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Blood Donation Inspection Checklist- Final

Name of the Facility: _____

Date of Inspection: ____/____/____

Ref.	Description	Yes	No	N/A	Remarks
5	STANDARD ONE: REGISTRATION AND LICENSURE PROCEDURES				
5.7.	The health facility shall develop the following policies and procedure; but not limited to:				
5.7.1.	Service Description and Scope of Services.				
5.7.2.	List of services performed in the Blood Collection site.				
5.7.3.	Donor eligibility management.				
5.7.4.	Blood Collection from allogenic and autologous blood donors.				
5.7.5.	Donor education, communication and Informed consent.				
5.7.6.	Donor data management.				
5.7.7.	Donor confidentiality & privacy.				
5.7.8.	Storage & transportation of collected whole blood units and blood samples under predefined controlled temperature.				
5.7.9.	Emergency action plan.				
5.7.10.	Incident reporting.				
5.7.11.	Infection control measures and hazardous waste management.				
6	STANDARD TWO: HEALTH FACILITY REQUIREMENTS				
6.1.	The new BDCS should meet the health facility requirement as per the DHA Health facility Guidelines 2019 and specifically the Functional Planning Units. It provides specific design requirements for the following areas:				
6.1.1.	Waiting area				
6.1.2.	Donor registration				
6.1.3.	Donor history questionnaire				

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6.1.4.	Donor medical assessment , maintaining confidentiality and privacy				
6.1.5.	Donor phlebotomy				
6.1.6.	Post donation care				
6.1.7.	Medical store				
6.1.8.	Support areas				
a.	Waste storage including sharp safe				
b.	Equipment and critical items Storage				
c.	Area for Administrative activities.				
d.	Refreshment storage				
e.	Offices and staff areas.				
6.4.	The BDCS should install and operate equipment required for provision of the proposed services in accordance to the manufacturer's specifications.				
6.7.	The BDCS shall be designed to easily accommodate People of Determination and aligned with the Dubai Universal Design Code.				
7	STANDARD THREE: HEALTHCARE PROFESSIONALS REQUIREMENTS				
7.10.	The Blood Donation Collection Centre (BDCC) shall maintain charter of patients' rights and responsibilities, customer happiness charter, and donor journey posted at the premise in two languages (Arabic and English).				
9	STANDARD FIVE: MANAGEMENT OF EQUIPMENTS				
9.1.	The Health facility management shall identify the equipment that is critical to the provision of blood, blood components and/or services in the BDCS. This includes policies, processes, and procedures to ensure that calibration, maintenance, and monitoring of equipment conforms to these current AABB Standards.				

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9.14.1.	The BDCS should use DBDC software for donor's management to have unified donor's data within the emirate of Dubai.				
9.14.2.	An alternate system, including any required forms, shall be maintained and readily available for use to ensure continuous operation in the event that computerized data and Computer-assisted functions are unavailable. The alternate system shall be tested at defined intervals. Processes and procedures shall address mitigation of the effects of disasters and include recovery plans.				
9.16.	The System shall be designed to prevent unauthorized access to computers and electronic records shall be established and followed.				
10	STANDARD SIX: PROCESS CONTROL				
10.2.1.	A program of quality control shall be established that is sufficiently comprehensive to ensure that reagents, equipment, and methods perform as expected. Improvement through Corrective and Preventive Action, applies.				
10.5.1.	Process or Procedure Steps; for each critical step in collection and transportation of blood, there shall be a mechanism to identify who performed the step and when it was performed.				
10.9.1.	The BDCS shall have a process to ensure that blood units, samples, and critical materials (including reagents) are handled, stored, and transported in a manner that prevents damage, limits deterioration, and meets AABB requirements for storage, transportation, and expiration.				
11	STANDARD SEVEN: DONOR INFORMATION, CONSENTS, AND NOTIFICATIONS				
11.1.2.	When parental permission is required, the collection facility shall have a process to provide information to parent(s) or legally authorized representative(s) of the donor concerning the donation process, and potential adverse effects related to the donation.				

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11.4.1.	The collection facility shall have a policy to ensure that the donor qualification process is private and confidential.				
11.4.3.	The collection facility shall have a process for treating donor adverse events and providing for emergency medical care as necessary. Immediate assistance and the necessary equipment and supplies shall be available. (Refer to DBDC related SOP MED007- Monitoring and Managing Blood Donor Reactions)				
11.6.2.	The facility shall have a process for managing post donation information about a donor's eligibility received from the donor or a third party.				
13	STANDARD NINE: SAFETY & INFECTION CONTROL PRACTICES				
13.1.3.	Safety therefore includes protection of both the staff and the environment from hazardous materials. General safety measures include:				
a.	Documentation of Safety Policies and Procedures.				
c.	A comprehensive warning labelling system should be implemented to identify contaminated objects or objects containing contaminated or hazardous materials. Labels exhibiting the universal biohazard sign should be placed on containers of regulated waste, refrigerators containing blood or other potentially infectious materials, sharps disposal containers, and any other spaces in which infectious materials are stored.				
d.	Eyewash stations shall be available and should be located within a 10- second walk (approximately 55 ft) from all locations in which hazardous chemicals are used or infectious materials are handled.				
e.	Emergency showers should be available in locations in which caustic and corrosive chemicals are used and in which the possibility of a large spill exists, and should be within a 10- second walk (approximately 55 ft).				

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f.	Basic first aid kit needs to be available and restocked periodically. Unless otherwise specified, the minimally recommended contents of a first aid kit.				
g.	The Blood Collection site must be equipped with an Oxygen Cylinders, which must be maintained for emergency use.				
h.	Smoking should be prohibited in the technical work area by posting a no smoking sign.				
i.	Blood Collection site shall ensure proper preservation and security of blood units and samples.				
13.2.	Hand Hygiene				
13.2.2.	Handwashing basins, paper towels should be provided in areas that conduct a medical procedure such as phlebotomy.				
13.2.3.	Antiseptic Hand Sanitizers should be in single use, non-refillable pouches inserted into dispensers.				
13.3.3.	These types of PPE such as Gloves, Masks, Disposable coats must be always available and discarded in the Infectious waste bin.				
13.5.	Waste Management				
13.6.1.	All spillages of blood or body fluid, chemical spill must be considered as potentially infectious/hazardous and must be dealt with immediately, utilizing appropriate and available spill kits. These kits such as Biological Spill Kits, Vomit Spill Kits and Chemical Spill Kits must be readily available in procedure areas and must be inspected periodically.				
14	STANDARD TEN: HEALTH RECORDS				
14.5.	An internal policy must be available concerning the time keeping of the donors and laboratory reports as either hard copy or soft copy according to the BDCS.				

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