REDEEMERS HEALTH VILLAGE

Human Resources Department

BLOOD SOURCING, SCREENING & HANDLING POLICY

Policy Code: CLI-POL-020

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Approved By:	Chief Executive Officer | REMCO, RHV Board		
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Relevant Standards

- National Blood Transfusion Policy — Nigeria
- WHO Safe Blood Transfusion Guidelines
- NAFDAC Regulations on Blood and Blood Products
- National Health Act 2014
- Nigeria Data Protection Act (NDPA) 2023
- RHV Code of Professional Conduct (HR-POL-023)
- RHV Disciplinary Action Policy (HR-POL-005)

Amendment History

Issue	Status	Date	Reason for Change	Authorised
1	Draft	October 2025	New Policy Implementation	CEO
2	Final	April 28, 2026	Board Submission Revision	CHRO/CEO
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1. Purpose

This policy establishes standardised, safe, ethical, and accountable procedures for the sourcing, screening, and handling of all blood and blood products used within Redeemers Health Village (RHV). Blood transfusion is one of the highest-risk clinical procedures in terms of patient safety impact. This policy ensures that every unit of blood administered at RHV is traceable, verified, and properly screened and that patients are fully protected from the risks of unverified or unauthorised blood supply.

This policy also defines the governance and accountability framework for RHV's blood procurement activities, particularly in relation to the authorised arrangement with Redeemers Health Centre (RHC) Laboratory.

2. Scope

This policy applies to:

- All medical, laboratory, and nursing staff involved in any aspect of patient care that may require blood transfusion or blood product administration
- All clinical departments and units at RHV where blood transfusion or related procedures may occur
- The Laboratory Department, which is the sole authorised channel for all blood procurement, screening, and issue at RHV
- External laboratories and partners supplying blood to RHV including Redeemers Health Centre (RHC) Laboratory

3. Policy Statement

RHV recognises the critical importance of safe and ethical blood transfusion practice to patient safety and institutional credibility. The following principles are non-negotiable and are enforced without exception:

- Only blood obtained through RHV's approved, verified, and documented channels may be used for any clinical procedure within the hospital.
- Under no circumstances may patients, their relatives, clinical staff, or any other person associated with RHV direct or instruct patients or families to source blood independently from unverified, unapproved, or external laboratories.
- All blood sourced externally including from RHC Laboratory must be re-screened at RHV's own laboratory before any transfusion takes place. RHV assumes full clinical and institutional responsibility for all blood transfused after re-screening.
- Any deviation from the authorised blood procurement channels is a serious disciplinary matter and will be treated as gross misconduct.

4. Approved Sources of Blood

Blood used at RHV may only be obtained through the following explicitly authorised sources:

4.1 RHV Blood Bank

Blood stored within RHV's own blood bank, sourced from prior donations or approved internal sources, remains the primary and preferred source of blood for all clinical needs.

4.2 Voluntary Donation by Patient Relatives or Caregivers

Blood voluntarily donated by a patient's relative or caregiver directly into the RHV blood bank, following completion of all standard screening protocols, is an approved source. Donors must be informed of and consent to the screening process. Blood so donated becomes part of the RHV blood bank and is allocated on clinical need, not necessarily exclusively to the donating patient's family.

4.3 Autologous Donations

Blood donated by a patient in advance of their own planned surgical or medical procedure is an approved autologous source. Autologous donation requires prior approval by the attending physician and laboratory clearance confirming the patient's fitness to donate.

4.4 Redeemers Health Centre (RHC) Laboratory Partnership

Blood may be sourced through the formally authorised arrangement between RHV and Redeemers Health Centre (RHC) Laboratory. This is the only approved external source. All transactions under this arrangement must be:

- Coordinated exclusively through the Head of Laboratory Scientists, who is the sole authorised liaison between RHV and RHC for blood procurement purposes. No other staff member may independently contact, procure from, or make payment arrangements with RHC.
- Documented in full in the Blood Tracking Register maintained by the Head of Laboratory Scientists.
- Settled financially through the Finance Department on a monthly basis, based on verified, reconciled procurement records. No individual staff member may accept, hold, or transfer funds in connection with RHC blood procurement.

5. Screening and Quality Assurance

- All blood obtained externally including from RHC must undergo re-screening at RHV's laboratory before transfusion. A unit of blood cleared by RHC's own laboratory does not substitute for RHV's independent re-screening. This requirement is absolute.
- RHV assumes full clinical responsibility for any blood transfused following re-screening and certification by RHV's own laboratory.
- A screening fee is charged to the patient as part of the overall procedure or transfusion billing, in accordance with RHV's standard fee schedule.
- The Head of Laboratory Scientists must maintain a complete, accurate, and up-to-date Blood Tracking Register documenting all blood units received, re-screened, and issued including source, quantity, screening result, date, and recipient patient identifier. This register is a confidential clinical document and is subject to clinical governance audit.

6. Blood Tracking Reporting

The Head of Laboratory Scientists submits the following reports to the Head of Laboratory Department:

- Weekly Blood Tracking Summary: covering all blood received, screened, and issued in the reporting week, with quantities and source.
- Monthly Blood Procurement and Usage Report: a full reconciliation of all blood received from RHC and internally, all units screened, all units issued, all units discarded (with reason), and the corresponding financial summary for Finance reconciliation.

The Head of Laboratory Department reviews all reports, raises any discrepancies with the Head of Laboratory Scientists, and escalates unresolved issues to the Medical Director and CHRO. The monthly report is shared with Finance for payment reconciliation and with the CHRO for governance purposes.

7. Roles and Responsibilities

Head of Laboratory Department

Provides overall quality assurance and clinical governance oversight for blood procurement and transfusion activities; reviews all periodic reports; liaises with Management on compliance, quality, and operational matters; escalates any concern about procurement integrity immediately to the Medical Director and CEO.

Head of Laboratory Scientists

Coordinates all blood sourcing exclusively through the approved channels defined in this policy; maintains the Blood Tracking Register with accuracy and completeness; submits weekly and monthly reports to the Head of Laboratory Department; ensures all blood is re-screened before issue; ensures compliance with all safety, ethical, and documentation standards.

Finance Department

Processes monthly payments to RHC based on verified and reconciled records submitted by the Head of Laboratory Scientists and approved by the Head of Laboratory Department; ensures full financial accountability and documentation for all blood procurement transactions; flags any discrepancy between payment records and procurement records to the CHRO immediately.

Clinical and Nursing Teams

Request blood only through the authorised laboratory channel and process; under no circumstances direct patients, their families, or any third party to source blood from outside RHV's approved channels; verify that blood screening documentation is complete before accepting blood for transfusion; report any breach of this policy immediately to the HOD and HR.

HR Department

Communicates this policy to all relevant staff at induction and on each policy review; collects signed policy acknowledgement forms from all clinical and laboratory staff; enforces disciplinary action for non-compliance in accordance with HR-POL-003.

8. Non-Compliance

Any member of staff found to have: directed patients or relatives to source blood outside approved channels; accepted or used unscreened or unauthorised blood; participated in unauthorised financial transactions related to blood procurement; or concealed any breach of this policy — will face immediate disciplinary action. Depending on the circumstances and severity, this may include suspension pending investigation and termination of employment. The matter will also be reported to the relevant professional regulatory body (MDCN, NMCN, MLSCN) where applicable. RHV will cooperate fully with any regulatory or law enforcement investigation arising from a breach of this policy.

9. Communication, Training, and Acknowledgement

- This policy must be circulated to all relevant departments clinical, nursing, laboratory, and finance upon issue and on each annual review.
- Each staff member in a covered role must sign a Policy Acknowledgement Form confirming receipt, understanding, and commitment to compliance. Signed forms are held by HR.
- The Head of Laboratory Department and the Head of Nursing are jointly responsible for organising orientation and refresher training on this policy for their respective teams, within 30 days of issue and annually thereafter.
- This policy is retained in the Laboratory Department Clinical Manual and the HR Policy Repository. Copies are available to all clinical staff on request.

10. Monitoring, Audit, and Review

The Blood Tracking Register is subject to periodic internal audit by the Clinical Governance Department and the CHRO, with findings reported to the CCO and CEO. Any anomalies identified in the register including unexplained discrepancies in blood quantities or financial records are investigated as a priority. This policy is reviewed annually by the CHRO in conjunction with the Head of Laboratory Department, or earlier in response to any regulatory change, patient safety incident, or procurement concern.