

Azadi _{Ka} Amrit Mahotsav

HAEMOVIGILANCE



सत्यमेव जयते
National Institute of Biologicals, NOIDA

(NCC- HvPI)

Ministry of Health and Family Welfare,
Govt. of India

Haemovigilance Programme of India



Release of Good Blood Transfusion Practices-Guidance for Rational use of Blood by Shri Som Parkash, Hon'ble Minister of State, Ministry of Commerce and Industry, Government of India

Haemovigilance Newsletter Vol. No. 11, Issue 21, January-June, 2023

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& Workshop

09 Meetings "The aim of the newsletter is to disseminate information on Haemovigilance Programme of India so as to create awareness amongst healthcare professionals & other stakeholders on safe Blood Transfusion & Blood Donation Practices"

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Haemovigilance Programme of India - Milestones

Haemovigilance Programme of India was launched on 10th December, 2012 at the National level in 90 medical institutions across the country by National Institute of Biologicals (NIB), NOIDA, Ministry of Health & Family Welfare, Government of India as the National Coordinating Centre (NCC). The objective of this programme is to track Adverse Reactions associated with Blood Transfusion and Blood Donation.

Haemovigilance is defined as 'a set of surveillance procedures covering the whole transfusion chain from the collection of blood and its components to the follow-up of its recipients i.e. from the vein of the donor to the vein of the recipient. It is intended to collect and assess information on unexpected or undesirable effects resulting from the therapeutic use of labile blood products and to prevent their occurrence and recurrence'. Haemovigilance is a tool to improve the quality of the blood transfusion chain, primarily focusing on safety.

- 1. The recipient's arm i.e. reporting of Adverse Reactions with respect to Blood Transfusion in the patient is being covered under **Haemovigilance Programme of India** (HvPI) with the launch of the programme on 10th December, 2012 in the country.
- 2. The donor's arm i.e. Reporting of Adverse Reactions associated with Blood Donations is being covered under **National Blood Donor Vigilance Programme (NBDVP)** which was launched on 14th June, 2015 on World Blood Donor Day at Science City Kolkata under the ambit of HvPI.
- 3. Reporting of Adverse Transfusion Reactions is done online via Haemo-Vigil software & reporting of Adverse Blood Donor Reactions is done via Donor-Vigil software available on NIB website www.nib.gov.in

Implementation and coordination of activities of Haemovigilance Programme of India became one of the Mandates of NIB as per its bye-laws 3.4.1 of the Institute as approved in the Governing Body meeting of NIB held under chairpersonship of Secretary (Health & F.W.)/ Chairman, Governing Body of NIB on 12th Dec, 2014

DCG (I) issued an office memorandum dated 4th December, 2015 w.r.t. enrolment of all licensed blood centres under HvPI. These licensed blood centres are required to obtain their user ID and password from NIB to uplink their adverse transfusion reaction data to Haemo-Vigil software under HvPI.

National Accreditation Board for Hospitals and Healthcare Providers (NABH) in its third edition of accreditation standards on Blood Centres and transfusion services issued in year 2016 has included enrolment by Blood Centres under National Haemovigilance Program of India and monitor adverse donor reactions and adverse transfusion reactions in compliance to the issued directives.

NCC-HvPI, NIB issues certificate of participation to the centres who are actively reporting under Haemovigilance Programme of India.

Workshop on Blood Safety Roadmap for Blood Transfusion Services in India organized by Directorate General of Health Services (DGHS) with support of World Health Organization (WHO) Country Office & NIB

- The National Workshop on Blood Safety Roadmap for Blood Transfusion Services in India organized by Directorate General of Health Services (DGHS), with support of WHO Country Office and National Institute of Biologicals (NIB) on 14th -15th July, 2022 at NIB, NOIDA.
- The Head-HvPI was the resource person as well as speaker and gave the presentation on the topic of "Haemovigilance Programme of India" in the said workshop.









Institutional representation under Haemovigilance Programme of India (HvPI)

- Head-HvPI was invited as a Panelist for CME on Update on Screening for Transfusion Transmissible Infections organized by Department of Transfusion Medicine, Institute of Liver and Biliary Sciences (ILBS) held on 22nd July 2022 at ILBS, New Delhi.
- Head-HvPI was invited to talk on the topic "Hemovigilance Strengthening" on 27th July, 2022 during the Virtual Regional meeting of NBTS focal points to review the implementation of "WHO action framework to advance universal access to safe Blood and Blood products 2020 (GPHG)" held from 26th to 27th July, 2022 organized by WHO Regional Office for South East Asia, New Delhi.



Head-HvPI was invited as a Guest speaker to deliver a presentation on the topic "Haemovigilance: current scenario and the road ahead" on 11th September, 2022 in the First Annual Conference, PED-OBGY-FUSION 2022 under the aegis of Indian Society of Blood Transfusion & Immunohaematology (ISBTI) organized by Department of Transfusion Medicine and Co-organized by Department of Pediatrics, Obstetrics and Gynecology, Shri Ram Murti Smarak Institute of Medical Sciences, Bareilly on 10th and 11th September, 2022 at Ramnagar Uttarakhand.

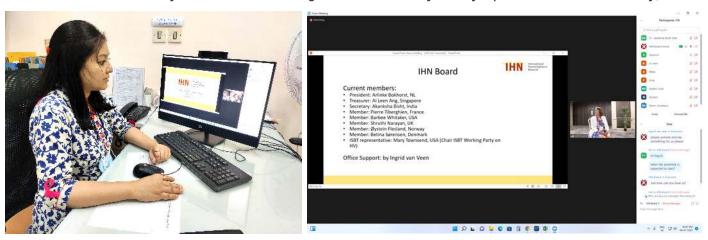


Head-HvPI attended as a speaker and gave a presentation (recorded) on the topic of Hemovigilance Programme of India: The Evidence Based Recommendation on 23rd September, 2022 during the 10th TRANSMEDCON 2022 Indore, organized by Indian Society of Transfusion Medicine & Department of Transfusion Medicine, Mahatma Gandhi Memorial Medical College, Madhya Pradesh from 23rd to 25th September 2022.



IHN Teleconference

❖ Head-HvPI & Secretary International Haemovigilance Network (IHN) virtually attended the IHN General Assembly & IHN SHOT Hybrid Symposium 2022 held from 6th to 8th July, 2022 in Brighton. The General Assembly was also held during the IHN-SHOT Hybrid symposium 2022 on 6th July, 2022.



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BLODCON-2022, National Conference & Workshop in association with NIB from 17th-19th November, 2022

- Federation of Indian Blood Donor Organisations (FIBDO) & NIB have jointly organized BLODCON-2022, the National Conference & Workshop at NIB, NOIDA from 17th to 19th November, 2022. The conference was inaugurated by Shri Som Parkash, Hon'ble Minister of State, Ministry of Commerce and Industry, Government of India. Hon'ble Minister appreciated the noble endeavor being done by the FIBDO towards Voluntary Blood Donation movement in the country and congratulated NIB for conducting & hosting this conference.
- > Dr. Anup Anvikar, Director NIB welcomed the august gathering and briefly apprised about the activities done at NIB & also encouraged the delegates to participate actively in the conference.
- > Dr. Akanksha Bisht, Scientist Grade II & Head-Haemovigilance Programme of India, NIB proposed the vote of thanks.
- About 80 participants from all across the country including Voluntary Blood Donors, Donor Motivators, Blood Centre Officials & Government Officials attended the said national conference & workshop.

Objectives of the National Conference & Workshop

- Blood Act
- Blood Donor Vigilance
- 100% Voluntary Blood Donation
- Safe & Free Blood for All

Registration & Inauguration







Document Release

During the conference document on Good Blood Transfusion Practices- Guidance for Rational use of Blood prepared by NIB was released by Shri Som Parkash, Hon'ble Minister of State, Ministry of Commerce and Industry, Government of India.

Group Photograph



Technical Sessions

Day 1

- 1. Quality in Outdoor Blood Donation Camps.
- 2. Strengthening Voluntary Blood Donation (VBD) and Vision 2030: Role of a Blood Donor Organization (BDO) in involving School & College Students.
- 3. Haemovigilance-Better Recording and Follow Up of Donor Complications.
- 4. Blood Donation Program post Covid-19 in Increasing VBD in other Countries.



Day 2

- 1. New Laws & Systematic Changes to strengthen VBD
- 2. Discussion on Existing Protocols and Guidelines & Modifications.
- 3. Launching of New tools for VBD.
- 4. FIBDO General Meeting.

Day 3

- 1. Special Handling Strategies.
- 2. Common Platform for Blood Donation Organization.
- 3. Resourcing the movement.



National Skill Development & Hands-on Training Programme on Quality Control of Biologicals for M.Sc. Biotechnology Students at NIB











Manipur University, Canchipur, Imphal, Manipur on 05th -16th December-2022

National CME & Workshop on Voluntary Blood Donation, Haemovigilance & Donor Vigilance from 1st - 2nd December, 2022

- Federation of Blood Donor Organisations of India (FBDOI) & NIB have jointly organized the National CME & Workshop on Voluntary Blood Donation, Haemovigilance & Donor Vigilance at NIB, NOIDA from 01st 02nd December, 2022.
- The National CME & Workshop was inaugurated by the Chief Guest Srimat Swami Omkareshanandaji Maharaj, Manager, Ramakrishna Mission, New Delhi and Dr. Anup Anvikar, Director NIB, Dr. Naresh kumar Bhatia, President, FBDOI, Mr. Apurba Ghosh Secretary General, FBDOI, Programme Co-ordinator, Dr. Reba Chhabra, Deputy President, FBDOI, Dr. Akanksha Bisht, Scientist Grade II, Head-Haemovigilance Programme of India were the guest of honor.
- > Dr. Akanksha Bisht, Scientist Grade II & Head-Haemovigilance Programme of India, NIB welcomed the gathering.
- > Dr. Reba Chhabra, Deputy President, FBDOI proposed the vote of thanks.
- About 100 participants from all across the country including Voluntary Blood Donors, Donor Motivators, Blood Centre Officials & Government Officials attended the said National CME & Workshop.

Registration & Inauguration





Technical Sessions

Day 1

- 1. Blood Transfusion Services in India.
- 2. Need of Voluntary Blood Donation in Medical Science.
- 3. Haemovigilance Programme in India.
- 4. Rational use of Blood and use of Blood Components.
- 5. Voluntary Blood Donation in Delhi State & Challenges.
- 6. Past, Present & Future Safe Blood Programme in India.
- 7. Thalassemia Challenges in India.
- 8. 50 Years Voluntarism in Voluntary Blood Donation.

Day 2

- 1. Inauguration Programme of Federation of Blood Centre Technologists of India.
- 2. Voluntary Blood Donation & Donor Vigilance presentation from each participating state/UT.
- 3. Voluntary Blood Donation & Motivation.
- 4. Annual General Body Meeting of FBDOI.







Group Photograph

Meetings organized by NIB

A Meeting of the Experts was held on 24th -25th August, 2022 at National Institute of Biologicals (NIB) NOIDA.





- ❖ A Meeting of National Executive Committee as well as Core Group of Haemovigilance Programme of India was held on 30th August, 2022 at National Institute of Biologicals, NOIDA.
- About 20 experts/ officials attended the meeting.









New Members Enrolled under Haemovigilance Programme of India (104)

Andhra Pradesh

- 1. M/s Ramesh Hospitals Blood Centre-Guntur
- 2. Sree Rama Devi Multi Super Speciality Hospital, Tirupati
- 3. NTR Memorial Trust Blood Bank, Tirupati

Arunachal Pradesh

- 1. District Hospital, Roing Blood Bank, Roing Lower Dibang Valley
- 2. Blood Centre District Hospital, Yingkiong, Upper Siang District
- 3. General Hospital Aalo, West Siang
- 4. Zonal General Hospital, Tezu Blood Centre, Lohit
- 5. Bakin Pertin General Hospital (T & R), East Siang
- 6. Tadak Dulom District Hospital Daporijo, Upper Subansiri District
- 7. Blood Bank General Hospital, Bomdila, West Kameng District
- 8. Ramakrishna Mission Hospital, Blood Centre, Papumpare
- 9. KDS District Hospital, Tawang

Assam

- 1. Cachar Caucer Hospital and Research Centre, Blood Centre, Silchar
- 2. Blood Centre, Apollo Excelcare Hospital, Kamrup (M)

Bihar

1. M/s Blood Centre Paras HMRI Hospital, Patna

Chhattisgarh

- 1. Samarpan Blood Centre, Dist., Jashpur
- 2. Shobha Blood Centre, Dist-Korea
- 3. Sahyog Blood Centre, Dist. Raigarh

Gujarat

- Gujarat Adani Institut of Medical Sciences & G.K. General Hospital, Bhuj City, Kachchn District
- 2. Indu Voluntary Blood Bank, Chhotaudepur

Harvana

- 1. Accord Superspeciality Hospital, Faridabad
- 2. Cygnus Blood Centre, Panipat
- 3. Sarvodaya Multispeciality and Cancer Hospital Blood Bank, Hisar
- 4. Cygnus JK Hindu Hospital, Sonipat
- 5. Oxygen Hospital, Rohtak
- 6. Bapu Maghar Singh Ji International Blood Centre, Sirsa

Jharkhand

1. Blood Centre, Hzb Arogyam Multispeciality Hospital, Hazaribag

Karnataka

- Sri Shankara Cancer Hospital and Research Centre-Blood Centre, Bangalore
- 2. Apollo Hospitals Enterprises Ltd., Blood Centre, Bangalore

Kerala

- 1. Neyyar Medicity, Kattakkada, Thiruvananthapuram
- 2. Blood Bank, Taliparamba Co Operative Hospital Society Ltd., Kannur
- 3. Mundakayam Medical Trust Hospital, Idukki, Dist.
- 4. Carmel Medical Centre, Pala, Kottayam
- 5. Holy Ghost Mission Hospital, Kottayam
- 6. M/s. I.M.A. Voluntary Blood Centre, Ernakulam Dist
- 7. Mary Queens Mission Hospital, Kottayam
- 8. Velankannimatha Hospital Pvt. Ltd., Kottayam
- 9. Marian Medical Centre Blood Center, Kottayam Dist
- 10. Blood Centre, Badagara Sahakarana Ashupathri Ltd., Kozhikode

Meghalaya

. Blood Centre, Tura Civil Hospital, Tura West Garo Hills

Madhya Pradesh

- 1. Pushpa Mission Hospital & Maternity Home Blood Centre, Ujjain
- 2. Suyash Hospital Private Limited, Indore
- 3. Bombay Hospital, Indore
- 4. Blood Centre, Bansal Hospital, Bhopal
- 5. Birla Institute of Medical Research Blood Bank, Gwalior

Maharashtra

- All India Institute of Medical Sciences (AIIMS) Nagpur, AIIMS Nagpur Blood Center, Nagpur
- Haemotech Diagnostic Found Sanchaht, Dhanwantari Blood Centre, Dist Jalgaon
- 3. Lokmanya Tssia Blood Center, Thane (W)
- 4. Shree Sai Blood Centre, Panvel
- M/S Asian Heart Institute and Research Centre Pvt. Ltd. Blood Centre, Bandra (E) Mumbai
- 6. Manas Serological Institute Blood Centre, Jogeshwari (W), Mumbai

New Delhi

- 1. National Heart Institute, East of Kailash
- 2. Dharamshila Narayan Superspeciality Hospital, Vashundhara Enclave
- 3. Regional Blood Transfusion Centre, Dr. BSA Medical College and Hospital, Rohini

Ndicha

1. Care Blood Centre, BBSR, Bhubaneswar

Puducherry

Government General Hospital, Mahe

Punjab

- 1. Blood Centre Joshi Hospital, Jalandhar
- 2. EMC Super Speciality Hospital, Amritsar
- 3. Shrimann Superspeciality Hospital, Jalandhar
- 4. Blood Centre Bassi Nursing Home Pvt. Ltd., Ludhiana

Rajasthan

- 1. Bhartiya Blood Centre, Banswara
- 2. Mittal Hospital and Research Centre Blood Centre, Ajmer
- 3. Jodhpur Blood Centre, Jodhpur
- 4. Chirayu Hospital Blood Centre, Jaipur

Tamil Nadu

- 1. Bhaarath Medical College and Hospital Blood Bank, Chennai
- 2. ESIC Medical College & PGIMSR, Chennai
- 3. Government Medical College and ESI Hospital, Coimbatore
- 4. Sree Abirami Hospital (P) Ltd., Coimbatore
- 5. Dhanalakshmi Srinivasan Medical College & Hospital, Perambalur

Telangan

- 1. ADRM Hospital Blood Bank, Ramanthapur, Hyderabad
- 2. Sri Sai Balaji Healthcare India Pvt. Ltd., Kachiguda, Hyderabad
- 3. NIGL Blood Centre, Banjara Hills, Hyderabad
- 4. Olive Hospitals Blood Center, Mehdipatnam, Hyderabad
- Medicover Hospitals (A Unit of Sahrudaya Health Pvt. Ltd.), Ranga Reddy District
- 6. Ozone Hospitals Blood Centre, Kothapet, Hyderabad

Uttar Pradesh

- Yatharth Wellness Super Speciality Hospital & Heart Centre, Gautambudh Nagar
- 2. Yatharth Super Speciality Hospital (A Unit of AKS Medical and Research Centre Pvt. Ltd.), Gautambuddh Nagar
- 3. St. Joseph's Hospital & Blood Bank, Gomti Nagar, Lucknow
- School of Medical Sciences & Research, Sharda Hospitals, Greater Noida, Gautam Buddh Nagar
- 5. Vinayak Medicare Blood Centre, Bijnaur, Lucknow
- 6. Pushpa Maa Samaj Charitable Blood Centre, Agra
- Neelam Charitable Blood Centre, Bulandshahr
- 8. Najibabad Charitable Blood Centre, Bijnor
- 9. Bharat Sewa Charitable Blood Centre, Loni, Ghaziabad
- Bulandshahr Charitable Blood Centre, Bulandshahr
 Lucknow Nursing Home Association Blood Bank, Lucknow
- 12. Suman Charitable Blood Centre, Pilibhit
- 13. Sewa Blood Centre, Basti
- 14. Global Charitable Blood Centre, Firozabad
- 15. Kailashi Charitable Blood Bank, Deoria
- 16. Sangam Charitable Blood Bank, Ghaziabad
- 17. Akbarpur Charitable Blood Centre, Kanpur Dehat
- 18. Swastik Blood Bank, Bulandshahr
- 19. Navin Hospital Blood Centre, Dadri
- 20. All India Institute of Medical Sciences Raebareli, AlIMS Blood Centre, Raebareli
- 21. Allahabad Nursing Homes Association Charitable Blood Centre, Prayagraj
- 22. Samarpan Blood Bank, Agra
- 23. B.C.M. Hospital Blood Centre, Sitapur District
- 24. Brightstar Hospital Blood Centre, New Moradabad

Uttarakhand

- 1. The Hans Foundation General Hospital, Distt. Pauri Garhwal
- 2. Ujala Blood Centre, U.S. Nagar

West Benga

- Chittaranjan National Cancer Institute Blood Centre, Kolkata
- 2. Haldia S.D. Hospital Blood Centre, Purba Medinipur
- 3. Charnock Hospital Blood Centre, District-24 PGS (N)



National Institute of Biologicals Ministry of Health & Family Welfare, Govt. of India NATIONAL BLOOD DONOR VIGILANCE PROGRAMME



(Haemovigilance Programme of India) Adverse Blood Donor Reaction Reporting Form

Version 2

A) Donor Information											
	Whole Blood (b) Apheresis(Platelets/Plasma/Plasma + Platelets/RBC/ l Blood StemCells/ COVID-19 Convalescent Plasma)										
Sex * (Male/Female/Other)	1 blood stellicells, covid 17 convalescent Hashiaj										
Weight of Donor (kg) * Height of Donor(cm)* Donor Type* (a) Voluntary (b) Replacement (c) Family Donor (d)Autologous (First Time/Repeat)											
Age/ Date of Birth * Yrs: Month: Days: OR											
Pre-Donation Vitals*Pulse: per min BP (Systolic): mmHg	Date of Donation *										
BP (Diastolic): mmHg Time of Donation Hr Min											
B) Whole blood Details of Blood Collected/Apheresis Deta	ils of Blood Collected										
(a) Whole Blood											
Lot No. of Blood Bag* (Terumo Penpol Limited/Mitr	Volume Collected (ml)*										
HLL Lifecare Ltd/Fresenius Kabi AG/Fenwal Inc/Polymed/Other)	Expiry Date of Blood Bag*										
(b) Apheresis	Expiry back of Blood Bag										
Lot No. Kit* Volume Collected (ml)*	Expiry Date of Kit*										
C) Adverse Reaction Details											
Date and Time of reaction* HrMin_											
Vitals at the time of Reaction Pulse: per min BP (Systolic):	mmHg Data Captured* (Onsite/Call back by donor/										
BP (Diastolic):											
`	Reaction Time*(Pre-Donation/During										
	Donation/After Donation)										
Venipuncture Site*(Left/Right/Both)	Injury*(Yes/No)										
Venipuncture*(1/2/>2)	Site of Reaction*(At Donation Site/ Outside Donation Site)										
	Donation Completed* (Yes/No)										
D) Type of Complications:*											
Localised Complications											
☐ A1-Complications mainly characterized by the occurrence of blood or	tside the vessels										
(a) 🗆 Haematoma (bruise)											
(b) Arterial puncture											
(c) ☐ Delayed(bleeding/Re-bleeding) ☐ (Within 30 minutes of D	onation/After 30 minutes of Donation)										
☐ A2-Complications mainly characterized by pain											
(a) □ Nerve injury/irritation											
(b) □ Other Painful arm											
☐ A3-Localised infection/inflammation along the course of a vein											
(a) ☐ Thrombophlebitis											
(b) Cellulitis	Madical Adhasiya Madicatad Tana/Shin Disinfection Area)										
 □ A4- Allergy (local): Itching and redness at the □ (Venipuncture Site/N □ A5-Other major blood vessel injury -Serious conditions needing speci- 											
(a) Deep venous thrombosis (DVT)	inst incurcal diagnosis and attention										
(b) ☐ Arteriovenous fistula											
(c) ☐ Compartment syndrome											
(d) ☐ Brachial artery pseudoaneurysm											



National Institute of Biologicals Ministry of Health & Family Welfare, Govt. of India NATIONAL BLOOD DONOR VIGILANCE PROGRAMME



(Haemovigilance Programme of India) Adverse Blood Donor Reaction Reporting Form

Version 2

Generalized Compl	ications											
☐ B1-Vasovagal reacti												
(a) ☐ Generalized Weal		o) Anxiety	(c) □ Dizziness	(d) □ Nausea								
(e) □ Vomiting	(f	Pallor(skin and lips)	(g) □ Rapid Pulse	(h) □ Convulsions								
(i) Cold extremities	(j) ☐ Hyperventilation	(k) ☐ Hypotension	(l) ☐ Low Vol Pulse								
(m) ☐ Feeling of warm	th (r	n) 🗆 Tetany	(o) \square Loss of bowel or bladder control	(p)□ Cyanosis								
(q) Sweating	(r	c) Loss of Consciousness(LOC)	(<60 Sec/>60 Sec)									
☐ B2-Allergic reaction	ns (Generalized)											
(a) □ Cyanosis	(b	b) Wheezing	(c) \Box Flushing, swelling of eyes, lips or to	ngue								
(d) ☐ Chest tightness	(6	e) 🗆 Cardiac a rrest										
☐ B3-Other serious co	omplications related to	blood donation										
(a) □ Acute cardiac symptoms(other than myocardial infarction or cardiac arrest) (b) □ Myocardial infarction(MI)												
(c) ☐ Cardiac arrest	(0	d) ☐ Transient Ischemic attack (TIA)	(e) Death									
Apheresis Complica	ation Yes/No											
☐ C-Complications re	lated to apheresis											
(a) ☐ Citrate reaction												
☐ tingling/vibration	s-lips,fingers	☐ light-headedness	☐ Metallic taste	☐ Muscle twitching								
☐ Carpopedal spasn	n	□ Shock	☐ Cardiac arrest	☐ Tetany								
☐ Prophylactic Calc	cium given before react	ion □ (Yes/No)										
(b) Haemolysis durin	ng procedure											
(c) \square Air embolism												
(d) \square Unable to return	red cell(>200ml)											
Other Complication	1											
☐ D-Other Reactions P	lease Specify											
Outcome*	Resolved on donation	site Resolved on follow up	□ Recovered with Sequelae									
	Resolved on donation Permanently disabled	1	☐ Recovered with Sequelae									
	Resolved on donation Permanently disabled	•										
Imputability*	Permanently disabled Definite (Certain)	•										
Imputability*	Permanently disabled	☐ Death following the adverse	reactions Unknown									
Imputability*	Permanently disabled Definite (Certain)	☐ Death following the adverse☐ Probable (Likely)	reactions Unknown									
Imputability*	Permanently disabled Definite (Certain) Unlikely (Doubtful)	☐ Death following the adverse☐ Probable (Likely)	reactions Unknown									
Imputability*	Permanently disabled Definite (Certain) Unlikely (Doubtful) on or Predisposing Fac	☐ Death following the adverse ☐ Probable (Likely) ☐ Excluded	reactions Unknown Possible	ort								
Imputability* Any Other Information	Permanently disabled Definite (Certain) Unlikely (Doubtful) on or Predisposing Fac	☐ Death following the adverse ☐ Probable (Likely) ☐ Excluded	reactions Unknown Possible	ort								
Imputability* Any Other Information Reporter	Permanently disabled Definite (Certain) Unlikely (Doubtful) on or Predisposing Fac	☐ Death following the adverse ☐ Probable (Likely) ☐ Excluded	reactions Unknown Possible	ort								
Imputability* Any Other Information Reporter Denominator Data about Total Donation in the	Permanently disabled Definite (Certain) Unlikely (Doubtful) on or Predisposing Fac	☐ Death following the adverse ☐ Probable (Likely) ☐ Excluded	reactions Unknown Possible	ort								
Imputability* Any Other Information Reporter	Permanently disabled Definite (Certain) Unlikely (Doubtful) on or Predisposing Fac	☐ Death following the adverse ☐ Probable (Likely) ☐ Excluded	reactions Unknown Possible	ort								
Imputability* Any Other Information Reporter Denominator Data about Total Donation in the	Permanently disabled Definite (Certain) Unlikely (Doubtful) on or Predisposing Fac-	☐ Death following the adverse ☐ Probable (Likely) ☐ Excluded	reactions Unknown Possible	ort								
Imputability* Any Other Information Reporter	Permanently disabled Definite (Certain) Unlikely (Doubtful) on or Predisposing Fac- out All Donor month (of reporting) Total)* No.	Death following the adverse Probable (Likely) Excluded Probable (Likely) Output Death following the adverse	Possible Date of Repo	ort								
Imputability* Any Other Information Reporter Denominator Data about Total Donation in the Whole blood Volume of donation (Total Contact	Permanently disabled Definite (Certain) Unlikely (Doubtful) on or Predisposing Fac- out All Donor month (of reporting) Cotal)* No. Sis RBC	Death following the adverse Probable (Likely) Excluded ctors for Submitted Reactions: of 350 ml bags	Date of Repo									
Imputability* Any Other Information Reporter Denominator Data about Total Donation in the Whole blood Volume of donation (Total Contact	Permanently disabled Definite (Certain) Unlikely (Doubtful) on or Predisposing Factors out All Donor month (of reporting) Total)* No. RBC Plas	Death following the adverse Probable (Likely) Excluded ctors for Submitted Reactions: of 350 ml bags ma+Platelets	Date of Repo									
Imputability* Any Other Information Reporter	Permanently disabled Definite (Certain) Unlikely (Doubtful) on or Predisposing Factors out All Donor month (of reporting) Cotal)* No. Sis RBC Plas COV	Death following the adverse Probable (Likely) Excluded of 350 ml bags ma+Platelets VID-19 Convalescent Plasma	Possible Date of Repo No. of 450 ml bags Platelets Pasma Granulocyte Peripheral Blo									
Imputability* Any Other Information Reporter Denominator Data about Total Donation in the Whole blood Volume of donation (Total Apheresis if apheresis Gender of Donor(Total	Permanently disabled Definite (Certain) Unlikely (Doubtful) On or Predisposing Factors Out All Donor month (of reporting) Cotal)* No. Sis RBC Plas COV	of 350 ml bags ma+Platelets Death following the adverse Probable (Likely) Excluded Excluded Excluded	Date of Report No. of 450 ml bags Plasma Granulocyte Other	ood Stem Cells								
Imputability* Any Other Information Reporter	Permanently disabled Definite (Certain) Unlikely (Doubtful) On or Predisposing Factors Out All Donor month (of reporting) Cotal)* No. Sis RBC Plas COV	Death following the adverse Probable (Likely) Excluded of 350 ml bags ma+Platelets VID-19 Convalescent Plasma	Possible Date of Repo No. of 450 ml bags Platelets Pasma Granulocyte Peripheral Blo									
Imputability* Any Other Information Reporter Denominator Data about Total Donation in the Whole blood Volume of donation (Total Apheresis if apheresis Gender of Donor(Total	Permanently disabled Definite (Certain) Unlikely (Doubtful) On or Predisposing Factors Out All Donor month (of reporting) Cotal)* No. Sis RBC Plas COV	Death following the adverse Probable (Likely) Excluded Probable (Likely) Excluded of 350 ml bags ma+Platelets VID-19 Convalescent Plasma Female Replacement	Date of Report No. of 450 ml bags Plasma Granulocyte Other	ood Stem Cells								
Imputability* Any Other Information Reporter	Permanently disabled Definite (Certain) Unlikely (Doubtful) On or Predisposing Factors Out All Donor month (of reporting) Total)* No. Sis RBC Plass COV All)* Male All)* Voluntary First-Time Don	Death following the adverse Probable (Likely) Excluded Probable (Likely) Excluded of 350 ml bags ma+Platelets VID-19 Convalescent Plasma Female Replacement	Date of Report No. of 450 ml bags Plasma Granulocyte Other	ood Stem Cells								

TRANSFUSION REACTION REPORTING FORM (TRRF VERSION-2)



National Institute of Biologicals

Ministry of Health & Family Welfare, Govt. of India (National Coordinating Center)



HAEMOVIGILANCE PROGRAMME OF INDIA

Transfusion Reaction Reporting Form (TRRF) For Blood & Blood Components & Plasma Products (Version-2)

	Tran	ısfu	sion Rea	ction Repoi	rting	Form (T	RRF) For Bloc	od 8	& Bloc	d Compon	ent	s & Plas	ma Produ	ucts (Vers	ion	1-2)
* Mandatory Field																
	nt Information	n														
	Code No.:			I				I								
Patient In				Gender*:		/D-+(D:-	. I. ¥	Blo	od Grou		1	N 4 + l-	D	11	1	N 41
	Admission No.*:				Age	Date of Bir	tn":			Yrs		Month	Days	Hrs		Mins
Medical F	Diagnosis*:															
	sfusion Reaction	on D	etails*													
				g transfusion:	Yes/N	lo if Yes t	ype : GA/Spinal	/LA								
Pre-transfusion Vitals: Temp: Pulse: BP: RR:													SPO2:			
Vitals at t	he time of react	ion:									Ten	np:	Pulse:	BP:	RR:	SPO2:
Please tio	k mark the rele	vant	signs and	symptoms liste	ed be	low										
Generali	sed				Pair			Res	pirato	ry	Rer	nal			Circ	culatory
Щ	Fever	┡	Anxiety		Ļ	Chest Pa		┡	_	pnoea	┡	Haema			╚	Tachycardia
H	Chills	┡		Pruritus)	┾	Abdomir		⊬	_	eeze			oglobinuria			Hypertension
H	Rigors Nausea	H	Edema (Juandice		┢	Back/Fla	nk Pain Site Pain	Cough		_	┢	Oliguri Other	a		⊬	Hypotension Raised JVP
H	Urticaria	H	Other_		H	Other	Site Fairi	Hypoxemia			-	Other_			Arrhythmias	
\vdash	Flushing		Other					Bilateral Infiltrates on							Other	
	Restlessness							1	st X-ray							
	Vomiting								Othe	er						
Any Othe	r(Specify) :															
(C) Trans	fusion Produc	t(s)	Details*													
Select*	Select Component		Select dication	Date & Time of Issue of Blood Component	o	e & Time f onset insfusion	Unit Id (Transfused)		lood roup	Volume Transfused (ml)	o	piry date f Blood mponent	Manufact urer of Blood Bag	the Blood		1st time/ repeat Transfusion
	Saline Washed Red Cells COVID-19 Convalescent Plasma Whole blood Packed Red blood cells (PRBC) Buffy coat depleted PRBC															Ist Time
	PRBC Random Donor platelets/ pooled Apheresis Platelets															Repeat 1 to 10
	Fresh Frozen Plasma Cryoprecipitat e Any Other															Repeat > 10
Add New	Plasma Produc	t														
Select	Plasma	Proc	luct	Indi	catio	n	Date of Admir	nistra	ation	Manu	factu	ırer	Expiry Date of the Plasma Product	Batch No. / Lot No.		1st Time / Repeat
																1st Time Repeat 1 to 10 Repeat > 10

TRANSFUSION REACTION REPORTING FORM (TRRF VERSION-2)

(D)	Inve	stigations													
		Clerical Checks						Specify I	rror F	ound if any: _					
		Investigatio	ransfusion sam	ple		Post-transfusion sample									
		Visual Check	ual Check												
*	ш	Repeat Blood Grouping			0+	<u>/</u> A+ /B+ /AB+ <u>/</u>	/0- /				O+ /A+ /B+	/AB+ /O- /	'A- /B- /AE	3-	
*		Repeat Crossmatch			Ļ	Compatible	<u> </u>	InCompatible	<u> </u>	Not Done	Compa		InCompat		
*	Ш	Repeat Antibody screen			Ļ	Negative	L	Positive		Not Done	Negativ	ve	Positive	Not Don	
		Antibody Identification			<u> </u>		_								
*		Direct antiglobulin test			L	Negative	L	Positive		Not Done	Negativ	ve	Positive	Not Don	
		Hemoglobin			<u> </u>										
	Ш	Plasma Hemoglobin			<u> </u>										
-	Ц	Urine hemoglobin			<u> </u>										
	ш	Bilirubin (Total/conjugated)			<u> </u>										
	Ц	Platelet count													
_	닏	PT/INR			<u> </u>	,	_	1		1					
*	Щ	Blood culture of Blood Bag			닏	Negative	누	Positive		Not Done	Specify Org				
*	Ш	Blood culture of Patient			Ļ	Negative	느	Positive		Not Done	Negati		Positive	Not Done	
	_				Spe	cify Organism	if p	ositive	_		Specify Org	anism if po	ositive		
Chest X-ray of the patient in case of suspected TRALI															
In c	ase o	f Non-immune hemolysis (whic		ing was the cas	se?)										
	닉	Hemolysis due to freezing of PF													
	Н	Hemolysis due to inappropriate						1							
	Щ	Hemolysis due to infusion of ar	ny other fluid t	nrough same BT	set.			Specify I	·luid:_			_			
	ш	Mechanical damage													
In C	ase c	of ABO Mismatch (which of the f	following was	the case?)											
	H	Wrong Blood in tube													
	H	Grouping error													
	H	Labelling error													
(-)	<u>Ш</u>	Wrong unit transfused													
(E)	Natu	re of Adverse Reaction(s)*													
									Į,	Date & Time	of Onset of	Date &			
Sele	ect			Reaction						React	ion	Time of		Outcome	
_		5 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(5111177)									Recovery			
[Febrile Non Haemolytic Reaction	ons (FNHTR)											_	
		1° C rise in temperature	닏												
		2° C rise in temperature	\blacksquare											th following the	
		Only Chills & Rigors											Adve	erse Reaction(s)	
		Allergic reaction													
		Anaphylaxis													
		Immunological Haemolysis due	to ABO Incom	patibility											
		Immunological Haemolysis due	to other Allo-	Antibodies											
		Non Immunological Haemolysis	s												
		Hypotensive Transfusion React	ion										2	. Recovered	
ī	=	Transfusion Related Acute Lung													
١.	_	Definite	, , , ,												
		Possible													
	\neg	Transfusion Associated Dyspno	noa (TAD)												
\vdash	-	Transfusion Associated Circulat		TACO)											
H	┽	Transfusion Transmitted Bacter		TACO)									2 0	ecovered with	
H	╡	Transfusion Transmitted Parasi		1alaria)									J. IX	Sequelae	
┢	-	Post Transfusion Purpura	ilic illiection (il	ididi idj										Sequelae	
H	=	Transfusion Associated Graft ve	araus Host Diss	ass (TACvUD)											
	_	Other Reaction (s)	I DISE	ase (TAGVID)				,						1. Unknown	
ı	\neg	i '	L]						+. OTKHOWII	
'	_	Add New	Γ]	- 1						
1845	HITA	BITLITY ASSESSMENT	_					-							
		utability Assessment*													
(1)	шрс										*Imnut	tability Ass	essment		
S.	No.	Reaction Term		Tra	nsfu	sion Product/	Cor	nponent			(Please men	-		/ list)	
											i icase men	ition nom	the below	i iisej	
									- 1						
*Im	nuta	bility: 1. Definite (Certain), 2. Pr	rohahle (Likely) 3 Possible 4	Unl	ikely (Doubtfi	ul) r	5 Excluded 6 P	lot Δs	sessed					
		,					_	Reporting For							
Hos	nital	Code :		1110		<u> </u>		nth/Year:	•						
1103	Pical		Component				.,,,,,,,	in real.		No	of Units Issi	ıed			
1) C	alino	Washed Red Cells	Component							NO.	.01 011113 1331	ueu			
_		0-19 Convalescent Plasma													
		Frozen Plasma													
		e Blood				1									
		d Red Blood Cells (PRBC)													
		Coat Depleted PRBC				1									
		•				+									
_		filtered PRBC				+									
		om Donor Platelets/ Pooled				-									
	•	esis Platelets precipitate				+									
1101		DECEMBER 1													
_		Other													

How to Enroll your Centre under HvPI

Who can enrol?

Head/In-charge of Transfusion Medicine Department / Blood Centre

How to enrol?

- 1) Head / Incharge of Transfusion Medicine Department / Blood Centre provides the necessary details to the National Coordinating Centre (NCC) Haemovigilance Programme of India (HvPI) by sending the duly filled **Enrolment Form** either to NCC at National Institute of Biologicals, Ministry of Health & Family Welfare, Plot No. A-32, Sector-62, Institutional Area, NOIDA 201 309 (U.P.) or via E-mail to NCC at haemovigilance@nib.gov.in
- 2) NCC verifies the details provided by the centre.
- 3) After verification, NCC issues the User Id and Password to the Head / Incharge of Transfusion Medicine Department / Blood Centre to access the (a) Haemo Vigil Software (b) Donor-Vigil Software for onward Submission of Transfusion Reactions Reports and Adverse Blood Donor Reaction Reports to NCC.

Download Enrolment Form from the website:- http://nib.gov.in/media/Annexure7.pdf How to Report?

Reporting of Adverse Transfusion Reactions via Haemo-Vigil Software & Adverse Blood Donor Reactions in donation via Donor-Vigil Software.

- a) Centres enrolled under HvPI receives unique User Id & Password from NCC-HvPI, NIB.
- b) User Id & Password is same for both the Softwares i.e. Haemo-Vigil (to report adverse transfusion reactions) & Donor-Vigil (to report adverse donor reactions).
- c) Software(s) link is available at NIB website i.e. **www.nib.gov.in** under the tab of Haemovigilance Programme of India.
- d) The adverse reaction reports can be uplinked and submitted online via the above mentioned software(s) to NCC-HvPI, NIB.





National Institute of Biologicals- National Coordinating Centre-HvPI

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Tel: 0120-2400072, 0120-2593612 Fax: 0120-2403014

Toll free No. 1800-180-2588 [Mon to Fri (9:00 a.m. to 5:30 p.m.)] query related to Haemovigilance Programme of India.

For any other Information/ Suggestions/ Query related to Haemovigilance Programme of India kindly contact: Dr. Akanksha Bisht, Scientist Grade-II & Head-Haemovigilance Programme of India, NIB, NOIDA at: haemovigilance@nib.gov.in