No	
16	If Yes to Q15, will your blood bank be able to provide financial support (about Rs. 2500 per year)	Yes	
		No	
17	If your answer to Q 15 is NO, when do you think you will be ready for EQAS (TTI screening) participation?	Next 6 months	
		Later than 6 months	
<b>Section E</b> <b>Technical - Component Preparation (Applicable only to BCSU)</b>			
1	Does your blood bank prepare components?	Yes	
		No	
<b>If your answer to Q1 is NO, SKIP TO SECTION F</b>			
If Yes, List the components and number prepared and issued in the period Jan to December 2015			
2	Number of donated blood that was used for component preparation during the period Jan- December 2015.		
		<b>Number prepared</b>	<b>No. issued (utilized)</b>
3	Packed red cells IP (With or without Additive)		
4	Platelet concentrate IP		
5	Fresh frozen plasma (FFP)		
6	Cryoprecipitated antihaemophilic factor IP		

7	Human plasma IP		
8	Other (specify)		
9	Do you perform apheresis for components?	Yes	
		No	
	If yes to above question, Specify the following details		
		<b>Number prepared</b>	<b>No. issued (utilized)</b>
10	Platelet concentrate IP		
11	Fresh frozen plasma (FFP)		
12	Granulocytes concentrates		
13	Other (specify)		
14	Do you perform QC for the components prepared? <i>(If you perform quality control for all components, answer yes.)</i>	Yes	
		No	
15	If yes to above, Are the Factor assays on Fresh Frozen plasma/Cryoprecipitate performed at your Blood Bank?	Yes	
		No	
16	If yes for above question, do you participate in external quality assessment scheme (EQAS)?	Yes	
		No	
17	If yes, to above question, Specify agency		
<b>SECTION F</b> <b>Quality Management Systems</b>			
F 1	Are you aware of quality management systems for Blood bank	Yes	
		No	
1	Is the blood bank accredited?	Yes	
		No	
2	If yes, provide Name of Accrediting Body		
3	Do you have a document control system - other than mandatory registers as D&C act?	Yes	
		No	
4	Do you have Standard Operating Procedures (SOPs) for all technical processes?	Yes	
		No	
5	Do you have written responsibilities for all levels of staff?	Yes	
		No	
<b>How many staff are currently employed in each of the following categories and how many of them have been trained during the reporting period Jan 2015 - Dec 2015? (Questions 6 - 15)</b>			

Staff Details		Total number of staff	Number on contract	NACO/NBTC Supported in-service training	Other National Training
6	Professor				
7	Associate Professor				
8	Assistant Professor				
9	Senior Resident/Tutor				
10	Medical Officer ( <i>include senior/Junior</i> )				
11	Technical Staff				
12	Nursing staff				
13	Counsellor				
14	PRO/Donor motivator				
15	Administrative staff				
16	Support staff				
	If other staff, please specify				
<b>Total number of staff</b>					
17	In your opinion, does the BB have adequate staff to function optimally (24x7)? This may be decided based on the volume and duration of work hours.			Yes	
				No	
18	Do you monitor Quality indicators or Key Performance indicators?			Yes	
				No	
19	If yes to above question, please specify names of indicators				
20	Do you have a designated and trained Quality manager?			Yes	
				No	
21	Do you have a designated and trained Technical Manager?			Yes	
				No	
22	If you do not have either a trained Quality manager or Technical Manager please state reasons?				
23	Please specify if you have a plan for recruitment in the future?				
<b>F2. EQUIPMENT AND SUPPLIES</b>					
1	Does the blood bank have adequate equipment to meet regulatory requirements? ( <i>If your blood bank has adequate equipment in working condition to meet expected workload, please answer yes.</i> )			Yes	
				No	

2	How is equipment purchase funded?	Local bodies	
		Central or upper (state) level agencies	
		Donors	
		Others (specify)	
3	Does the blood bank have a program for regular equipment maintenance?	Yes	
		No	
4	Are all the equipment calibrated regularly as per regulatory requirement?	Yes	
		No	
5	How are consumables purchased?	Local bodies	
		Central or state level agencies	
		Donors	
		Others (specify)	
6	Do you evaluate kits at your facility prior to procurement? <i>(Are kits evaluated locally (at your blood bank) prior to purchase (e.g. Titre and avidity for blood group Anti Sera?))</i>	Yes	
		No	
7	Is quality control for kits, reagents and blood bags carried out at your blood bank? <i>(Is quality control for kits performed locally (at your blood bank) Prior to use (e.g. Titre and avidity for blood group Anti Sera?))</i>	Yes	
		No	
8	Did you have a regular supply of the following items? (Jan to Dec 2015)		
8.1	Blood Bags	Yes	
		No	
8.2	TTI Screening Kits	Yes	
		No	
8.3	Blood grouping / IH reagents	Yes	
		No	
9	Number of staff vaccinated for Hepatitis B?		
<b>EQUIPMENT LIST</b> (Below is a summary equipment list (a subset of D&C list). Please specify the number in inventory and number in working condition? If you are using shared resources of hospital, you can mention that as well			
		<b>Number in inventory</b>	<b>Number in working condition</b>
10	Donor beds/couches		
11	Any instrument for Hb Estimation <i>(other than CuSO4 method)</i>		
12	Blood collection monitor (Blood agitator)		
13	Quarantine Blood bank refrigerator to store untested units		

	with temperature recorder		
14	Container for safe disposal of sharps		
15	Oxygen supply equipment		
16	Computer with accessories and software		
17	General lab centrifuge for samples		
18	Bench top centrifuge for serological testing		
19	Blood transportation box		
20	Emergency drugs box/Crash card		
21	Autoclave machine (shared resource should be specified)		
22	Water bath		
23	Blood bank refrigerator (storage of tested blood) with temperature recorder		
24	Automated pipettes		
25	Refrigerated centrifuge (BCSU)		
26	Blood container weighting device		
27	Serology rotator		

### 7.3 Scoring sheet

Individual Scoring Sheet - Blood Component Separation Units			
GENERAL	GENERAL SUMMARY	WEIGHTAGE	TOTAL
Licence	Under renewal	1	
	Valid	3	
<b>Subtotal</b>			<b>3</b>
Annual collection	Below 1000	0	
	1000 to 2000	0.5	
	2000 to 5000	1	
	5000 to 10000	1.5	
	Above 10,000	2	
<b>Subtotal</b>			<b>2</b>
VNRBD	BB by VNRBD (%)	0	
	<25%	0	
	25-49%	1	
	50 - 74%	3	
	75-90%	4	
	Above 90	5	
Repeat DON	Repeat donation >25%	2	
Counselling	Pre and post donation counselling - Regular	2	
<b>Subtotal</b>			<b>9</b>
TECH-IH	BB performing only slide grouping (forward typing)	0	
	BB using tube method for forward typing	2	
	BB performing reverse grouping (Serum group)	2	
	BB performing tube method for compatibility testing	3	
	BB performing IQC for IH	3	
	BB Participating in EQAS for IH	3	
	Direct antiglobulin test (DAT/DCT)- Direct Coombs Test (DCT)	2	
	Indirect antiglobulin test (IAT/ICT)	2	
	Automation for Immunohematology testing	1	
<b>Subtotal</b>			<b>18</b>
TECH - TTI	BB performing IQC for TTI	3	
	BB Participating in EQAS for TTI	3	
	BB with follow up program for HIV Sero-positive donors	3	
HIV Testing	Rapid	1	
	Elisa	2	
	Advanced	3	

<b>Hep B</b>	Rapid	1	
	Elisa	2	
	Advanced	3	
<b>Hep C</b>	Rapid	1	
	Elisa	2	
	Advanced	3	
<b>Syphilis</b>	RPR	1	
<b>Malaria</b>	Slide/Rapid	1	
<b>Subtotal</b>			<b>20</b>
<b>COMP</b>			
	Component separation < 25	0	
	Component separation < 25-50%	1	
	Component separation 51 to 80%	2	
	Component separation > 80%	3	
	BB that performs component QC	2	
<b>Subtotal</b>			<b>5</b>
<b>QMS</b>	BB MO with relevant PG Qualification	3	
	Staff Nurse with NACO/NBTC Training	3	
	Technician with NACO/NBTC training	3	
	BB with designated and trained QM	2	
	BB with designated and trained TM	2	
	BB with Document control system	4	
	BB with calibration of equipment	4	
	BB with AMC for equipment	4	
	Quality control for kits, reagents and blood bags carried out at blood bank with regular bags supply	2	
	Quarantine Blood bank refrigerator to store untested units with temperature recorder	3	
	Blood bank accredited	5	
<b>Subtotal</b>			<b>35</b>
<b>GEN</b>	BB reporting regularly on SIMS under National AIDS Control Programme	3	
	BB Participating in Haemovigilance Program of India	1	
	E blood banking participation NBTC/NHP	1	
	E blood banking participation – State level	1	
	More than 50% of the staff are vaccinated for Hep B	1	
	Compliance with NBTC norms	1	
<b>Subtotal</b>			<b>8</b>
<b>SCORES</b>	<b>TOTAL</b>		<b>100</b>

Individual Scoring Sheet - Without Blood Component Separation Units			
GENERAL	GENERAL SUMMARY	WEIGHTAGE	TOTAL
Licence	Under renewal	2	
	Valid	3	
<b>Subtotal</b>			<b>3</b>
Annual collection			
	500 - 1000	1	
	1001 to 2000	2	
	2001 to 3000	3	
	3001 - 5000	4	
	>5000	5	
<b>Subtotal</b>			<b>5</b>
VNRBD	BB by VNRBD (%)		
	25-49%	1	
	50 - 74%	3	
	75-90%	4	
	Above 90	5	
Repeat DON	Repeat donation >25%	2	
	pre donation counselling - regular	2	
Counselling	post donation counselling - regular	2	
<b>Subtotal</b>			<b>11</b>
TECH-IH	BB performing slide ONLY for forward grouping	1	
	BB performing TUBE for forward grouping	2	
	BB performing reverse grouping (Serum group)	2	
	Compatibility testing with tube	3	
	BB performing IQC for IH	3	
	BB Participating in EQAS for IH	3	
	Direct antiglobulin test (DAT/DCT)- Direct Coombs Test (DCT)	2	
	Indirect antiglobulin test (IAT/ICT)	2	
	Automation for Immunohematology testing	1	
<b>Subtotal</b>			<b>18</b>
TECH - TTI	BB performing IQC for TTI	3	
	BB Participating in EQAS for TTI	3	
	BB with follow up program for HIV Sero-positive donors	3	
HIV Testing	Rapid	1	

	ELISA	3	
<b>Hep B</b>	Rapid	1	
	ELISA	3	
<b>Hep C</b>	Rapid	1	
	ELISA	3	
<b>Syphilis</b>	RPR	1	
<b>Malaria</b>	Slide/Rapid	1	
<b>Subtotal</b>			<b>20</b>
<b>COMP</b>	<i>Not applicable</i>		
<b>QMS</b>	BB MO with relevant PG Qualification	3	
	Staff Nurse with NACO/NBTC Training	3	
	Lab technician with NACO/NBTC training	3	
	BB with designated TM/QM	2	
	BB with SOPs	2	
	BB with Document control system	2	
	BB with more than 75% equipment functional	2	
	BB with calibration of equipment	4	
	BB with AMC for equipment	4	
	Quality control for kits, reagents and blood bags carried out at blood bank with regular supply	2	
	Quarantine Blood bank refrigerator to store untested units with temperature recorder	3	
	Blood bank accredited by NABH	5	
<b>Subtotal</b>			<b>35</b>
<b>GEN</b>	BB reporting regularly on SIMS under National AIDS Control Programme	3	
	BB Participating in Haemovigilance Program of India	1	
	E blood banking participation NBTC/NHP	1	
	E blood banking participation – State level	1	
	Compliance with NBTC norms	1	
	More than 50% of the staff are vaccinated for Hep B	1	
<b>Subtotal</b>			<b>8</b>
<b>SCORES</b>	<b>TOTAL</b>		<b>100</b>