Item 7(i) of 8.5.78 0041

NATIONAL BLOOD TRANSFUSION SERVICE

MEMORANDUM ON THE SELECTION, MEDICAL EXAMINATION AND CARE OF BLOOD DONORS

SECTION 1 - SELECTION OF DONORS

1. Donors should be healthy persons of either sex over 18 years of age and under 65. As a general rule new donors should not be accepted after 60 years of age.

   The removal of 420-440ml of blood from such healthy persons has in general no deleterious effect on health or resistance to disease, and only temporary effect, rapidly recovered from, on the circulation.

2. Interval Between Donations. It is the policy of the service to maintain donor panels at a size which will permit an interval of 6 months.

3. The decision whether a person is fit to give blood rests finally with the doctor who is to collect the blood.

4. Hazardous Occupations. Arrangements for sessions at factories take account of the type of work being performed and where possible arrangements are made for staff whose work is hazardous to be bled at the end of their working day or shift.

   At all sessions special note should be taken by the Medical Officer of the occupation of the donor and hazardous hobbies as stated on NBTS 101 and advice offered about the timing of donation, e.g. in the case of civil air crew, a train or bus driver, heavy machinery or crane operator, one climbing ladders or scaffolding. Hazardous hobbies include gliding, power flying, motor racing, climbing.

   Queen's Regulations for the Royal Air Force para. 900 (28.1.76) state that aircrew personnel, RAF or WRAF, whether trained or under training are ineligible to act as blood donors except in emergency. The donation of blood by aircrew will normally entail their removal from flying duties for seven days.

SECTION II MEDICAL EXAMINATION OF DONORS

Medical History

A donor is the best judge of whether he is in normal health and truthful answers to simple questions concerning his medical history and general health form a main part of the examination.

In practice the donor session clerk should specifically question the donor about the conditions listed on form NBTS 110A and request the donor's signature on form NBTS 110. In practice a simple method of recording any declared conditions is to note them in the "Medical History box" on NBTS 101, which should be initialled or signed by the donor, or by the clerk if the donor's signature is not for some reason obtained.

Three categories of illnesses or conditions are listed on Form NBTS 110A :-

1. Those which disqualify a person from acting as a donor, e.g. Cancer. (See copy of NBTS 110A attached).
2. Those which require referring to the Medical Officer for decision as to acceptance, deferral or rejection, e.g. Goitre. (See copy of NBTS 110A attached and Appendix).
3. Those which necessitate temporary deferment, e.g. pregnancy, contact with infectious disease, inoculations.

Persons in the first and third category should if they ask, be referred to the Medical Officer.

A suggested layout for the typed or printed notice 110A is attached. It can conveniently be on card or light board and covered to allow its repeated use. The typing or printing should be sufficiently large and clear to allow older donors to read it comfortably.

Conditions which necessitate temporary deferment are as follows :-

(i) Inoculations/Vaccinations	Interval before donor is bled
Smallpox vaccination* Primary Yellow Fever vaccination Rubella vaccination Tetanus antitoxin (A.T.S.)	Three weeks.
Poliomyelitis vaccination Cholera vaccination Vaccination against Rabies	Two weeks, providing donor feels well.
Diptheria or Tetanus Toxoid (T.T.) Typhoid (T.A.B.) Anti-cold, Anti-influenza, etc.,	One week, providing donor feels well.

*In the case of a successful smallpox re-vaccination, blood will be collected during the third to fourth week after vaccination for post-vaccinial plasma, and labelled accordingly.

(ii) Contact with infectious disease if donor has not already had the illness,	Incubation period, or if unknown, Four weeks.
(iii) Intercurrent infection, e.g. tonsillitis, boils, infected skin conditions, etc.,	Until cured.
(iv) Any major surgery or accident, (v) If transfused with blood or plasma within the last six months; or if volunteer has undergone tatooing, acupuncture, or earpiercing in the last six months;	Six months.
(vi) Dental extractions,	One to seven days.

	Interval before donor is bled
(vii) Treatment with certain drugs, e.g. antibiotics, antihistamines, anti-depressants, (see end of Section 11)	Until cured or until cessation of treatment.
(viii) Pregnancy and post-partum (See Serum Donors, below).	One year following confinement.

On each subsequent occasion the donor should be shown the notice NBTS 110A of the above conditions and asked to sign form NBTS 110 to show that he has read it.

Serum Donors. In certain circumstances, e.g. to collect serum containing valuable antibodies, mothers may be bled before the recommended interval after confinement if shown by medical examination to be fit to give blood. Special arrangements for the donation should be made with the agreement of the attending Obstetrician if the interval is six weeks or less. Occasionally it might be wise to withdraw less than the usual amount of blood.

Donors, at sessions, whether male or female, whose serum or plasma is to be used only for laboratory purposes because it contains anti-Rh, anti-HLA, etc., should be submitted to the same routine as other donors, but because the blood is not going to be transfused some decisions, especially about temporary deferment, may be modified, e.g. treatment with certain tablets, or an attack of hay fever would not disqualify, etc.

Oral Contraceptives. Volunteers who are taking oral contraceptives are not debarred from giving blood. The progestogens are short-lived so that any amount that might be contained in blood from such donors could not have an effect lasting for more than a few hours at the most in the recipient.

Venereal Diseases. It is not customary to question donors about venereal disease. Information may, however, be volunteered. A person who is known to have, or to have had, syphilis is unacceptable as a donor (see European Pharmacopoeia Vol. 3, 1975). An accepted syphilis test shall be performed each time a donor is bled; donors whose blood reacts positively shall be excluded permanently from the donor panel.

Jaundice or Hepatitis. Individuals who give a history of jaundice or hepatitis or in whose blood anti-HB_sAg is present may be accepted as donors providing that they have not suffered from jaundice or hepatitis in the previous twelve months, have not been in house contact with hepatitis or received a transfusion of blood or blood products in the previous six months, and providing their blood gives a negative reaction for the presence of HB_sAg when tested by a sensitive method (R.P.H. or R.I.A.). An accepted test for hepatitis B surface antigen shall be performed each time a donor is bled; donors whose blood reacts positively shall be excluded permanently from the donor panel.

EXAMINATION OF THE DONOR

1. Haemoglobin Estimation. The haemoglobin should be determined each time the donor presents himself. Female donors with less than 12.5g haemoglobin per 100ml (85% Haldane) or male donors with less than 13.1g haemoglobin per 100ml (90% Haldane) should not be bled. The type of test is left to the discretion of the Regional Transfusion Directors, but the Phillips-Van-Slyke copper sulphate method (Reference: J.Biol. Chem. 1950-183-305), using a sample of blood obtained from the finger, is recommended for use as a screen test.

   Donors whose haemoglobin is below the appropriate level should be informed that they are not fit to be bled at present. In these cases, if a screen test has been used it is recommended to take a venous sample of blood into sequestrene for an exact determination of the haemoglobin, microhaematocrit and red cell indices. If the results confirm the haemoglobin to be below the appropriate level the donor should be advised to consult his own doctor who should receive a report of the results.

2. (a) The medical history should be coupled with a careful assessment of the donor's appearance. The experienced doctor can detect at a glance the potentially unsuitable donor. Those of poor physique or who are underweight, the debilitated, the undernourished, the mentally unstable, and those bearing the obvious stigmata of disease should not be bled.

   (b) The superficial medical examination (ausculation and percussion of the chest, pulse and blood pressure) is, in general, so incomplete and unrevealing that it is in most cases not of great value.

   In some cases, particularly in middle-aged and older donors, examination of the pulse may reveal unsuspected defects of the cardiovascular system, which may be confirmed by measurement of the blood pressure. (See Appendix under Hypertension). While it is usually sufficient to rely on a normal medical history, general appearance, and haemoglobin level, it is advisable to examine the pulse and, if considered necessary, the blood pressure in these older donors.

Note: A complete medical examination, to include X-ray examination, electrocardiogram, haematological examination, etc., is obviously impracticable. The above procedure, however, if skilfully used will lead to the rejection or deferment of donors unfit to be bled and it should be carried out meticulously. When in doubt it is better to reject or defer, and the Medical Officer should then see that an appropriate entry is made upon the donor's record card.

In general, only persons in normal health with a good medical history should be accepted as donors.

"INCIDENT LIST"

It may be found useful to keep a separate record at each donor session for use at the R.T.C. This should list conditions or circumstances which require decision at the Centre as to the fate of the donation but which, for various reasons, are not thought fit for permanent record on NBTS 101.

DONORS ON TREATMENT WITH DRUGS

Persons on antibiotics, antihistamines or anti-depressants should not give blood until treatment is completed (see page 3,(vii). Likewise those on new or experimental drugs or on heavy dosage or mixtures of drugs should be deferred. Sometimes the taking of a drug stated by a donor might indicate an undeclared illness e.g. epilepsy, and such a person would also be refused.

Apart from this, general guidance to Sessional Doctors is probably necessary. Directors should decide whether donors receiving any form of medical treatment should be deferred or whether discretion should be used. Occasionally a fit donor might declare medication e.g. Hormone Replacement Therapy (HRT) about the effects of which the Doctor might be uncertain. The doctor might then decide to take a donation but note the treatment and the name of the donor's home doctor on the "Incident List" (see above) so that a decision could be taken at the RTC.

Illicit drug taking if admitted or suspected should debar.

SECTION III MEDICAL CARE OF DONORS

Apart from courteous and considerate treatment by all members of the blood collecting team, the donor's medical well-being should be assiduously watched by the medical officer and the members of the team while he is at a blood donor session.

The donor's medical well-being depends upon :-

(1) The use of carefully prepared sterile equipment.

(2) An immaculate technique of venepuncture. Sterilisation of the skin should be carried out by a well-tried method, such as described in M.R.C. Memorandum No. 34, 1957, H.M.S.O.

(3) Skilfully performed venepuncture preceded by the injection of a local anaesthetic. Normally not more than 420-440 ml of blood should be withdrawn. No matter how skilled the doctor he will occasionally "miss" a vein. Further attempts should not be made without the donor's permission. It is usually not advisable to use the other arm, unless there is some special reason for making another attempt. In factories it is good policy never to use the other arm.

(4) The enforcement of a definite routine upon the donor during the resting period after withdrawal of blood. The resting period is of special significance in regard to the prevention of the "delayed faint" (see 5 below).

(a) A donor attendant should assist the donor to the rest area, where he should lie recumbent (e.g. for 15 minutes) after which he should sit up for at least 5 minutes, making a total period of about 20 minutes.

(b) During the rest period, the donor should consume at least one cup of fluid and a few biscuits.

(c) Before the donor leaves, the site of venepuncture should be inspected. On occasion it is possible to forestall complaints from a donor by warning him, for example, that his arm will become bruised from a haematoma. A dressing should be placed over the site of venepuncture. The donor may be given tabs. ferrous sulphate 200 mg. sufficient for 7 days, if the medical officer considers this desirable. It is not intended that the practice of issuing iron tablets to all donors, which is customary in some regions, should cease.

(5) The immediate and considerate treatment of those who faint. A proportion of donors, variously estimated at 2-5%, faint. This is usually only a transient matter, quickly recovered from, but in a few instances prolonged and troublesome. The "delayed faint" is the potentially dangerous type, since the donor may be in the street or at work and it may be most important to be able to demonstrate that the routine outlined in Section III, para. 4(a), (b) and (c) was followed. Fainting is probably psychological in origin and cannot be forecast by the most elaborate medical examination.

The importance of these measures and the reasons for them must be carefully impressed upon the lay members of the bleeding team. The reputation of the National Blood Transfusion Service and the readiness with which donors will volunteer depends largely upon the standard of medical care given to the donor.

SECTION IV DONORS: COMPLAINTS AND ACCIDENTS

The need for sympathetic, prompt, and thorough investigation of all complaints made by the donors, no matter how trivial, is obvious. Complaints of a medical nature should invariably be investigated by a doctor. The following routine, which has proved of value in practice, is recommended.

1. Minor accidents and any untoward incidents occurring during a blood collecting session, e.g. haematoma, fainting, damage to, or loss of, a donor's property, should be noted at the time upon the donor's record card or donor session work sheet. The recording of apparently trivial incidents has, in practice, proved of value as long as two years later.

2. Serious incidents or accidents during blood collecting sessions, or complaints made direct to the Regional Transfusion Centre, should be fully recorded in a book kept for the purpose, together with full notes of the investigation made.

An analysis of complaints and accidents should be made annually at each RTC. The following headings have proved useful :-

Haematoma, cellulitis, thrombosis, accidents due to fainting, dermatitis, unclassified, total: ratio to total number of donors bled: number of accidents serious enough to merit financial compensation, together with, if available, the amount of compensation paid.

DECEMBER 1977.

PROPOSED REVISION
(FINAL EDITION)

NATIONAL BLOOD TRANSFUSION SERVICE

GUIDANCE FOR THE SELECTION, MEDICAL EXAMINATION AND CARE OF BLOOD DONORS

SECTION I - SELECTION OF DONORS

1. Donors should be healthy people of either sex over 18 years of age. New donors will be welcome up to the age of 60, regular donors can continue to donate up to the age of 65.

   Potential donors who are under about 50 kg (8 stone) body weight are more likely to faint or suffer other adverse reaction to normal blood donation and should therefore be dissuaded. If they have already donated uneventfully they may still be accepted (some Regions accept part donations from underweight donors to produce serum for laboratory use).

   Healthy people as above can generally donate up to 450 ml of blood (plus small laboratory samples) without any deleterious effect on their health or resistance to disease, and with only a temporary effect on the circulation from which recovery is rapid. Donors should have had a meal within a few hours prior to donation (see also Section III 5).

2. Interval between donations. It is the policy of the Service to maintain donor panels at a size which ordinarily will not require donors to give more than 2 donations in a year (min. interval 16 weeks). Any donor (male or female) who recurrently fails the haemoglobin test should be critically reviewed with regard to future donation.

3. THE DECISION WHETHER OR NOT A PERSON IS FIT TO GIVE BLOOD RESTS FINALLY WITH THE DOCTOR HAVING DUE REGARD FOR THE WELFARE OF DONORS AND THE SAFETY OF RECIPIENTS. PARTICULAR CARE SHOULD BE EXERCISED WITH ALL OLDER DONORS. Patients referred for therapeutic venesection should not be accepted at donor sessions.

4. Hazardous occupations. Arrangements for sessions at factories should take account of the type of work being performed and where possible, arrangements made for staff whose work is hazardous to be bled at the end of their working day or shift.

   At all sessions special note should be taken by the Medical Officer of the occupation of the donor and any hazardous hobbies; donors should be advised to postpone donation if in the next few hours they will be working as civil air crew, a train or bus driver, heavy machinery or crane operator, one climbing ladders or scaffolding, diver etc; or taking part in hazardous hobbies such as gliding, power flying, motor car or cycle racing, climbing etc.

   Queen's Regulations for the Royal Air Force para. 900 (28.1.76) state that aircrew personnel, RAF or WRAF, whether trained or under training are ineligible to act as blood donors except in emergency. The donation of blood by aircrew will normally enrail their removal from flying duties for seven days.

SECTION II - MEDICAL EXAMINATION OF DONORS

Medical History

A donor is the best judge of his or her fitness, and truthful answers to simple questions about his or her medical history and general health form a large part of the assessment.

The donor session clerk should specifically question the donor about the conditions listed on form NBTS 110A and request the donor's signature on form NBTS 110. Any conditions declared should be recorded by the Clerk or preferably by the Medical Officer, most conveniently in the "medical history box" on the NBTS 101 donor record card or other equivalent document.

A suggested layout of NBTS 110A (Revised 1983) is attached. This, or similar notice should have printing sufficiently large and clear so that donors can read it comfortably. The notice can conveniently be mounted on card and covered for repeated use.

A more detailed list follows of conditions which may affect actions taken with a particular donor, whether to accept a donation, to refer the donor to the Medical Officer or to decine their offer permanently. Any donor not accepted because of one of the conditions listed will, if they ask, be referred to the Medical Officer.

CONDITION	ACTION	COMMENT
Abortion, (see pregnancy)	Wait	See note xii
Accident, minor	Wait	See note vii
" major	Wait	See note viii
Acupuncture	Wait	See note vi
Allergy	Refer to MO	See appendix 1
Anaemia	Refer to MO	See appendix 1
Blood donation within 4 months	Wait	See section I, 2
Blood transfusion in last 6 months	Refer to MO	See note ix
Brucellosis	Disqualify	
Cancer	Disqualify	
Contact with infectious fevers	Wait	See note ii
Contraceptives - oral, the "pill"	Accept	See note xi
Creutzfeld - Jakob disease	Disqualify	See appendix 1
Dental treatment	Refer to MO	See note x
Diabetes mellitus	Refer to MO	See appendix 1
Drug abuse	Disqualify	

CONDITION	ACTION	COMMENT
Drugs - prescribed by Doctor - self-medication (eg aspirins)	Wait, or refer to MO	See note xi
Ear-piercing - see piercing of ears etc	Wait	See note xi
Epilepsy	Refer to MO	See appendix 1
Gastrectomy	Disqualify	
Glandular fever	Wait	See appendix 1 (infectious mononucleosis)
Hay fever	Refer to MO	See appendix 1 (allergy)
Heart disease	Disqualify	
Heart operations	Refer to MO	See appendix 1
Hepatitis	Refer to MO	See appendix 1
High blood pressure	Disqualify	See appendix 1 (hypertension)
Homosexuals (self-declared)	Refer to MO	
Infections - boils, sore throat etc	Wait	See note iii
Infectious fevers - recent measles mumps etc	Refer to MO	See appendix 2
Infectious mononucleosis	Wait	See appendix 1
Inoculations	Wait	See below
Jaundice	Refer to MO	See appendix 1 (hepatitis)
Kidney disease	Refer to MO	
Malaria	Refer to MO	See appendix 3
Multiple sclerosis	Disqualify	
Piercing of ears etc	Wait	See note vi
Pregnancy	Wait	See note xii
Stroke	Disqualify	
Surgery minor	Wait	See note vii
Surgery major	Wait	See note viii
Tattooing	Wait	See note vi
Thyroid disease	Refer to MO	See appendix 1

CONDITIONS	ACTION	COMMENTS
Toxoplasmosis	Refer to MO	See appendix 1
Tropical diseases filariasis kala azar leptospirosis Q fever Yaws	Disqualify	
Others	Refer to MO	See appendix 3
Tuberculosis	Refer to MO	See appendix 1
Undulant fever (syn. brucellosis)	Disqualify	
Underweight less than 50 kg (8st)	Disqualify	Except in some Regi see also Sections I 1; and III, 5.
Venereal diseases	Disqualify	See appendix 1

Notes on some of above requiring deferment:-

		Time since event before donations accepted
i.	Inoculations	
	Live vaccines	
	Rubella	3 months
	B.C.G. Measles, Mumps, Polio - live oral; Rabies smallpox, Yellow fever	3 weeks providing donor fells well
	Killed vaccines/Toxoids	
	Hepatitis B	6 months
	Anthrax; Cholera; common cold; Diphtheria; Influenza; Polio- (Salk); Tetanus; Typhoid (TAB)	1 week providing donor feels well
ii.	Contact with infectious fever if donor has not already had the illness.	Incubation period, or if unknown, 4 weeks.
iii	Intercurrent infection - boils, sore throats, skin infections etc	Until cured

iv	History of hepatitis, jaundice	12 months, but see appendix 1 under 'hepatitis'
v	Infectious mononucleosis (glandular fever)	2 years
vi	History of tattooing, acupuncture or piercing of ears etc. in the last six months	6 months
vii	Minor surgery or accidents	about 1 month
viii	Major surgery or accidents admitted to hospital	6 months minimum depending on nature of disease or injury
ix	Transfusion of blood or blood products received in last six months	
X	Dental treatment	48 hours (because of possible bacteraemia), but one month minimum if general anaesthetic given
xi	Prescribed treatment with antibiotics antihistamines, antidepressants, non-steroid anti-inflammatory drugs etc (see also end of Section II), but excluding oral contraceptives, (the "Pill") and similar hormone treatments.	1 week minimum after treatment finished
	Self medication with non-prescribed drugs e.g. aspirin (v. common,often undeclared)	3 days, preferably longer. (Some Regions discount altogether unless donations to be used for platelet preparation).
xii	Pregnancy (see also Serum Donors, below)	
	Gestation of six months or more	1 year following delivery
	Abortion (spontaneous of therapeutic) up to six months gestation	6 months minimum from termination of pregnancy

On each subsequent occasion the donor should be shown the notice NBTS 110A and asked to sign form NBTS 110 to show that he/she had read it.

Serum Donors. In certain circumstances, e.g. to collect serum containing valuable antibodies, mothers may donate within the recommended time since confinement if shown by medical examination to be fit to give blood. Under these circumstances it might be wise to withdraw less than the usual amount of blood. Special arrangements for the donation should be made with the agreement of the attending Obstetrician or family doctor if the donation is being taken within six weeks of confinement. Plasmapheresis rather than simple donation is to be preferred wherever possible.

Donors both male and female, whose serum or plasma is to be used only for laboratory purposes because it contains anti-Rh, anti-HLA, etc. should be submitted to the same routine as other donors, but because the blood is not going to be transfused some decisions, especially about temporary defernent, may be modified, e.g. treatment with certain tablets, or an attack of hay fever need not disqualify, etc. All such donors should be informed that their blood is to be used in this way and their agreemnet should be obtained.

EXAMINATION OF THE DONOR

1. Haemoglobin estimation. The haemoglobin should be determined each time the donor presents. Female donors with less than 12.5 g/dl, or male donors with less than 13.5 g/dl should not be bled. The type of test used is left to the discretion of the Regional Transfusion Directors, but the Phillips - Van Slyke copper sulphate method (Reference: J. Biol. Chem. (1950) 183-305) is still widely used as a screen test, sometimes supplemented by a photometric haemoglobin estimation. Both tests are performed on a sample of blood commonly obtained from a finger.

Donors whose haemoglobin appears to be below the appropriate level should be told that it is not adviseable for them to donate blood that day. If a more exact determination is not immediately available, a sample of venous blood should be taken into sequestrene for proper laboratory assessment. Donors with haemoglobin levels substantially less than those given above should be advised to consult their own doctors who should receive a report of the results obtained.

2. The medical history should be coupled with a careful assessment of the donor's appearance. The experienced doctor can detect many potentially unsuitable donors at a glance. Those of poor physique, the debilitated, the undernourished, the mentally unstable and those bearing obvious stigmata of disease should not be bled.

Middle-aged and older donors have an increased risk of acquired cardio-vascular disorders. Whilst most donors may be accepted on the basis of medical history, general appearance and haemoglobin estimation, it is advisable to examine the pulse and check the blood pressure where there are any doubts, particularly of new donors (see also Appendix under Hypertension).

NOTE: A complete medical examination including X-Ray examination, electrocardiogram and extensive haematological tests is obviously impractical for normal donors, but the above procedure, used skilfully, will lead to the rejection or deferment of most donors who are unfit to be bled and it should be carried out meticulously. When in doubt it is better to reject or defer, and the Medical Officer should then see that an appropriate entry is made on the donor's record.

In general, only healthy people with a good medical history should be accepted as donors.

"INCIDENT LIST"

It may be found useful to keep a separate record at each donor session

for use at the R.T.C. This should list conditions or circumstances which require decision at the Centre as to the fate of the donation but which, for various reasons, are considered best not entered on the donor's permanent record.

DONORS ON TREATMENT WITH DRUGS

In general, donors receiving courses of prescribed medication should be deferred at least until one week after treatment is completed. This is to ensure that the blood collected is as near normal as possible, and to minimise risks for donors themselves. In some circumstances it may be considered wiser to defer longer, viz. three weeks after the more powerful tranquillisers and for six months after steroids. Donors having continuous hormone replacement therapy should be referred to R.T.C. for discussion with the donor's General Practitioner before being accepted.

Sporadic self-medication with some drugs (e.g. antacids, vitamins etc) need not prevent a donation being accepted. However in general terms, it is better to defer for three days and preferably longer. This is essential if the donation is to be used for preparing platelets which are affected by many of the drugs most commonly taken (see also Section II note xi).

While the Medical Officer may use discretion in accepting or deferring a particular donor who has been treated, it is recommended that appropriate notes should be made and that in any doubtful situation it is wiser to defer.

Illicit drug taking if admitted or suspected should debar.

SECTION III - MEDICAL CARE OF DONORS

Apart from courteous and considerate treatment by all members of the blood collecting team, the donor's medical well-being should be assiduously watched by the Medical Officer and the members of the team while he/she is at a blood donor session.

The donor's medical well-being depends upon:-

1. The use of carefully prepared sterile equipment.

2. Sterilisation of the skin prior to venepuncture, using an approved well-tried method.

3. Immaculate technique of venepuncture. An intradermal injection of local anaesthetic is usually given prior to insertion of the phlebotomy needle into a suitable antecubital vein, preferably avoiding whenever possible any vessels that are overlying or adjacent to an artery. Normally,not more than 450 ml blood plus small laboratory samples should be withdrawn. No matter how experienced the doctor (or in some situations the S.R.N. under an M.O's supervision) he or she will occasionally "miss" a vein. No further attempts should be made without the donor's permission. Any second attempt should only be made on the other arm if at all, and even then only if there is good prospect of a successful venepuncture. In factories it is wise never to use the other arm.

4. The enforcement of a definite routine upon the donor during the resting period after withdrawal of blood. The resting period is of special significance in regard to the prevention of the "delayed faint" (see 5 below).

(a) The donor should remain recumbent for about 15 minutes either on the bed used for venesection, or on a designated rest bed to which he or she should be assisted by the donor attendant. The donor should then sit up for about 5 minutes and have at least one cup of fluid and a few biscuits. If rest is refused, this should be noted on the donor's record.

(b) Before the donor leaves, the site of venepuncture should be inspected. On occasion it is possible to forestall complaints from donors by warning them, for example, of likely bruising. A dressing should be placed over the site of venepuncture.

5. The immediate and considerate treatment of those who faint. A small proportion of donors, variously estimated at 2 to 5% faint. This is usually only a transient episode, but in a few instances may be prolonged and troublesome. The "delayed" faint is potentially more dangerous since the donor may be in the street or back at work; it may then prove very important to be able to demonstrate that the routine outlined in Section III, para. 4 a), b), was followed. Because fainting is sometimes psychological in origin, it cannot always be anticipated. It is more likely to occur in otherwise normal healthy donors who have had little or no food for several hours. Also, donors under about 50 kg (8 st) in weight may not withstand giving a full donation without fainting, and should be discouraged unless they are known to have donated blood uneventfully in the past.

The importance of these measures and the reasons for them must be carefully impressed upon the lay members of the bleeding team. The reputation of the National Blood Transfusion Service and the readiness with which donors will volunteer depends very much upon the standard of medical care given to the donor.

SECTION IV - DONORS : COMPLAINTS AND ACCIDENTS

The need for sympathetic, prompt and thorough investigation of all complaints made by the donors, no matter how trivial, is obvious. Complaints of a medical nature should invariably be investigated by a doctor. The following routine, which has proved of value in practice, is recommended.

1. Minor accidents and any untoward incidents occurring during a blood collecting session, e.g. haematoma, fainting, damage to or loss of, a donor's property, should be noted at the time upon the donor's record card or donor session work sheet. The recording of apparently trivial incidents has, in practice, proved of value as long as two years later.

2. Serious incidents or accidents during blood collecting sessions, or complaints made direct to the Regional Transfusion Centre, should be fully recorded in a book kept for the purpose , together with full notes of all investigations made.

An analysis of complaints and accidents should be made annually at each R.T.C. The following headings have proved useful:

haematoma, cellulitis, thrombosis, accidents due to fainting, dermatitis, unclassified, total; ratio to total number of donors bled; number of accidents serious enough to merit financial compensation, together with, if available, the amount of compensation paid.

APPENDIX

Contents:

1. Notes on Certain Diseases

(i) ALLERGY. People who give a history of frequent allergy symptom(s) should not be accepted as donors; otherwise donors need only be rejected if they are suffering from allergy when they present, or are symptom free only because of drugs taken within the past three days.

(ii) ANAEMIA. If a donor has failed the screen test on two or three recent occasions, it is probably advisable to delay further donation for an extended period.

A donor who appears well but declares a history of anaemia attributable to the presence of abnormal haemoglobin (e.g. sickle-cell disease, thalassaemia etc) or to other red cell defects should be deferred so that further information may be sought from the family doctor. Most donors with clinically significant red cell abnormalities will not volunteer as donors anyway. It is not currently realistic to screen the entire donor population for milder forms of these disorders, and provided the would-be donor with a covert red cell anomally appears to have an adequate haemoglobin level, there is probably little risk to prospective recipients.

(iii) CREUTZFELDT-JAKOB DISEASE. Patients with this disease should not be accepted as donors.

(iv) DIABETES MELLITUS. Both new and established donors who present with diabetes may be accepted only if the disease is controlled by diet alone and they appear otherwise fit. Requirement for any form of replacement therapy should debar (further) donation.

(v) EPILEPSY. Some patients with epilepsy react to minor stress by having fits and it is important that additional risks should be avoided. Anyone on regular medication for epilepsy should not be accepted as a donor. A known epileptic who has not required regular anticonvulsant therapy nor been subject to daytime fits for at least two years, may with discretion be considered as a possible donor, but it should be remembered that a fit may be difficult to deal with during a busy session and can be upsetting to other donors.

(vi) GASTRECTOMY. Patients who have had a gastrectomy frequently have reduced iron absorption thereafter and should therefore be excluded as donors.

(vii) HAEMOPHILIA etc. A donor who declares a carrier state of haemophilia or allied disorder may be accepted after appropriate enquiries from the family doctor. Donations from such a person should not be used for the preparation of coagulation products.

(viii) HEART OPERATIONS. Where surgery has been carried out in early life for correction of congenital malformations, donation may be considered. It should only be accepted after appropriate consultation between the Transfusion Centre and the donor's medical adviser(s).

(ix) HEPATITIS. Individuals who give a history of jaundice or hepatitis or in whose blood anti-HB_s is present may be accepted as donors providing that they have not suffered from jaundice or hepatitis in the previous twelve months, have not been in close contact with hepatitis or received a transfusion of blood or blood products in the previous six months, and providing their blood gives a negative reaction for the presence of HB_sAg when tested by an accepted sensitive method (e.g. R.I.A.). An approved test for hepatitis B surface antigen should be performed each time a donor is bled; donors whose blood is shown to carry HB_sAg shall be excluded from the ordinary donor panel. They may only be be considered for reinstatement under special circumstances and if they have been subsequently demonstrated by appropriately sensitive tests to be persistently negative for known viral markers (HB_c, HB_e) for at least twelve months and have an adequate level (> 1 i.u./ml) of anti-HB_s antibody.

(x) HYPERTENSION. It is practice in many Transfusion Regions to check the blood pressure of all donors over a certain age - say 45.

A hypertensive whether under treatment or not should not be bled because of the possible complications which may follow the sudden lowering of arterial tension caused by the withdrawal of blood. If a doctor feels that a patient should be bled for the relief of symptoms, whether from hypertension, polycythaemia or other condition, this should be done in hospital where complications, should they occur, can be dealt with more satisfactorily than at a donor session.

(xi) INFECTIOUS MONONUCLEOSIS. (Glandular Fever) Most patients recover completely within a few weeks. However, following temporary improvement a few experience relapses even up to a year or more later. In view of this and the known viral cause(s) of this illness, donations should not be accepted until TWO YEARS after the diagnosis has been made.

(xii) THYROID DISEASE. Donors who are obviously suffering from thyroid disease (myxoedema or thyrotoxicosis) and those who are only maintained in reasonably normal health through regular replacement therapy, should not be bled.

Donors who have recovered from thyroid operations or radio-active iodine treatment may be accepted provided at least six months have elapsed since any treatment given, they do not require thyroid or calcium treatment, and after consultation with the donor's medical adviser.

(xiii) TOXOPLASMOSIS. It is not practicable to test for the presence of toxoplasma as a routine and it is not known whether the blood of persons recently ill from toxoplasmosis is infective. It would seem wise not to accept blood from volunteers with a known history of toxoplasmosis until a year has elapsed from the specific antibody (e.g. dye) test becoming negative. A donor who presents giving this history

should therefore be deferred until the appropriate tests or investigations have been arranged through the Regional Transfusion Centre.

(xiv) TUBERCULOSIS. Any donor under treatment or regular surveillance for tuberculosis should not be accepted. For other donors with a history of tuberculosis it is advisable to seek information, with the donor's consent, from their family doctor after which a decision can be made. Where the history is of a short illness perhaps many years previously and no further checking advised, it is probably safe to accept the donor.

(xv) VENEREAL DISEASE. It is not customary to question donors about venereal disease. Information may occasionally be volunteered. A person who is known to have or has had syphilis is unacceptable as a donor (see European Pharmacopoeia Vol 3, 1975). An accepted test for syphilis shall be performed each time a donor is bled; a positive reaction - whether confirmed as genuine or as a persistent false positive - shall lead to the exclusion of the donor from the panel.

2. Infectious Diseases and Plasma for Immunoglobulin

(i) Inoculations and Vaccinations

A dangerously high haemolysin titre may follow the injection of diphtheria or tetanus toxoid, diphtheria antitoxin, or T.A.B. vaccine because these agents sometimes contain blood group substance A. An interval of 3 weeks should elapse between injections of diphtheria antitoxin and blood donation to allow elimination of most of the foreign protein from the donor's circulation and thus avoid the risk of sensitizing the recipient.

(ii) Plasma for Immunoglobulin

(a) Convalescence from infectious disease

Plasma from donors who have recovered within the previous three months from any of the following infectious diseases:

Chickenpox, Herpes Zoster, Herpes Simplex, Measles, Mumps, Rubella

(b) After Active Immunisation

(i) Either plasma from individuals who have completed a course of active immunisation against tetanus within the previous 21-28 days, or plasma which has been shown by a screening method to contain an adequate titre of tetanus antibody.

(ii) Plasma from individuals 4-12 weeks after the last (third) injection of a primary immunisation course or 3-12 weeks after a re-inforcing dose of vaccine against rabies. Categories of individuals eligible for immunisation against rabies are given in Health Circular (HC(77) 29, para 1, August 1977.

(iii) Plasma taken from individuals within a month of completing a primary immunisation course, or of a re-inforcing dose of vaccine against hepatitis B, or plasma which has been shown by a screening method to have at least 15 i.u./ml (10 i.u. /ml in Scotland) of antibody to HB_sAg.

In each case, plasma meeting the required standard will be separated from the red cells, immediately labelled appropriately, frozen and sent to the Blood Products Laboratory. The Red cells may be used for transfusion provided the interval since immunisation accords with the recommendations given in Section II (i) above.

3. Tropical Diseases

Donors should be asked if they have visited places abroad (other than in Western Europe or North America) or have lived in such places within the past five years. The most important diseases to bear in mind when considering the fitness of such donors are malaria and hepatitis B because of their world-wide distribution; certain other diseases must also be considered before accepting, deferring or rejecting such donors.

The following notes give general guidance regarding the fitness as donors of people who have had certain tropical diseases or who have recently returned to the U.K. from the tropics.

(a) HEPATITTIS B. Although hepatitis B is not strictly a 'tropical' disease, its causative virus is far more prevalent in tropical and subtropical areas than in the UK. Donors who have been in such areas must therefore be regarded as being at increased risk of carrying and perhaps transmitting this disease for up to six months after return to or arrival in the U.K.

(b) MALARIA. The decision whether or not to accept donations from people who have visited or lived in endemic malarious areas (see list and map) may depend on the availability of specific laboratory tests.

If specific tests not available:

Donors who have had[1] malaria	Defer at least six months from last attack, then accept for plasma fractions[2] only.
Donors[1] born in, formerly resident of or visited endemic malarious areas	Defer until six months elapsed Since arrival in/return to U.K.
- six months to five years after arrival in/return to U.K.	Accept for plasma fractions[2] only
- more than five years since arrival in/return to U.K. and have remained well:	Accept for normal use.

NOTES: 1. If a history of malaria is uncertain, use donations for plasma fraction only.
2. Donations for plasma fractions only cannot be used for fresh, fresh frozen plasma, or cryoprecipitate.

If malaria-specific tests are available:

Donors who have had[1] malaria more than six months before	Test positive or negative	Accept for plasma fractions[2] only
Donors[1] born in, formerly resident of, or who have visited endemic malarious areas		Defer until six months have elapsed since arrival in/return to UK
- after six months of arrival/in return to UK and have remained well	Test positive or equivocal	Accept for plasma fractions[2] only
	Test negative	Accept for normal use

AMERICAN TRYPANOSOMIASIS (Chagas' Disease)

Because trypaposomiasis may lead to an acute or chronic incurable and even fatal illness - Chagas'disease, blood of persons who have visited or lived in S.America or other endemic areas for this disease should ONLY be used for preparing plasma fractions (not fresh/fresh frozen plasma,or cryoprecipitate). Donations from such people may be used for normal purposes provided they have been shown by suitable tests to be free of antibodies to Trypanosoma Cruzii.

(d) ARTHROPOD-BORNE ENCEPHALITIDES
DENGUE FEVER
RIFT VALLEY FEVER
SANDFLY FEVER
SCHISTOSMIASIS
WEST NILE VIRUS FEVER
YELLOW FEVER

Donations acceptable provided donor completely recovered

RELAPSING FEVER

People may be accepted as donors two years after recovery from this disease.

(f) AMOEBIC DYSENTRY

Donations acceptable provided adequate treatment has been given.

(g) PYREXIA OF UNKNOWN ORIGIN IN PERSONS WHO HAVE VISITED THE TROPICS

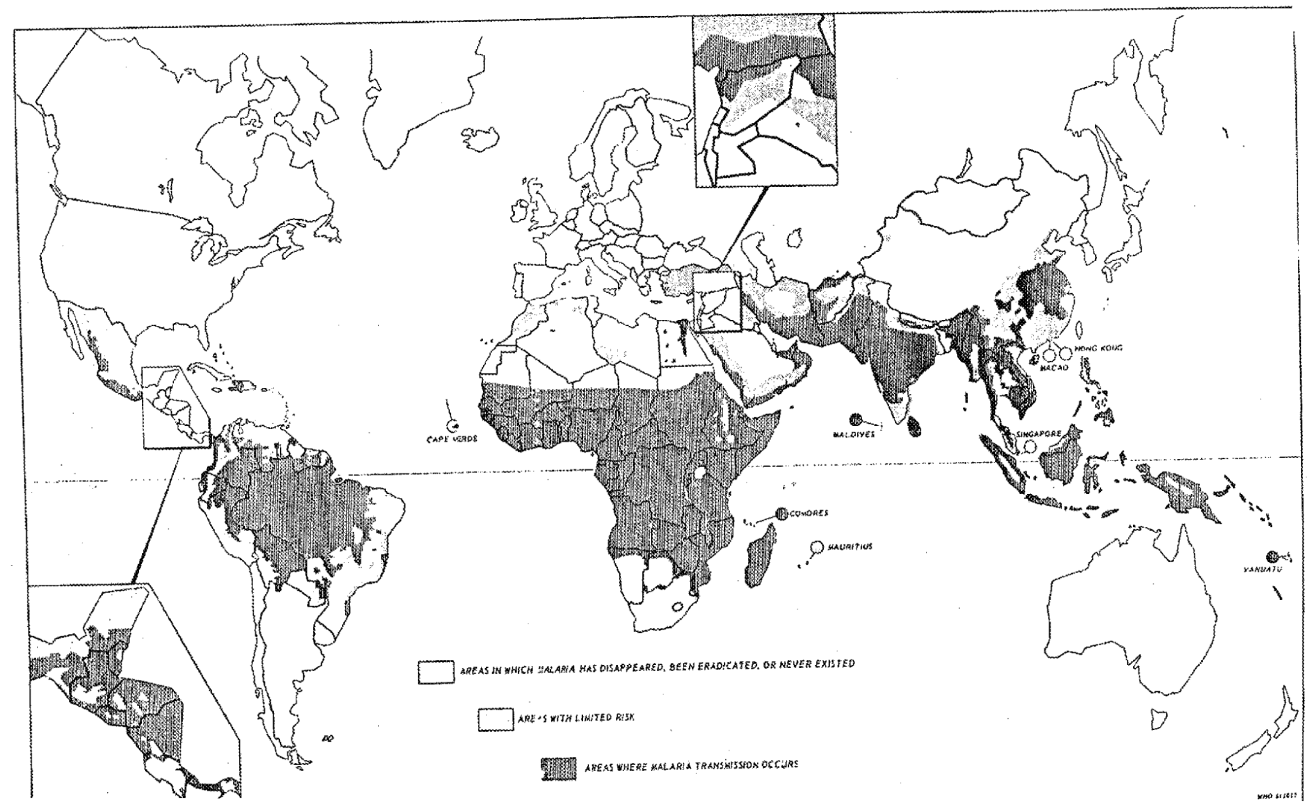
The possibility has to be kept in mind that pyrexias might result from infection with the causative agent of LASSA FEVER or other dangerous viruses. In view of this, blood or blood products from such persons should not be used until three months have elapsed following resolution of the pyrexia, or six months after return to the UK, whichever is the longer.

(h) FILARIASIS
KALA AZAR
LEPTOSPIROSIS
Q FEVER
YAWS

Donations should NOT be accepted

GENERAL

People returning from tropical areas should not donate blood until six months after arriving in the UK. Many of the diseases above for example, may take the form of a short-lived viraemia, without specific clinical symptoms. People harbouring any of these viruses will automatically be excluded during the potentially dangerous period by adopting this six month period of "quarantine". (See also NBTS 110A attached).


CAPE VERDE
MALDIVES
SINGAPORE
HONG KONG
MACAO
COMORES
MAURITIUS
VANUATU
AREAS IN WHICH MALARIA HAS DISAPPEARED, BEEN ERADICATED, OR NEVER EXISTED
AREAS WITH LIMITED RISK
AREAS WHERE MALARIA TRANSMISSION OCCURS

SGF.001.0393

LIST OF ENDEMIC MALARIOUS AREAS

Afghanistan
Algeria
Angola
Argentina
Bahrain
Bangladesh
Belize
Benin
Bhutan
Bolivia
Botswana
Brazil
Burma
Burundi
Cameroon
Cape Verde
Central African Republic
Chad
China, People's Republic of
Colombia
Comoros
Congo
Costa Rica
Democratic Kampuchea
Djibouti
Dominican Republic
East Timor
Ecuador
Egypt
El Salvador
Equatorial Guinea
Ethiopia
French Guiana
Gabon
Gambia
Ghana
Guatemala
Guinea
Guinea-Bissau
Guyana
Haiti
Honduras
India
Indonesia
Iran
Iraq
Ivory Coast
Jordan
Kenya
Korea Republic of (South)
Lao People's Democratic Republic
Liberia
Libyan Arab Jamahiriya
Madagascar
Malawi
Malaysia
Maldives
Mali
Mauritania
Mauritius
Mexico
Morocco
Mozambique
Namibia
Nepal
Nicaragua
Niger
Nigeria
Oman
Pakistan
Panama
Papua New Guinea
Paraguay
Peru
Philippines
Qatar
Rwanda
Sao Tome and Principe
Saudi Arabia
Senegal
Sierra Leone
Solomon Islands
Somalia
South Africa
Sri Lanka
Sudan
Surinam
Swaziland
Syrian Arab Republic
Tanzania, United Republic of
Thailand
Togo
Tunisia
Turkey
Uganda
United Arab Emirates
Upper Volta
Vanuatu (formerly New Hebrides)
Venezuala
Vietnam
Yemen
Yemen, Democratic
Zaire
Zambia
Zimbabwe

List based on information from Ross Institute of Tropical Hygiene, 1982

GUIDANCE FOR THE SELECTION, MEDICAL EXAMINATION AND CARE OF BLOOD DONORS

[November 1987]

ABSCESS: Acceptable once completely healed and donor feels fit.

ABORTION: See Miscarriage.

ACCIDENTS: See Injuries/Head Injuries/Fractures.

ACNE: If on Tetracycline or Erythromycin defer until 48 hours after last dose.
Tigason - defer until 1 year after last dose.
Roacutane - defer until 1 month after last dose.

ACUPUNCTURE: Defer for 6 months.

If wearing needle inserts in ear as anti-smoking device accept only at Doctor's discretion.

ADDICTION - DRUGS: See Drug Abuse.

AFRICA: See AIDS Guidelines/Malaria Areas.

AGE: Donors must be aged over 18 and under 65. New donors are acceptable up to the age of 60.

AIDS: Standard operating procedures with regard to the AIDS selection criteria must be rigidly adhered to. In the case of uncertainty, or any query from the donor, the doctor or sister must be consulted.

ALCOHOL: Defer donors who are under the influence.

ALLERGY (Mild): Defer during an attack or if on treatment. See Asthma, Dermatitis, Hayfever.

Note for Sister or Doctor: Transfusion of blood or blood products from a donor who is suffering from an acute allergy risks the temporary sensitisation of the recipient as well as transmitting certain allergenic materials or drugs.

ALLERGY (Severe): Permanently unfit.

ANAEMIA: Consult Sister or Doctor.

Note for Sister or Doctor: Ask about type of anaemia, and whether attending GP. Accept treated iron deficiency if not under investigation. Further information from GP may be necessary.

ANALGESICS: Accept if donor takes an occasional tablet. Defer if tablets are prescribed as regular treatment. See Aspirin.

ANKYLOSING SPONDYLITIS: Permanently unfit.

ANTACIDS: Accept if taken occasionally for mild indigestion. Consult Doctor or Sister if in doubt. See Peptic Ulceration.

ANTHRAX VACCINATION: Accept after 48 hours if donor feels well. Otherwise defer 1 week.

ANTIBIOTICS: Action depends on condition for which antibiotic is taken. See under illness in question.

Note for Sister or Doctor: Defer 1 week after last dose.

ANTI-DEPRESSANTS: Defer if taken as regular treatment. Acceptable only if an occasional tablet is taken. See Depressive Illness, Lithium Treatment.

ANTI-HISTAMINE TABLETS: See Hayfever.

ANTI-MALARIAL TABLETS: See Malaria.

APPENDICECTOMY: Acceptable 3 months after operation provided donor is feeling completely fit and has had no complications.

Note for Sister or Doctor: If operation complicated by infection prolonging hospital admission greater than 3 days defer at least 6 months.

ARTHRITIS: Acceptable if mild and not on regular treatment. Defer if severe, or acute, or on regular treatment. Consult Doctor or Sister if in doubt.

ASPIRIN: Taking paracetamol or aspirin on day of donation is not reason for deferral if donor feels well.

NB: If taken aspirin within 72 hours, blood not used for platelets.

ASTHMA (Mild): Occasional inhaler (eg. Ventolin) only - accept. Otherwise consult Sister or Doctor.

Note for Sister or Doctor: In general, accept if no severe attacks during last 6 months and if not on treatment. A young person who has occasional mild asthmatic-type attack which can be avoided by regular use of inhalers may be accepted as a donor. The severity of the asthma is the important factor. The use of an inhaler is unlikely to affect the donation.

Severe: Defer if on regular treatment with tablets or inhaler.

ATHLETE'S FOOT: See Fungal Infections.

BCG: Defer until inoculation site is healed.

BLEEDING DISORDERS: Consult Sister or Doctor.

Note for Sister or Doctor: Obtain more information from donor and defer if necessary. Refer to GP if necessary. Carrier state for Haemophilia and allied disorders does not usually debar but again obtain more information from donor's GP, and the donation should not be used to prepare Cryoprecipitate.

See also AIDS Guidelines.

BLOOD DISORDERS
(eg. any familial cell or Haemoglobin abnormality): Consult Sister or Doctor.

Note for Sister or Doctor:

Defer and obtain more information from donor and donor's GP.

BLOOD PRESSURE (High): Refer to Sister or Doctor.

Note for Sister or Doctor: If not on treatment or on diuretic only, free of symptoms, and if BP is normal when tested at the session (ie. systolic less than 150mmHg, diastolic less than 100mmHg), donors may be accepted.

If abnormal differences between systolic and diastolic pressure are found, eg. 115/90, 170/40 defer donation. The donor may be accepted at a later date pending consultation between the donor and his/her GP.

BLOOD PRESSURE (Low): Consult Sister or Doctor.

Note for Sister or Doctor: Acceptable at Sister's or Doctor's discretion provided diastolic is not less than 50mmHg. Such donors must always receive the prescribed period of rest.

BLOOD TRANSFUSION: Consult Sister or Doctor.

Note for Sister or Doctor: Check reason for the transfusion. Accept 6 months after transfusion if no other contra-indication.

BOILS: Acceptable when healed.

BRONCHITIS (Chronic): Consult Sister or Doctor.

Note for Sister or Doctor: Permanently unfit. "Chronic" means with regular attacks of cough and spit every winter.

BRONCHITIS (Isolated attack): Acceptable 1 to 3 months after full recovery depending on severity. Consult Sister or Doctor if in doubt.

BRUCELLOSIS: Permanently unfit.

BRUCELLOSIS CONTACT: Acceptable.

CANCER: Permanently unfit.

Note for Sister or Doctor: NB: Take donors with adequately treated Basal Cell Carcinoma and adequately treated Cervical Carcinoma in situ (see section on Cervical Ca).

CARTILAGE OPERATION: Acceptable after 3 months if well.

CATARRH (Acute): Defer until symptoms clear.

CATARRH (Chronic): Acceptable if not on treatment. Use of a nasal decongestant does not debar.

CERVICAL CONE BIOPSY: Consult Sister or Doctor.

Note for Sister or Doctor: Defer and obtain more information from donor's GP. If Carcinoma in situ see below.

CERVICAL CARCINOMA IN SITU
(or cervical dysplasia) : Consult Sister or Doctor.

Note for Sister or Doctor: Accept 1 year after laser treatment if 2 consecutive negative smears. Accept following hysterectomy after 1 year.

CHAGAS DISEASE
(South American Trypanosomiasis): Permanently unfit. For residents of or visitors to South or Central America see Appendix 2.

CHICKENPOX CONTACT: Acceptable if donor has had Chickenpox. If not, defer for 3 weeks.

CHOLECYSTECTOMY: Consult Sister or Doctor.

Note for Sister or Doctor: Defer for at least 6 months after operation if completely recovered.

CHOLECTYSTITIS: Acceptable if symptom-free for at least 4 weeks.

COELIAC DISEASE: Accept if well, on gluten free diet and requiring no haematinics.

CHOLERA IMMUNISATION: Acceptable after 1 week if donor feels well.

COLDS: If donor feels well, accept. Otherwise defer until clear.

COLD SORE: Defer until healed.

COLITIS: See Ulcerative Colitis.

CONCUSSION: See Head Injury.

"CONE" BIOPSY: See Cervical Cone Biopsy.

CONTACT WITH INFECTIOUS DISEASES: See under specific diseases.

CONTRACEPTIVE PILL: Acceptable.

CORONARY THROMBOSIS: Permanently unfit.

CORTISONE (Tablets): See Steroids.

CORTISONE (Intra-articular injection): Defer for one week. Note reason for injection. Consult Sister or Doctor if necessary.

CREUTZFELD-JACOB DISEASE: Permanently unfit.

CROHN'S DISEASE: Permanently unfit.

CYSTITIS: Acceptable after full recovery, one week after last dose of antibiotic.

D & C: Consult Sister or Doctor.

Note for Sister or Doctor: Ask reason for D & C. Acceptable after 1 period if no further investigation or treatment planned.

DENTAL ABSCESS: Defer

DENTAL TREATMENT: Defer for 48 hours.

DEPRESSIVE ILLNESS: Defer if on treatment. See Antidepressants, Lithium.

DERMATITIS: Acceptable unless severe and requiring treatment. Donors with mild dermatitis requiring application of ointment may be accepted provided the total area to which ointment is applied is small.

DE-SENSITISATION INJECTIONS FOR HAYFEVER: See Hayfever.

DIABETES: Acceptable if on diet alone, and otherwise fit. Not acceptable if on tablets or insulin.

DIARRHOEA: Defer for 1 week after recovery. Defer if attending doctor or awaiting results. See Food Poisoning.

DIGOXIN: See Heart Pills.

DILATION AND CURETTAGE: See D & C.

DIPHTHERIA: Acceptable 3 months after recovery.

DIPHTHERIA IMMUNISATION: Acceptable after 48 hours if donor feels well. Defer for 1 week if donor feels unwell.

DIURETICS: Acceptable if taken for pre-menstrual tension. Consult Sister or Doctor if taken for high blood pressure.

DIVERTICULOSIS: Acceptable.

DIVERTICULITIS: Acceptable if symptom-free for last 6 months.

DONATION INTERVAL: Defer if less than 12 weeks since last donation.

DRUG ABUSE: Consult Sister or Doctor.

Note for Sister or Doctor: Anyone who has ever injected drugs to be deferred permanently.

Donors under the influence of oral drugs should not be accepted. Previous use of cannabis or other non-parenteral drugs does not debar. (Bear in mind the possibility that the history given by these donors regarding the abuse of drugs may be unreliable).

DUODENAL ULCER: See Peptic Ulcer.

DYSENTERY (amoebic or bacillary): Defer until 1 month after full recovery or until all tests are clear.

DYSENTERY CONTACT: Acceptable if feeling well.

EARACHE/EAR INFECTION (Acute): Defer for 4 weeks after recovery.

EARACHE/EAR INFECTION (Chronic): Acceptable if not on treatment.

EAR PIERCING: Defer for 6 months.

ECZEMA: See Dermatitis.

ELECTROLYSIS: Defer for 6 months.

EMPHYSEMA: Refer to Sister or Doctor. Note: If history confirmed, permanently unfit.

ENCEPHALITIS: Consult Sister or Doctor.

Note for Sister or Doctor: Check history of fits. Acceptable 6 months after full recovery.

ENDOMETRIOSIS: If on Danazol (Danol) defer. Otherwise accept.

EPILEPSY: Consult Sister or Doctor.

Note for Sister or Doctor: Febrile convulsions before age 6 years can be accepted. In general Epilepsy is a condition which debars from blood donation. (Donors off all ~~treatment~~ for 2 or more years and free of fits for that time could be accepted. A fit may be dangerous and difficult to deal with during a busy session and upsetting for other donors. Therefore advised to defer indefinitely).

EYE DROPS: Acceptable unless donor has badly infected eye.

FAINTS: New Donors

History of being prone to faints: Consult Sister or Doctor.

Note for Sister or Doctor: A previous history of being prone to faints increases the likelihood of faints; if the donor is accepted observation is required.

Donors Who Have Given Before

Permanently unfit if have a history of 2 consecutive faints or 1 severe reaction to donation. (Refer to Centre).

FIBROIDS - REMOVAL: Consult Sister or Doctor.

Note for Sister or Doctor: See under "Operations". Defer for at least 6 months.

FITS: See Epilepsy.

FLU]
]: See under Influenza.
FLU IMMUNISATION]

FOOD POISONING: Defer until 1 month after recovery or until all tests are clear.

FOOD ALLERGY: Acceptable if not severe. See Allergy.

FRACTURES - MAJOR (eg. Femur): Acceptable 6 months after healing.

FRACTURES - MINOR (eg. Radius, Ulna): Acceptable 3 months after healing.

FRACTURES - TRIVIAL (eg. Metacarpals): Acceptable.

FUNGAL INFECTIONS OF NAILS: Accept if local applications only. Defer if on tablets. See Griseofulvin.

GALL BLADDER DISEASE: See Cholecystitis.

GALL BLADDER OPERATION: See Cholecystectomy.

GASTRECTOMY/GASTRIC OPERATION: Consult Sister or Doctor.

Note for Sister or Doctor: If done for peptic ulcer, accept after 6 months if well. If for carcinoma, permanent deferral.

GASTRIC 'FLU: Defer for 2 to 4 weeks.

GASTRITIS - ACUTE: Consult Sister or Doctor.

GASTRITIS - CHRONIC: Consult Sister or Doctor.

Note for Sister or Doctor: Each case must be assessed individually by the Sister or Doctor. A donor with chronic mild epigastric pain which is relieved by regular or sporadic use of antacids, and who has been declared otherwise fit and well by his GP, after full investigation, may be accepted.

GASTROENTERITIS: See under Food Poisoning.

GENITAL HERPES VACCINATION: Acceptable after 48 hours if otherwise well.

GERMAN MEASLES: See Rubella.

GLANDULAR FEVER: Defer for 1 year after recovery.

GLANDULAR FEVER CONTACT: Acceptable.

GLAUCOMA: Acceptable after treatment, or if using only eye drops.

GOITRE: See "Thyroid".

GONORRHOEA: Defer until all hospital tests are clear.

GOUT - MILD: Acceptable if not on treatment.

GOUT - SEVERE: Defer. Sister or Doctor obtain further details.

GRISEOFULVIN: Defer until 1 week after treatment completed.

GROWTH HORMONE: Consult Sister or Doctor.

Note for Sister or Doctor: Recipients of Human Growth Hormone are permanently unfit, re. Creutzfeld-Jacob Disease.

HAEMATURIA: Consult Sister or Doctor.

Note for Sister or Doctor: May be acceptable after recovery, depending on underlying cause.

HAEMOPHILIA (relative of haemophiliac): Consult Sister or Doctor.

Note for Sister or Doctor: If sexual partner, defer permanently. If child/ parent, accept, but not mother for FFP.

HAEMORRHOIDS: Defer if regular or severe bleeding is reported. Otherwise acceptable.

HAY FEVER: Acceptable if symptom-free and not on treatment. Otherwise consult Sister or Doctor.

Note for Sister or Doctor: Acceptable if taking no more than 1 antihistamine tablet a day, if no symptoms. Donors prone to severe attacks should be advised not to give during the season when the pollen count is high.

HAY FEVER - DE-SENSITISING INJECTIONS: Defer for 1 week after course.

HAZARDOUS OCCUPATIONS: Defer if in next few hours donor will be working as:- Civil Air Crew, Train or Bus Driver, Heavy Machinery or Crane Operator, Climbing Ladders or Scaffolding, Diver etc.

HAZARDOUS HOBBIES: Defer if in the next few hours donor will be: Gliding, Power Flying, Motor Car or Cycle Racing, Climbing, etc.

(RAF: Queen's Regulations para 900 (28.1.76) state that aircrew personnel, RAF or WRAF, whether trained or under training, are ineligible to act as blood donors except in emergency. The donation of blood by aircrew will normally entail their removal from flying duties for seven days).

HEADACHES: May be acceptable. If donor complains of regular headaches only accept if he has been investigated. Otherwise accept if the headache has gone and the donor feels well. For Migraine see under 'Migraine'.

HEAD INJURIES: Consult Sister or Doctor.

Note for Sister or Doctor: If minor accept 3 months after recovery. Must be symptom-free with no fits.

If severe: Permanently unfit.

HEAF TEST: Defer for 1 week.

HEART ATTACK: Permanently unfit.

HEART CONDITION: Consult Sister or Doctor.

Note for Sister or Doctor: NB: Defer and obtain more information from the donor's G.P. A single episode of Rheumatic Fever or Pericarditis, a heart murmur, or repair of congenital defect do not necessarily disqualify a donor, but this decision must be made in consultation with the donor's G.P. and BTS Consultant.

HEART OPERATION: See Heart Condition.

HEART PILLS: Defer - may be permanently unfit depending on underlying condition. Obtain more information from G.P.

HEPATITIS: Childhood jaundice/hepatitis with full recovery - accept. Hepatitis/adult jaundice - defer and obtain more information from G.P. If not Hepatitis B, accept 1 year after full recovery. Donors known to have had Hepatitis B and who wish to donate should be referred to the Centre for individual consideration.

HEPATITIS CONTACT: Defer for 6 months after close contact, e.g. live together, using same towels, crockery, etc.

HEPATITIS PROTECTION BEFORE TRAVEL ABROAD: Gammaglobulin injection against Hepatitis A - acceptable after 48 hours.

HEPATITIS B GAMMAGLOBULIN (HBIg): Defer for 6 months until negative follow-up check is confirmed.

HEPATITIS VACCINE: Consult Sister or Doctor.

Note for Sister or Doctor: Course of vaccination consists of 3 spaced injections over 6 months. If given therapeutically (ie. for protection after exposure or contact; may be given with HBIg) defer 6 months after first injection until follow-up checks completed and satisfactory. If given prophylactically (ie. as protection against future exposure) defer for 48 hours after each dose.

HERNIA (HIATUS) OPERATION: Consult Sister or Doctor.

Note for Sister or Doctor: See under Operations - Major.

HERNIA (INGUINAL) REPAIR: Acceptable after 3 months if donor feels fit and has had no complications.

HERPES (GENITAL): Accept unless active infection or receiving treatment, provided there is no history of other sexually transmitted diseases.

HERPES (ORAL): See Cold Sore.

HERPES (GENITAL) VACCINE: Defer 48 hours.

HORMONE TREATMENT: Consult Sister or Doctor.

Note for Sister or Doctor: Ascertain which hormone. If for menopausal symptoms, acceptable; if for infertility, see Infertility.

HYPERTENSION (HIGH BLOOD PRESSURE): See Blood Pressure.

HYPERTHYROIDISM: See Thyroid.

HYPOTHYROIDISM: See Thyroid.

HYSTERECTOMY: Consult Sister or Doctor.

Note for Sister or Doctor: See under Operations. Acceptable 6 months or more after recovery depending on diagnosis.

INFECTIOUS MONONUCLEOSIS: See Glandular Fever.

INFERTILITY: See Sister or Doctor.

Note for Sister or Doctor: If under investigation, defer. If on treatment, defer, except if donor wishes to give and understands fully that donation will not affect her fertility.

INFLUENZA: Defer for 4 to 6 weeks depending on severity.

INFLUENZA IMMUNISATION: Defer for 1 week.

INJURIES - MAJOR: Acceptable after full recovery. See Accidents/Head Injuries/Fractures.

INJURIES - MINOR: Acceptable after 3 months.

INJURIES - TRIVIAL: Acceptable. Consult Sister or Doctor if in any doubt.

INOCULATIONS: See under specific conditions/vaccine table (Appenxix 1).

IRON TABLETS: See Anaemia. If taken as self-medication and donor has no symptoms, accept if Hb is satisfactory.

IRON INJECTIONS: Obtain more information from G.P.

JAUNDICE: See Hepatitis.

KIDNEY DISEASE: See Nephritis.

KIDNEY DONOR: See Operations - Major.

LAMINECTOMY: See Operations - Major.

LARYNGITIS: Defer for up to 4 weeks depending on severity.

LITHIUM TREATMENT: Consult Sister or Doctor.

Note for Sister or Doctor: Defer until off treatment. If donor very insistent, take serum donation.

MALARIA: See Appendix 2 and 3 for malarial areas.

DONORS BORN IN, FORMERLY RESIDENT OF OR VISITED ENDEMIC MALARIOUS AREAS: Defer until 12 months elapsed since arrival in/return to U.K.

12 MONTHS TO 5 YEARS AFTER ARRIVAL IN/RETURN TO U.K.: Accept for plasma fractions only.

MORE THAN 5 YEARS SINCE ARRIVAL IN/ RETURN TO U.K., AND HAVE REMAINED WELL: Accept for normal use.

NB: If a history of malaria is uncertain, use donations for plasma fraction only.

Donation for plasma fractions only cannot be used for fresh or fresh frozen plasma, or cryoprecipitate.

MALARIA - DONORS WHO HAVE HAD MALARIA: Defer 12 months from last attack provided donor has been resident in U.K. for at least 12 months.

Use donations for plasma fractions only, for life.

MALARIA CONTACT IN U.K.: Acceptable.

Note for Sister or Doctor: Malaria is not contagious. Take for whole blood donation.

MALIGNANT DISEASES: See Cancer.

MANTOUX TEST: Defer until investigations complete.

MASTECTOMY: Consult Sister or Doctor.

Note for Sister or Doctor: Removal of benign breast lump, defer for 3 to 6 months following recovery. If there is doubt in diagnosis, defer and obtain more information from donor's G.P.

MASTOID OPERATION: Consult Sister or Doctor.

Note for Sister or Doctor: See under Operations.

MEASLES: Defer for at least 2 weeks after donor feels fit.

MEASLES CONTACT: Acceptable if donor has had measles. Defer for 3 weeks after a close contact if donor has not had measles.

MEASLES IMMUNISATION - ACTIVE: Defer for 3 weeks after vaccination.

MENIERE'S DISEASE: Acceptable if symptom free and not on treatment.

MENINGITIS: If well for 3 months accept.

Note for Sister or Doctor: Acceptable 3 to 6 months after complete recovery if no history of fits.

MIGRAINE: May be acceptable. If donor complains of regular headaches only accept if he has been investigated. Otherwise accept if the headache has gone and the donor feels well.

Note for Sister or Doctor: Do not accept for at least 48 hours after an attack, or if attacks are frequent, severe and require regular treatment. Donors may be accepted when taking maintenance doses of Dixarit (clonidine). If taking propranolol - defer.

MISCARRIAGE - UNDER 3 MONTHS PREGNANT: Acceptable after 3 months if donor feels fit.

MISCARRIAGE - OVER 3 MONTHS PREGNANT: Acceptable after 1 year if donor feels fit.

MULTIPLE SCLEROSIS: Consult Sister or Doctor.

Note for Sister or Doctor: Permanently unfit. However, a keen regular donor, with only mild Multiple Sclerosis, can be accepted as serum for reagents at the Doctor's or Sister's discretion. It should be explained to the donor that these donations are just as valuable and essential as for transfusion purposes.

MUMPS: Defer for at least 4 weeks after recovery.

MUMPS CONTACT: Acceptable if donor has had Mumps. Otherwise, defer for 3 weeks after a close contact.

MUMPS PASSIVE IMMUNISATION (Gammaglobulin injection): Consult Sister or Doctor:

Note for Sister or Doctor: Defer for a minimum of 3 weeks.

MUMPS IMMUNISATION : Active: Defer 3 weeks

MUSCULAR DYSTROPHY: Permanently unfit.

MYOMECTOMY: See Fibroids - Removal.

NEPHRECTOMY: Consult Sister or Doctor.

Note for Sister or Doctor: Defer and obtain more information from the donor's GP.

NEPHRITIS: Consult Sister or Doctor.

Note for Sister or Doctor: Self-limited renal disease, eg. single attacks of glomerulonephritis, pyelitis, from which recovery has been complete do not necessarily disqualify the donor but more information must be obtained. Donors with chronic renal disease are permanently unfit.

NON-SPECIFIC URETHRITIS: Defer until cleared by hospital or GP.

NOSE BLEEDS: Acceptable if not a severe or regular problem.

OPERATIONS: If a donor has had major surgery within the last 6 months the Doctor or Sister should be consulted before they are accepted.

MAJOR: Consult Sister or Doctor.

Note for Sister or Doctor: Acceptable 6 months or more after recovery, eg. Hysterectomy, Prostatectomy, Cholecystectomy, or 'minor' operations with complications such as transfusion, peritonitis, etc.

MINOR: Acceptable 3 months after recovery, eg. Appendicectomy without complications.

TRIVIAL: Acceptable after 72 hours or when healed, eg. dental extraction without complications.

NB: It is the responsibility of the Sister or Doctor to decide the severity of an operation and to obtain further details from donor's GP (using relevant form if in any doubt). Donors should not be accepted after surgery if:-

(1) the operation was for a malignant growth;

(2) they are still attending hospital or their own GP for follow-up, even if only for annual check-up.

(3) they are still having post-operative treatment.

OSTEOMYELITIS: Consult Sister or Doctor.

Note for Sister or Doctor: More information should be obtained if necessary. Otherwise, may be acceptable 6 months after full recovery.

OVARIAN CYST: Consult Sister or Doctor.

Note for Sister or Doctor: See under Operations. May be acceptable 6 months after recovery depending on diagnosis.

PAIN KILLING TABLETS (eg. Paracetamol): See Analgesics.

PELVIC FLOOR REPAIR: See Operations - Major.

PEPTIC ULCER: If on Zantac or Tagamet and well for past month, accept. Consult Sister or Doctor if recent symptoms reported.

Note for Sister or Doctor: Obtain more details and permission to consult GP.

PEPTIC ULCER - OPERATION: See Gastrectomy/Gastric Operations

PERICARDITIS - ACTIVE VIRAL: Consult Sister or Doctor.

Note for Sister or Doctor: Defer and obtain more information from donor's GP.

PERIODS: Accept if light period and no problems. Defer if periods are heavy and/or prolonged or painful.

NB: Donors on contraceptive pill with light periods lasting 1-2 days may be accepted.

PERITONSILLAR ABSCESS: See Quinsy.

PERITONITIS: Consult Sister or Doctor.

Note for Sister or Doctor: Acceptable 6 months after recovery but depends on cause - obtain more information from GP.

PHARYNGITIS: Defer for up to 4 weeks depending on severity.

PHLEBITIS - ISOLATED ATTACK: Consult Sister or Doctor.

Note for Sister or Doctor: Check cause and site. Acceptable 6 months after complete recovery and off all anticoagulant therapy.

PHLEBITIS - REPEATED ATTACKS: Permanently unfit.

PILES: See Haemorrhoids.

PLEURISY: Consult Sister or Doctor.

Note for Sister or Doctor: Check cause.

PNEUMONIA: Acceptable 3 months after complete recovery.

PNEUMOTHORAX - TRAUMATIC: Consult Sister or Doctor.

PNEUMOTHORAX - SPONTANEOUS: Consult Sister or Doctor.

Note for Sister or Doctor: Acceptable after a minimum of 6 months following recovery. Assess individual case.

POLIO: Acceptable if donor has been cleared by hospital. Seriously disabled donors should be assessed by Doctor or Sister.

POLIO CONTACT: Accept.

POLIO IMMUNISATION: Accept after 3 weeks.

PREGNANCY: Defer during pregnancy and for 1 year after delivery. See also Miscarriage and Termination of Pregnancy.

PROCTITIS: See Ulcerative Colitis.

PROSTATECTOMY: Consult Sister or Doctor.

Note for Sister or Doctor: Accept 6 months or more after complete recovery depending on diagnosis. See under Operations.

PSORIASIS - MILD: Acceptable.

PSORIASIS - GENERALISED: Defer.

PSORIASIS - SEVERE: Defer.

NB: If on Tigason defer until 12 months after last dose.

PSYCHIATRIC PROBLEMS: Consult Sister or Doctor.

Note for Sister or Doctor: Check treatment, and assess individual case.

PULMONARY EMBOLISM: Consult Sister or Doctor.

Note for Sister or Doctor: Defer and obtain more information from donor's GP if necessary.

PYELITIS/PYELONEPHRITIS: See Nephritis.

'Q' FEVER: Permanently unfit.

QUINSY: Defer for 4 weeks after recovery.

RABIES IMMUNISATION - PRE EXPOSURE (ie. Customs & Excise, Vets, etc.): Defer for 3 weeks; subsequently may be valuable for hyperimmune plasma.

RABIES IMMUNISATION - POST EXPOSURE: Consult Sister or Doctor.

Note for Sister or Doctor: Not acceptable for hyperimmune plasma; not acceptable as donor until fully cleared by treating physician. (Obtain name and address and refer to Centre).

RENAL COLIC: Consult Sister or Doctor.

Note for Sister or Doctor: Acceptable when symptom-free.

RHEUMATIC FEVER: Consult Sister or Doctor.

Note for Sister or Doctor: May be acceptable. Doctor or Sister must assess donor or obtain details for further information from donor's GP.

RHEUMATISM - ACUTE: Defer.

RHEUMATISM - CHRONIC (Mild): Consult Sister or Doctor.

Note for Sister or Doctor: Accept if donor feels well and is not taking regular tablets or other treatment.

RHEUMATISM - CHRONIC (Severe): Permanently unfit.

RHEUMATOID ARTHRITIS: Permanently unfit.

RINGWORM: Accept if mild, not affecting site of venepuncture, and not requiring treatment.

ROACUTANE: See Acne.

RUBELLA: Acceptable 1 month after recovery.

RUBELLA IMMUNISATION: Defer for 3 months.

SALPINGITIS: Consult Sister or Doctor.

Note for Sister or Doctor: Mild cases may be accepted 1 month after recovery.

SARCOIDOSIS: Consult Sister or Doctor.

Note for Sister or Doctor: Acute Sarcoidosis: may accept 2 years after discharge from review.

Chronic Sarcoidosis: not acceptable even if very low grade clinically.

SELF-INFLICTED DRUGS: See Drug Abuse.

SHINGLES (Herpes Zoster): Consult Sister or Doctor.

Note for Sister or Doctor: Acceptable 2 weeks after donor feels fit.

SHINGLES CONTACT: Acceptable.

SINUSITIS - ACUTE: Acceptable 4 weeks after recovery.

SINUSITIS - CHRONIC: Acceptable.

NB: Check treatment.

SKIN CREAMS (eg. Betnovate): Accept if only using on small area, eg. elbows, hands, face, etc.

SKIN CANCERS: Consult Sister or Doctor.

Note for Sister or Doctor: Obtain details from donor's G.P. of diagnosis and treatment. Basal cell carcinoma of skin may not debar if it has been adequately treated.

SKIN DISEASES: See under specific disease, or consult Sister or Doctor.

Note for Sister or Doctor: As there are so many different skin diseases it is difficult to give specific directions. In general, the following points should be considered before deciding whether or not to accept a donor:-

(1) If the skin disease is contagious, does it present a risk of infection to staff and other donors?

(2) Does the skin disease affect the site of venepuncture?

(3) Is the skin disease a manifestation of underlying illness?

(4) Is the donor on treatment which might affect the blood donation?

SLEEPING SICKNESS:
(African Trypanosomiasis): Consult Sister or Doctor.

Note for Sister or Doctor: Donors who have had Sleeping Sickness accept for serum or OD plasma only.

SLEEPING TABLETS: Acceptable if taken as sleeping pills and for no other reason, ie. no underlying condition that might render the donor unfit.

SLIPPED DISC OPERATION: Accept after 6 months if fit.

SMALLPOX IMMUNISATION: Acceptable after 3 weeks.

SPLENECTOMY: Permanently unfit.

SPONDYLOSIS (CERVICAL): Acceptable if donor is symptom-free, or has only minor symptoms.

STERILISATION: Acceptable after next period.

STEROIDS - TABLETS: Consult Sister or Doctor.

Note for Sister or Doctor: In general, donors regularly taking steroid tablets are not accepted. Action depends on the underlying condition.

STEROIDS - CREAMS: Occasional use for minor dermatitis/eczema may be acceptable. Regular use over large areas of skin, defer.

STEROIDS - INTRA-ARTICULAR INJECTIONS: Acceptable 1 week after injection. Check reason for injection.

STOMACH ULCER: See Peptic Ulcer.

STROKE: Permanently unfit.

STYE: Acceptable when healed or infection subsiding if donor feels well.

SURGERY: See Operations.

SYPHILIS: Permanently unfit.

SYPHILIS SEXUAL CONTACT: Consult Sister or Doctor.

Note for Sister or Doctor: Defer 6 months, then accept if all blood tests negative.

TATTOO: Defer 6 months.

TERMINATION OF PREGNANCY: As for Miscarriage .

TETANUS IMMUNISATION - ACTIVE: Acceptable after 48 hours. If donor feels unwell after immunisation, defer for 1 week.

Note for Sister or Doctor: Hyperimmune donation may be taken after completed course or booster.

TETANUS IMMUNISATION - PASSIVE (Gammaglobulin injection): Consult Sister or Doctor.

Note for Sister or Doctor: Acceptable after a minimum of 2 weeks. Enquire about extent of injury.

TIGASON: See Acne/Psoriasis.

THREADWORMS: Accept, even if on treatment.

THROMBOSIS: See Phlebitis.

THRUSH: Acceptable once infection has cleared and not on treatment.

THYROID - OVERACTIVE (Hyperthyroidism): Consult Sister or Doctor.

Note for Sister or Doctor: Do not accept if on anti-thyroid tablets. Donors may be accepted 1 year after thyroidectomy or after radioactive iodine.

THYROID - UNDERACTIVE (Myxoedema): Consult Sister or Doctor.

Note to Sister or Doctor: New donor - obtain more information from GP. Old donor - accept if stable on replacement therapy.

NB: Enquire about complications (eg. angina).

THYROID DRUGS: See Above.

TONSILLECTOMY: Acceptable 3 months after complete recovery if no complications.

TONSILLITIS: Defer for up to 4 weeks depending on severity.

TOOTH EXTRACTIONS - MINOR
(local anaesthetic; no excessive bleeding): Defer for 48 hours.

TOOTH EXTRACTIONS - MAJOR
(usually general anaesthetic): Defer for at least 1 week. Depends on extent of extractions, condition of donor, and any complications eg. excessive bleeding.

TOXOPLASMOSIS: Acceptable 1 year after all tests have become negative.

TRACHEITIS: Defer for up to 4 weeks depending on severity.

TRANQUILLISERS: See Valium.

TROPICAL DISEASES: Consult Sister or Doctor.

Note for Sister or Doctor; Donors who have been in tropical zones should be deferred for 1 year after returning. For advice on specific conditions and areas see Appendix 4 and Aooendix 2.

TRYPANOSOMIASIS: See Sleeping Sickness (African), Chagas Disease (South American).

TUBERCULOSIS: Consult Sister or Doctor.

Note for Sister or Doctor: Donors under treatment or regular surveillance should be deferred. Once clear of follow-up may be accepted. For BCG, Heaf and Mantoux tests see under respective entries.

TYPHOID IMMUNISATION: Acceptable after 48 hours. If donor feels unwell defer for 1 week.

ULCERATIVE COLITIS AND PROCTITIS: Permanent deferral even if mild and responsive to treatment.

UNDERWEIGHT: See Weight.

VACCINATION: See under specific disease, or Appendix 1.

VALIUM: Defer if taken as regular treatment. Acceptable if only an occasional tablet is taken. Consult Sister or Doctor if in doubt.

VARICOSE VEINS/OPERATION/INJECTIONS: Acceptable after 1 month, if no complications.

VASECTOMY: Acceptable after 1 to 4 weeks, if no complications.

VENEREAL DISEASE: See under specific condition.

VENOUS THROMBOSIS: See Phlebitis.

VIRUS INFECTION (Unspecified): Defer for 2 to 4 weeks after complete recovery.

VITAMIN TABLETS - PRESCRIBED: Consult Sister or Doctor.

Note for Sister or Doctor: Defer and obtain further information from donor's GP if necessary.

VITAMIN INJECTIONS: Consult Sister or Doctor.

Note for Sister or Doctor: Defer and obtain further information from donor's GP if necessary.

WARTS: Accept if not severe. Defer if on treatment. May donate 1 week after stopping treatment.

WEIGHT - OVERWEIGHT: Consult Sister or Doctor.

Note for Sister or Doctor: Defer if grossly obese, such that donor has difficulty in getting on to couch.

WEIGHT - UNDERWEIGHT: Donors preferably over 8st (50kg). Male donors preferably over 9st. Female donors 7½-8st who are keen to give may be bled 300-350mls. If this is uneventful a full donation may be taken next time.

WHOOPING COUGH: Defer for 2 weeks after recovery.

WHOOPING COUGH CONTACT: Acceptable.

YELLOW FEVER: Acceptable 1 year after recovery.

YELLOW FEVER IMMUNISATION: Acceptable after 3 weeks.