LESOTHO BLOOD TRANSFUSION SERVICES

MINISTRY OF HEALTH AND SOCIAL WELFARE

LESOTHO

NATIONAL BLOOD TRANSFUSION POLICY

2006
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LIST OF ABBREVIATIONS

1. MOHSW………………………Ministry of Health and Social Welfare
2. NBTC………………………National Blood Transfusion Committee
3. NBTS………………………National Blood Transfusion Service
4. LBTS………………………Lesotho Blood Transfusion Service
5. LRCS………………………Lesotho Red Cross Society
6. RBTC………………………Regional Blood Transfusion center
7. TTIs………………………Transfusion Transmissible Infections
8. HIV………………………Human Immunodeficiency Virus
9. AIDS………………………Acquired Immunodeficiency Syndrome
10. HBsAg…………………Hepatitis B surface Antigen
11. WHA…………………..World Health Assembly
12. WHO…………………..World Health Organization
13. ICRCS…………………International Committee of Red Cross Societies
14. ISBT…………………..International Society of Blood Transfusion
15. QA…………………..Quality Assurance
16. NGOs…………………..Non Governmental Organizations
17. QE II…………………..Queen Elizabeth II hospital
18. CHAL…………………..Christian Health Association of Lesotho
19. ELISA…………………..Enzyme Linked Immuno-Sorbent Assay
EXECUTIVE SUMMARY

This document is a Policy for the Blood Transfusion Services (BTS) in Lesotho. It is a component of the Lesotho National Health Policy and it is in accordance with the Government effort to promote and facilitate safe blood transfusion. This Policy is also in accordance with the standards and specifications of the WHO. The policy is divided into eight chapters which are followed by relevant appendixes, a glossary and references. The Policy covers the significance of blood transfusion in Health Care Delivery and also the associated risks of transmission of infectious agents such as HIV/AIDS and viral hepatitis.

The Lesotho Blood Transfusion Service (LBTS) was created in June, 1984 as an integral part of the Central Laboratory Services by the Ministry of Health and Social Welfare. Its goal is to provide safe and adequate blood and blood products to all the hospitals in the country. This is achieved through the recruitment, selection and retention of voluntary non-remunerated blood donors, collection, processing, screening and storage of blood and blood products, distribution of blood and blood products to all the hospitals. Since 1987, blood transfusion was centralized at the LBTS and all donated blood screened for HIV, Hepatitis B and syphilis.

The Policy describes the aims and objectives of the LBTS, strategies on how those objectives can be achieved. The document proposes a functional collaboration between LBTS and Lesotho Red Cross Society (LRCS), Non-governmental Organizations (NGOs) and the private sectors in issues pertaining to blood donation and to form National Blood Transfusion Committee (NBTC) to enhance participation of other stakeholders. The document describes the appointment and time frame of membership to the NBTC, functions and termination of membership.

This document proposes the creation of a nationally coordinated organizational structure of the BTS by the MOHSW, separate from the Central Laboratory. LBTS, as the headquarters with adequate budget, qualified and trained staff, two Regional Blood Transfusion Centres (RBTC), one in the Northern Region and one in the Southern Region. The Policy defines the responsibilities of the RBTC and the LRCS.

The principles of blood donation and transfusion are defined and the Code of Ethics for Blood Transfusion pertaining to the donor and blood donation, laboratory tests on donated blood, preservation, storage, transportation and disposal of blood and blood products and the recipients and blood transfusion are described.
The Policy emphasizes the need for quality assurance (QA) and a proper record keeping at the BTS, hospital laboratories and the wards for traceability of every unit from donation to transfusion or disposal. The reporting of any adverse reaction of blood transfusion is proposed and the corrective measures to be taken.

As soon as this Policy is approved, a detailed Plan of Action will be developed.
1. INTRODUCTION

The administration of blood can be life saving, and also improves health by alleviating illnesses and expediting recovery. Blood transfusion is therefore an essential part of health care delivery. However this vital therapeutic intervention may be associated with acute or delayed complications and carries the risk of transmission of infectious agents. These transfusion transmissible infections (TTIs) include diseases of immense public health importance such as HIV/AIDS and viral hepatitis. In addition to these potential hazards the procedure requires both financial and human resources which are scarce especially in developing countries like Lesotho.

Recognizing its significant role in health, and the fact that the hazards are preventable, the World Health Assembly (WHA) had passed Resolutions urging member states to enact effective legislative policies governing operations of blood transfusion. The need for formulation and implementation of National Blood Transfusion Policies is also being repeatedly emphasized by The International Committee of Red Cross Societies (ICRCS), and the International Society of Blood Transfusion (ISBT).

This Policy is for the Kingdom of Lesotho and is in accordance with the standards and specifications of the World Health Organization (WHO), and is a component of the overall Lesotho National Health Policy.

Situation Analysis

The organization of blood transfusion in Lesotho is loosely diffused in the Central Laboratory Service that supports patient care in hospitals, and there is no formal legislative instrument to guide their operations. There is no organized dedicated programme and the limited laboratory staff in the existing service are also hospital laboratory staff. The existing blood bank is considered as a unit of the Central Laboratory on which it depends on administration, supervision and supplies.

In 1984 a unit of the Central Laboratory was created and called Lesotho Blood Transfusion Services (LBTS), located at 23 Kingsway Street in Maseru, however donations were then hospital based. Donation services became centralized in 1987 at the LBTS but up to date the LBTS has only three (3) dedicated staff called donor attendants who received only on the job local training on phlebotomy and keeping records. The other four laboratory technologists and one nursing sister who work in the LBTS are also staff of the Central Laboratory and Queen Elizabeth 11 (QE11) hospital respectively. The driver and the cleaners are also Central Laboratory staff.

The current shortage of staff and the absence of an organized donor recruitment system results in the regular repeat donors forming only 5% of the blood collections. 70% of the blood is collected from blood collecting campaigns in institutions all around the country, whilst 25-30% is collected at the LBTS. Replacement/family donors form about 5%. About 20% of donors donating at the
LBTS are first time donors some of whom are interested in ascertaining their HIV status. The blood collecting campaigns are not planned and are a response to low stocks in the blood bank. Blood donation badges are given to regular donors according to the number of donations and a pen for 10th time donors. There has been a significant decline in the annual total donations in the past 10 years associated with a rise in the incidence of HIV in the population. In 1995 a total of 4178 units were collected while in 2003, 2700 units were donated representing about a 40% decline. The sentinel surveillance in 2003 showed an HIV prevalence of 29% in the general population and 6.2% prevalence is noted among blood donors.

Since the centralization of blood collection at the LBTS in 1987 all donated blood units are tested for HIV, HBsAg and syphilis and the records are kept. Two (2) ELISA machines are available for HIV and HBsAg, and one Rotator for syphilis. Two blood bank fridges which were bought in 1984 are being used for storage, with one showing a faulty temperature recording chart but the digital temperature indicator is functioning. There is no interaction between the LBTS staff and the hospitals or clinicians to ascertain the real demand or need for blood and monitor the clinical use of blood. Blood is only prescribed by medical doctors but there are no guidelines to ensure proper use. This weakness is made worse by the fact that the LBTS does not have a qualified medical doctor.
2. AIMS AND OBJECTIVES

2.1 Aim

The aim of the National Blood transfusion policy is to provide blood and blood products that are safe, accessible and adequate to meet the needs of the Nation.

2.2 Objectives

2.2.1. Provide guidelines for the establishment of a well coordinated blood transfusion services, as part of the National Public Health delivery system.
2.2.2. Provide guidelines for blood donor recruitment system through education, motivation and advertising, with emphasis on voluntary non-remunerated donation.
2.2.3. Provide guidelines for the provision of adequate safe blood and blood products to those who require them in order to reduce morbidity and mortality from failure to transfuse.
2.2.4. Provide guidelines on the clinical use of blood in collaboration with hospital transfusion teams.
2.2.5. Ensure that freely donated blood is ethically and appropriately used.
2.2.6. Establish norms and standards for blood services nationwide and ensure a culture of quality and its maintenance.
2.2.7. Ensure adequate and appropriate provision of equipment and consumables for the smooth running of the blood service.
2.2.8. Ensure a sustainable and cost effective service.
2.2.9. Maintain the highest standard of transfusion practice in the country, through appropriate training programme and career development for the various categories of staff.
2.2.10. Establish a system for data collection and management of blood transfusion in the country.
2.2.11. Ensure active scientific or social research surveys in order to improve the service.
3. STRATEGIES

Policy and objectives must be achieved by the creation of an identifiable unit within the Ministry of Health and Social Welfare that will collaborate with blood donors and donor organizations, National Health Laboratory, Hospitals, other institutions and organizations that have a role to play in blood transfusion.

The Minister of Health and Social Welfare will establish a statutory body, the National Blood Transfusion Committee (NBTC), representing all the role players concerned, including the Director General of Health Services, Hospitals, private practitioners and other members of the civil service and Public. The National Blood Transfusion Committee shall be concerned with periodic reviews and evaluation of the activities of the Lesotho Blood Transfusion Services, and advice the Minister of Health and Social Welfare.

Following adoption and enactment of the Policy through legislation, efforts shall be made to provide required personnel, equipment and infrastructure to the Lesotho Blood Transfusion Service who should be responsible for implementation of the policy.

Emphasis shall be placed on adequacy of safe blood supplies through voluntary, non-remunerated donations from the public, using a nationally organized system of education, motivation, recruitment and retention of regular donors.
4. ORGANIZATION OF LESOTHO BLOOD TRANSFUSION SERVICE

The Lesotho Blood Transfusion Service (LBTS) shall be charged with the responsibility of accomplishing the objectives of the Lesotho Blood Transfusion Policy. The Country Red Cross Society, Non-governmental Organizations (NGOs) and the private sector shall collaborate with LBTS on issues pertaining to blood donation.

The primary objective of the LBTS is to ensure sufficient and safe supply of blood and blood products. To achieve this, the Service shall:

a. Coordinate and monitor recruitment and collection of blood from suitable blood donors in the country.

b. Develop and monitor implementation of Standard Operating Procedures (SOPs) for the entire activities performed in the services.

c. Develop and establish organized Quality Assurance (QA) system.

d. Participate in the formulation and implementation of policy guidelines on appropriate clinical use of blood and blood products.

e. Participate in the training of health personnel in the appropriate use of blood and blood products.

f. Participate in the training and development of manpower.

g. Conduct research and issue publications in the blood transfusion practice.

4.1. The Minister of Health and Social Welfare

The Minister of Health and Social Welfare (MOHSW) is ultimately responsible for the safety and adequacy of Blood Supplies and shall take every measure to secure Government commitment and support for the LBTS. This responsibility of the Minister shall be carried out through LBTS under the supervision of a National Blood Transfusion Committee (NBTC) appointed by the Minister.

4.2. National Blood Transfusion Committee (NBTC)

4.2.1 The Minister shall appoint a NBTC with a membership of ten persons and they will serve for a period of three years which may be renewed at the discretion of the Minister.

4.2.2 The NBTC shall be composed of a chairman from the MOHSW and one representative from the Central Laboratory, LBTS, Lesotho Red Cross Society, STI, HIV/AIDS Directorate, Ministry of Education, one doctor from QE11 Hospital, district government Hospital and CHAL Hospital and a Legal Advisor.

4.2.3 The NBTC shall be directly accountable to the Minister of Health and Social Welfare.

4.2.4 The NBTC shall form subcommittees for its effective functioning.

4.2.5 Terms of Reference (TOR) of the NBTC:
To act as an advisory body to the Ministry of Health and Social Welfare (MOHSW) regarding transfusion medicine and the donation and processing of human blood and its components.

To monitor developments in transfusion medicine and the need for blood and blood components in Health Services of Lesotho.

To draft regulations for the MOHSW to approve on the organization and staffing of the NBTS in Lesotho, selection and screening of blood donors.

To draft and continuously update blood use policy for medical therapy in Lesotho.

To be responsible for issuing and implementing guidelines on the use of blood and blood components together with other alternatives in medical therapy.

In pursuance of excellence in discharging its mandate, the NBTC may from time to time invite expert person/s on selected topics on transfusion medicine to give advice to the committee or conduct a workshop.

4.2.6 Meetings of the NBTC:

- The committee will meet at least three times a year and the chairperson shall chair all meetings, in his/her absence the members may elect a chairperson from among themselves.
- The quorum shall be 50% of the members of the committee.
- A special meeting may be called by the chairperson or at request of one-third of the committee members.
- The committee may invite any person/s to attend its meetings but such person/s shall not vote.
- The secretary shall record the minutes of the meetings, in his/her absence, the chairperson may appoint a person who need not be a member of the committee to record the minutes of the meetings, but such person shall not vote.

4.2.7 Termination of membership to the NBTC:

- The Minister may terminate membership of the NBTC at his/her discretion if such member is deemed to have consistently failed to discharge his/her duties in the committee (e.g. attendance of meetings).
- A member of the NBTC may terminate his/her membership to the committee by writing to the Minister giving notice of one month.
4.3 Lesotho Blood Transfusion Service (LBTS)

4.3.1 The LBTS shall be a specialized, non-profit making organization with an adequate budget and a management team consisting of trained and experienced staff under the directorship of a qualified health professional specialized in blood transfusion or hematology.

4.3.2 The Headquarters of the LBTS shall be de-linked from the Central Laboratory.

4.3.2 The LBTS shall establish two Regional Blood Transfusion Centers (RBTC), one in the Northern region and one in the Southern region.

4.4 Regional Blood Transfusion Centers (RBTC)

4.4.1 The regional blood transfusion centers shall have four (4) functional units; donor recruitment, blood collection, laboratory services and administration with appropriately trained staff.

4.4.2 RBTCs should be located preferably outside the hospital settings. Where the RBTC is located on the hospital premises, its management should be separated from that of the hospital.

4.4.3 The head of the RBTC shall be responsible to the head of the LBTS at the headquarters, but have functional relationship with the District Medical Officers in its catchment area.

4.5. Responsibilities of Regional blood Transfusion Centers (RBTC)

4.5.1 Ensure safe, adequate and cost-effective supply of blood and blood products to fulfill the needs of the patients in the region.

4.5.2 Assist hospitals in the rational use of blood and blood products.

4.5.3 Plan and implement regional blood programmes.

4.5.4 Collaborate with LBTS in standardization of techniques and procedures.

4.6. The Country Red Cross Society

The Lesotho Blood Transfusion Service should collaborate with the Red Cross Society in activities related to the donor recruitment. The society should:

4.6.1 Sensitize and educate the community on the need for blood donation, so as to promote participation.

4.6.2 Recruit and maintain regular donors.

4.6.3 Establish contacts with NGO and other bodies in efforts to promote blood donation.

4.6.4 Organize recruitment campaigns in collaboration with LBTS.
5. PRINCIPLES OF BLOOD DONATION AND TRANSFUSION

5.1 The Lesotho Blood Transfusion Service (LBTS) established by the Ministry of Health and Social Welfare shall have the authority and be entrusted with the responsibility of recruitment of voluntary, non-remunerated donors; collection, processing and issuing of blood and also shall monitor proper use of blood and blood products in the country.

5.2 Blood donation shall be voluntary and non-remunerated. No coercion of any kind shall be brought to bear on the donor.

5.3 Financial gain must never be a motive either for the donor or for those responsible for collecting the donated blood.

5.4 Donor populations should be identified and maintained by strategies based on education, motivation and health improvement.

5.5 Blood donation must not entail discrimination of any kind, whether by race, nationality, religion or otherwise.

5.6 All necessary steps must be taken to ensure that blood and blood products for transfusion are as safe as possible, using the principles of quality management.

5.7 Blood and blood products must not be given unless there is a genuine therapeutic need. There must be no financial motivation on the part of either the prescriber or the establishment where the patient is treated.

5.8 Confidentiality in blood donor records shall be maintained.

5.9 Anonymity between donor and recipient must be respected except in special cases as directed donations.

5.10 These guidelines shall be binding to all those institutions authorized to collect blood.

5.11 All blood and its products imported into the country shall conform to the national standards for blood transfusion incorporated in this policy and any other safety standards approved by the Minister responsible for Health and Social Welfare.
6. CODE OF ETHICS FOR BLOOD TRANSFUSION

These are the accepted standards, rules and regulations that guide the process of blood transfusion.

6.1 The donor and blood donations:

6.1.1 A system of donor management should be developed based on respect, trust and confidence that is acquired and sustained through education and motivation with the aim of maintaining regular donors.

6.1.2 Blood donations should rely on voluntary non-remunerated community-based blood donors; who are appropriately educated on safe blood donation, and are recruited and maintained as regular donors. Replacement / family donors and paid donors should be discouraged.

6.1.3 The donor shall be appropriately counselled on the risk connected with the procedure. The donor's health and safety must be a constant concern.

6.1.4 Proper donor selection shall be performed in order to defer those with conditions that may be harmful to the donor and/or the recipient.

6.1.5 Prior to donation the donor should complete a health history that declares his/her identity, recent and past health status.

6.1.6 It shall be an offence for anyone to donate blood when he or she is fully aware that his/her blood is infectious.

6.1.7 The donor or the guardian, whichever is applicable, shall sign the health history form confirming that the donor understands the donation process, certifies all questions have been answered truthfully and gives the service permission to use the donated blood as it deems fit.

6.1.8 Pre and post donation counselling should be given, and those found to be positive for transfusion transmissible infections shall be advised accordingly, and referred for appropriate treatment and follow-up.

6.1.9 Only trained personnel working under the supervision of a qualified and licensed health worker should collect blood.

6.1.10 The criteria for donor selection and care shall follow approved medical assessment protocols in line with internationally accepted guidelines. These shall include:

6.1.10.1. The age of the donor shall be between 16 and 60 years; regular donors may continue to donate up to 65 years. Donors between 65 to 70 years may only donate upon the approval of a senior medical officer.

6.1.10.2. Interval between donations should be at least three months except in cases of an emergency or for special types of donations when one may be called upon more often.

6.1.10.3. Donors weighing 50kgs and above may donate 450mls of blood. Donors weighing less than 50kgs may be allowed to donate up to 300mls. Bleeding should never exceed 13% of the estimated blood volume of the person, (60 to 80mls/kg body weight).

6.1.10.4. The blood haemoglobin level accepted for blood donation
shall be a minimum of 12.5g.dl for both male and female except autologous transfusion (not less than 11.0g.dl). The haematocrit shall not be less than 0.38/l.

6.1.10.5. Potential donors with clinical signs of disorders of circulatory system, such as irregular pulse, pulse rate above 120/min or below 50/min, should be excluded.

6.1.10.6. Potential donors should be rejected if found to be hypertensive, BP more than 140/90 mmHg, or hypotensive – BP less than 100/60 mmHg.

6.1.10.7. Where pregnancy is confirmed donor should be deferred until three (3) months postpartum, except for autologous transfusion or transfusion to the infant as directed by a qualified medical officer.

6.2 Laboratory tests on donated blood:-

6.2.1 The following tests shall be performed by LBTS on each donated blood unit using current acceptable methods of testing:

(i) ABO grouping on cells and serum.
(ii) Rh D grouping.
(iii) Screening for transfusion transmissible infections like Hepatitis B, Human Immunodeficiency Virus (HIV), Syphilis and such other tests that may be prescribed by the National Blood Transfusion Committee. All donations found positive for infectious disease markers should be destroyed according to laid down protocols.

6.2.2 Records of all individual tests must be maintained for at least ten years. All records are confidential.

6.2.3 All serum samples of donated blood shall be kept frozen for at least 2 years to enable future testing as may be applicable.

6.2.4 The following recipient – donor compatibility testing shall be done by the hospital laboratory before blood is released for transfusion:

6.2.4.1 Recipient ABO and Rh D grouping.
6.2.4.2 Compatibility testing.

6.3 Blood preservation, transportation and disposal.

6.3.1 Institutions handling blood and blood products for transfusion shall have refrigeration facilities capable of maintaining the required temperatures as specified below, for optimal preservation of blood and blood products.

6.3.2 Regular temperature monitors and alarm devices should be installed in blood bank refrigerators and deep freezers. These devices shall use a different source of power from that used by unit being monitored.

6.3.3 Whole blood and concentrated red cells shall be stored at temperatures maintained between 2.0°C and 6.0°C in an approved blood bank refrigerator and may be stored for up to 35 days if collected in a suitable anticoagulant such as citrate phosphate dextrose with added adenine (CPDA 1).
6.3.4 Platelet concentrates shall be stored at 20°C to 24°C with continuous agitation for 5 days. After pooling platelets shall not be refrigerated and must be transfused within 4 hours. Platelets obtained from fresh blood using the cool spin should be infused within 24 hours.

6.3.5 Fresh frozen plasma, cryoprecipitates shall be stored at -30°C or below and can be used for up to 1 year.

6.3.6 The shelf life of blood and blood products will be determined by its nature and the mode of preservation used.

6.3.7 Blood and blood products being moved from one site (blood bank, hospital or collection site) to another shall be transported in labeled, validated containers, providing security and protection of the components from damage. There must be proper identification, and where applicable the destination should be indicated.

6.3.8 Where disposal of blood becomes necessary, the following information about the blood or blood product must be recorded and kept according to written protocols:
   5.3.8.1 The nature (component) of the blood,
   5.3.8.2 The reason for destruction,
   5.3.8.3 The date and details of the procedure used,
   5.3.8.4 The staff responsible for the destruction.

6.4 The recipient and blood transfusion:-

6.4.1 The aim of the transfusion is to ensure that the recipient receives safe unit(s) of blood at the time of need.

6.4.2 Transfusion of blood and blood products must be based on careful assessment by the clinician to determine the necessity for such transfusion. Administration shall be done only for genuine therapeutic indications. Wherever practical, the patient must be advised of the risks associated with blood transfusion in order to obtain informed consent to transfuse.

6.4.3 The possibility of using plasma expanders (crystalloids and colloids) must always be considered for restoring blood volume before resorting to blood transfusion.

6.4.4 Before any transfusion of blood or blood products, a written request signed by authorized medical personnel or issued under his/her direction shall be made which specifies the identity of the recipient and the quantity of the substance to be administered.

6.4.5 Donor’s blood and blood products to be transfused must be compatible with the recipient’s blood.

6.4.6 It is the responsibility of the nursing staff in collaboration with the laboratory staff to ensure that the correct fully tested blood unit is collected for transfusion.

6.4.7 On collection from the laboratory, each unit of blood must be signed for and all documentations kept both in the laboratory and the recipient’s records.
6.4.8 Before administration, the attending medical personnel must verify that the blood and blood products are identified, appear normal on inspection, and check the expiry date. The recipient identity shall be verified.

6.4.9 In case of a reaction during transfusion of blood or blood products, transfusion shall be stopped pending the clinician's assessment, and further investigations are required to ascertain the origin of the reaction and to prevent its recurrence.

6.4.10 Patients on blood transfusion shall be closely monitored in accordance with accepted guidelines.

6.5 Autologous transfusion:

6.5.1 Autologous blood transfusion shall be encouraged for medical management of patient wherever possible.

6.5.2 Collection, storage and transfusion of such blood is a joint responsibility of the patient’s doctor and the blood bank.

6.5.3 Each blood unit donated for autologous blood transfusion shall undergo the same laboratory testing as other voluntarily donated blood.

7 QUALITY ASSURANCE

7.1 The Blood Transfusion Service shall be dedicated to a system of quality management which will ensure that blood and blood products meet the requirement of clinicians and patients.

7.2 Quality shall be commensurate to needs and requirements, at all stages of the blood provision process, i.e. donor recruitment, processing (collection, testing, and distribution) and clinical use.

7.3 Quality shall be maintained and improved through a planned system of quality management that include proper documentation, regular monitoring and evaluation, and audits and reviews aimed at performance enhancement.

7.4 Continuing education and training should be an integral part of maintaining and improving quality.

7.5 This quality management system shall be adequately funded by MOHSW in a sustainable manner.

8 HAEMOVIGILANCE

8.1 Records of all activities undertaken by LBTS shall be kept in such a way that it must be possible to follow every unit of blood or blood product from the donation, the required testing done, to the use of the unit, either by transfusion or destruction.

8.2 All hospitals providing blood transfusion therapy shall provide information on any adverse reaction experienced by a patient to LBTS.
Appendix I

LESOTHO BLOOD TRANSFUSION SERVICE

Lesotho Blood Transfusion Service (Headquarters)

Regional Blood Transfusion Center (Southern Region)

Regional Blood Transfusion Center (Northern Region)

Appendix II

NATIONAL BLOOD TRANSFUSION SERVICE (LBTS HEADQUARTERS)

DIRECTOR

MANAGER

Nurse Phlebotomist

Snr. Lab. Technologist

Donor Recruiter

Administrator

Counsellor

Donor Attendants

Lab. Technologist

Recruitment Officers

Secretary/Typist

Lab. Assistant

Driver

Office Assistants
Appendix III

REGIONAL BLOOD TRANSFUSION CENTRE
(NORTH AND SOUTH)
GLOSSARY

**Autologous transfusion** or Pre-deposit auto transfusion is the safer form of transfusion. Blood is taken from the person, stored in the blood bank and subsequently transfused to that same person. There are indications for this e.g. elective surgery, Chemo/radiotherapy. The general condition of these recipients must fall within donor and recipient guidelines.

**Blood Product** – are the various components of whole blood e.g. Red cell concentrates and other products, platelet concentrates, plasma products and specific coagulation factor product.

**Blood fractionalization** – is the mechanical/physical separation of various blood components from whole blood by centrifugation.

**Plasma expanders** – are purified blood products (human albumin solution (4.5%) and human albumin solution (20%) salt – poor albumin) recommended as the main general-purpose plasma volume expander, where a sustained osmotic effect is required prior to the administration of blood. Crystalloids and colloids can also be used.

**Transfusion reaction** – may be defined as any potentially adverse sign or symptom, which occurs after the start of transfusion of blood products.

**Crystalloids/colloids** – are semi fluids and structureless proteins that increase the density of intravenous fluids and used to increase the volume and osmotic effect of blood.

**Compatible** – means donor and recipient must be of the same blood group and having the same clinically significant antibodies.

**Cold chain** – is the acceptable storage temperature every donated pint of blood is kept until it is transfused.

**Shelf life** – is the time period or duration for which cells of whole blood and its components remain viable before transfusion.

**Reverse grouping** – is the test to detect ABO antibodies in serum or plasma using A and B cells.

**Incineration** – is the burning of waste used or exposed blood transfusion equipment or products.

**Informed consent** – is agreeing to (by donor or recipient) the nature and/or procedure of whatever type together with risks involved after they are fully explained.
REFERENCES


2. Consensus Statement on how to achieve a safe and adequate blood supply by recruitment and retention of voluntary, non-remunerated blood donors, Geneva, 8 – 11 April, World Health Organization, - Global blood safety initiative. WHO/LBS/93.2, WHO/GPA/INF/93.1


