

Donation testing and disposal of unsafe units

Standard operating procedure (SOP) | BLD-SOP-002

Document type	Standard operating procedure (SOP)
Title	Donation testing and disposal of unsafe units
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Prepared by	{{roles.quality_lead.name}}, Quality lead
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Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months, or sooner after any incident or change)
Replaces	None (new document)
Standards and criteria supported	Standard 5 (Blood Bank), criterion 5.2
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

At a glance: what to do

1. Test every donation for the infections and blood group with validated tests.
2. Record each result before the unit is released.
3. Discard any unit with a positive or invalid result.
4. Notify the donor and the clinician of a positive result as the policy sets.

Stop and get help straight away if: a unit is released before all tests are recorded, or a positive unit is not discarded.

1. Purpose

To make sure each donation is tested, and that unsafe units never reach a patient (5.2).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of {{facility.legal_name}}
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions and abbreviations

Term	Meaning in this SOP
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background and rationale

To make sure each donation is tested, and that unsafe units never reach a patient (5.2).

5. Responsibilities

Role	Duties in this SOP	Competence needed
Laboratory scientist	Runs the tests and checks the results	Scientist
Blood bank director	Authorises release and disposal	Clinician

6. Equipment, materials and resources

Item	Specification or standard	Check before use
Records and forms named in this document	Current version	Checked before use

7. Safety and infection prevention

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Follow the steps in order. Where a step says "If", take the action for the case that applies. Do not skip a step. If a step cannot be done, use section 11 and section 12.

Step	Action	How to do it	Key point
1	Test.	• Run the validated tests for each donation and record the results (BLD-REG-001).	Validated tests only.
2	Release.	• Release a unit only when every test result is recorded and valid.	No result, no release.
3	Discard.	• Discard any positive or invalid unit, and record the disposal.	Unsafe is discarded, always recorded.

Decision points

- No decision points in this procedure.

10. Special situations

Situation	What to do
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

11. Problems and escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

12. Monitoring and compliance

What is checked	Target	How often	Who	If the target is missed
Units released with all results recorded	100%	Monthly	Blood bank director	Escalate to governing body
Unsafe units discarded and recorded	100%	Monthly	Blood bank director	Escalate to governing body

13. Records

Record	Where it is kept	Kept for
Record named in this document	Patient record or the area file	{{facility.records_retention_years}} years

14. Training and competence

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

15. Related documents

ID	Title	Relationship
BLD-REG-001	Donation testing and release register	Register

16. Evidence

ID	Source and status
E-009	Based on the WHO guidance on screening donated blood for transfusion-transmissible infections (2010).
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus. Items marked EC are reviewed by the Committee each year.

17. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval