LB.51 The blood bank develops a process to prevent disease transmission by blood/platelet transfusion.

LB.51.1 There are policies and procedures mandating that a sample of blood obtained from the donor during blood/ blood component collection is subjected to the following infectious diseases testing:

- LB.51.1.1 HBsAg.
- LB.51.1.2 Anti-HBc.
- LB.51.1.3 Anti-HCV.
- LB.51.1.4 Anti-HIV-1/2.
- LB.51.1.5 Anti-HTLV-I/II.
- LB.51.1.6 HIV-1 RNA.
- LB.51.1.7 HCV RNA.
- LB.51.1.8 HBV DNA.
- LB.51.1.9 Serological test for syphilis.
- LB.51.1.10 Other additional or supplemental tests as mandated by relevant health authorities.

LB.51.2 The blood bank has a process to limit and detect bacterial contamination in platelet components. The process:

- LB.51.2.1 Describes the blood bank approach to limit bacterial contamination and the investigations of positive cases.
- LB.51.2.2 Ensures the employed detection method is sensitive enough to detect significant bacterial contamination.

Standard Intent:

Bacterial contamination of blood components (mainly platelets) is a major cause of transfusion-related fatalities. To limit blood component contamination by bacteria from donor skin, two elements of the blood collection process are critical. Before venipuncture, the donor skin must be carefully disinfected using a method with demonstrated efficacy. Second, diversion of the first 10 to 40 mL of donor blood away from the collection container. Furthermore, the blood bank needs to use a method sensitive enough to detect significant bacterial contamination in platelet components. Insensitive methods including pH, glucose and microscopy are no longer acceptable.

LB.52 The blood bank establishes a process for the identification and discard of unacceptable blood/blood product.

LB.52.1 The process mandates two qualified staff members to perform and document this activity.

LB.52.2 The process mandates discarding unacceptable components before the initial labeling of blood and blood components.