



transfusion reactions reported must be treated as a STAT procedure. Furthermore, any unexpected investigation results must be reported, expeditiously, to the medical director of the blood bank.

LB.70 The medical director of the transfusion services participates (through the blood transfusion committee) in the development and implementation of a process for the investigation of suspected cases of post-transfusion infection.

LB.70.1 There is a process for the investigation of suspected cases of post-transfusion infection which ensures the following:

- LB.70.1.1 Prompt identification of the implicated donors.
- LB.70.1.2 Prompt notification of the collecting facility (if applicable).
- LB.70.1.3 Prompt quarantine of available components from the implicated donors.
- LB.70.1.4 Investigating the implicated donors.
- LB.70.1.5 Assigning appropriate deferrals to the implicated donors.
- LB.70.1.6 Reporting the investigation results (internally and externally), as applicable.

LB.70.2 The process for investigation of donors subsequently found to have transfusion transmissible disease (Look Back) ensures the following:

- LB.70.2.1 Prompt quarantine of available components from the same donor.
- LB.70.2.2 Prompt identification of the recipients.
- LB.70.2.3 Prompt notification of the facility where the transfusion was conducted (if applicable).
- LB.70.2.4 Prompt notification of the patient's physician and/or infection control.
- LB.70.2.5 Investigation and follow-up of recipients.
- LB.70.2.6 Reporting the investigation results (internally and externally), as applicable.

Standard Intent:

Because the interval between an infected transfusion and onset of disease can be very long, recipients and donors are usually unaware of their infection and may be infectious to others. Also, if a patient develops a Transfusion Transmissible Disease (TTD) after receiving blood or blood component(s), the donor(s) of those units must be traced retested and notified if they show seroconversion.