



YORKSHIRE
BLOOD TRANSFUSION
SERVICE

CRITERIA FOR THE SELECTION
OF
WHOLE BLOOD AND APHERESIS DONORS

JUNE 1990

WTD/ 2708

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CRITERIA FOR SELECTION OF DONORS

GENERAL CONSIDERATIONS

1. Donations of whole blood or some of its components provide the material from which all blood products are derived. The criteria for selection of blood donors apply equally to donors of whole blood and of cellular or plasma components collected by apheresis.
2. The Guidelines for selection of suitable blood donors have the purpose of ensuring that the potential donor is in good health for two reasons:

To protect the recipient from any ill-effect through transmission of disease or drugs by blood transfusion.

To protect the volunteer from any harm to his/her health.

3. As this document is concerned with the quality of the final product issues relating solely to donor safety, donor ill-effects and donor care are largely excluded, although these considerations form an important part of donor selection.
4. Only persons in good health should be accepted as donors of blood for therapeutic use.
5. The ultimate responsibility for the selection of donors rests with the RTD; the immediate responsibility is that of the medical officer or nurse in charge of the session who should evaluate the prospective donor's medical history.
6. If there is doubt about the suitability of a prospective donor, a donation should not be taken and the details should be referred to the RTC for a decision.
7. Patients referred for therapeutic venesection should not be accepted at donor sessions.
9. The Guidelines do not apply to donors wishing to give blood for autologous transfusion.

MEDICAL ASSESSMENT/PHYSICAL EXAMINATION OF DONORS

GENERAL CONSIDERATIONS

A complete medical examination including X-ray examination, electrocardiogram and extensive haematological tests is impractical for normal donors. Most donors may be accepted on the basis of medical history, general appearance and haemoglobin estimation. The pulse and blood pressure should be checked prior to each and every donation.

A significant part of the assessment procedure will usually rely on answers to questions relating to general health, past medical history and medication. This is combined with simple visual assessment of the donor and selected testing of samples collected at the time of donation.

In order to obtain relevant information about medical history and general health it is recommended that a standard set of questions is asked of each prospective donor. This will be routinely performed by a donor attendant (See Appendix 1).

INSPECTION OF THE DONOR

The donor should appear to be in good health. Note should be taken of poor physique, debilitation, under-nutrition, plethora, anaemia, jaundice, cyanosis, dyspnoea and mental instability/subnormality. Suggestion of intoxication either by alcohol or narcotic drugs should be a reason to exclude that donor. The skin at the venepuncture site should be free from lesions.

This procedure, used skillfully, will lead to rejection or suspension 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 suspend, and the medical officer or nurse should ensure that an appropriate entry is made on the donor's session slip.

WHOLE BLOOD DONORS

CRITERIA FOR ACCEPTANCE

Age

Donors should generally be between the ages of 18 and 65, i.e. from their eighteenth to sixty-sixth birthday. First-time donors are accepted up to their sixtieth birthday. This is because of the increased incidence of cardiovascular disease over that age, and potential adverse effects in first-time donors.

The RTD may authorise continuation of donation beyond the age of 65, up to the donor's seventieth birthday. This is only done at the specific request of the donor and following confirmation by the RTD. If such a request is received, an appropriate note should be made in the 'Remarks section' of the session slip.

Weight

Healthy individuals who weigh 50Kg (7st 12lbs) can generally donate up to 450ml of blood (plus small laboratory sample) without any deleterious effect on their health. A standard blood donation is 450ml +/- 10% with an optimal blood/anticoagulant ration of 7:1.

Those who weigh less than approx 50 kg are more likely to suffer adverse effects (in particular dizziness and fainting) after a standard blood donation as this represents a greater proportion of their blood volume. Potential donors who weigh less than 50 kg may give a smaller donation in exceptional circumstances but only after assessment by consultant medical staff at the RTC.

Haemoglobin estimation

The haemoglobin concentration should be determined each time a potential donor presents. The acceptable lower limits are for female donors 12.5g./dl or for male donors 13.5g./dl. The test used is the Phillips-Van Slyke copper sulphate method, supplemented, when required, by a photometric method. (Hemocue)

Potential donors whose haemoglobin appears to be below the appropriate concentration should not be bled. The reason for suspension should be explained to such donors and they should be advised to see their own general practitioner if this is considered to be appropriate. (see Page 30)

Frequency of donations

Usually 2 donations are given in a 12 month period. Many donors are able to give blood more frequently without developing iron deficiency. The minimum interval between donations is 16 weeks.

Volume of donation

No more than 13% of the estimated blood volume should be taken during one blood donation. For an individual weighing over 50 kgs (7 stones 12 lbs), a donation of 450 ml is usually taken.

PLASMAPHERESIS DONORS

CRITERIA FOR ACCEPTANCE

Other than in exceptional circumstances (to be decided by consultant medical staff at the RTC), donors for apheresis procedures shall meet the usual criteria for ordinary whole blood donations.

Donors between 18 and 50 years of age may be recruited for apheresis procedures provided that those:-

- (a) Aged up to 45 have given at least two donations of whole blood without untoward effect, one of which has been given in the 24 months preceeding their first plasma donation.
- (b) Donors between 45 and 50 have given at least 10 donations of whole blood without untoward effect, one of which has been given in the 24 months preceeding their first plasma donation.

First time donors should not be accepted over the age of 50 years. Retirement age for donors giving plasma/platelets by machine is 60. They can return to the normal panel and continue to donate whole blood up to their sixty-sixth birthday.

Donors should not weigh less than 57 kgs.

Special antibody donors who weigh less than 57 kg may be bled according to the recommendations on P..... of the procedural guidelines to ensure that the maximum extracorporeal volume during plasmapheresis does not exceed 15% of the total blood volume.

Medical Examination

For donors under 45 years of age, the minimum requirement is the examination of blood pressure and pulse. For donors over 45 years of age it may be necessary to extend the examination, e.g. ECG prior to recruitment to an apheresis programme.

Donors for plateletpheresis and leukopheresis

Donors for plateletpheresis and leukopheresis must meet the criteria for whole blood and plasmapheresis donors. The relevant Guidelines should be followed. For platelet donors, the pre-donation platelet count at recruitment must be greater than $150 \times 10^9/L$.

MEDICAL HISTORY OF DONORS

1. SPECIFIC QUESTIONS

All donors should be specifically questioned about the conditions listed on NBTS 110A and every donor should sign NBTS 110.

2. Each prospective donor should be asked a standard set of questions prior to each donation by a donor attendant. Any condition declared should be discussed with the medical officer or nurse in charge of the session. (Questions see Appendix 1)

3. CARDIOVASCULAR DISEASE

Individuals with circulatory disorders are especially subject to cardiovascular and cerebrovascular disturbances resulting from sudden haemodynamic changes. Thus all such donors are excluded.

4. CENTRAL NERVOUS SYSTEM DISEASES

In general, these conditions are contraindications to donation, as the individuals may well be unduly susceptible to sudden haemodynamic changes. In addition, those conditions known or suspected to be of viral origin (eg Creutzfeld-Jakob Disease, multiple sclerosis) should be reasons for permanent exclusion.

5. GASTRO-INTESTINAL DISEASES

All diseases which may be of immune origin, or which render the individual liable to iron deficiency through impaired iron absorption or blood loss should be reasons for permanent exclusion.

6. HAEMATOLOGICAL DISEASE

Any disorder which may be of viral or immune origin, and all those which may be of malignant potential (eg polycythaemia or other myeloproliferative disorders) should be reasons for permanent exclusion.

7. METABOLIC DISEASES

In general, individuals who are receiving continual therapy which might adversely affect a transfusion recipient should be permanently excluded. Replacement therapy with some hormones (eg thyroxine) need not be a reason for permanent exclusion. In this instance, donors should be referred to the RTC for a decision.

8. DONORS FOR LABORATORY USE

Donors whose serum or plasma or cells are to be used for laboratory as opposed to therapeutic purposes should be submitted to the same routine as other donors, but obviously some decisions regarding their suitability to donate may be different (e.g. treatment with certain medications, medical history or allergy).

9. MEDICAL REFERRAL/INVESTIGATIONS

Individuals who attend a session and give the information that they are currently undergoing medical investigations or have been referred for a specialist opinion should be advised not to donate blood until investigations are complete, even if perfectly asymptomatic on the day.

10. ILLNESS POST DONATION

Donors should be made aware that recipients experience risk from transfusion, and donors should therefore be asked to report any illness developing subsequent to the donation.

11. FOOD/FLUID INTAKE

If a donor is following his/her normal meal pattern he/she may be accepted. If a donor presents having missed his/her normal meal, a cup of fluid and biscuits should be consumed at the session prior to collection of the blood.

12. HAZARDOUS OCCUPATIONS

Donors should be asked about their occupation and any hazardous hobbies and should be asked to postpone donation if later that day they will be working as civil air crew, a train or bus driver, operating heavy machinery or a crane, climbing ladders, scaffolding, diving etc. or indulging in hobbies such as gliding, flying, motor racing, climbing etc.

13. The record of physical assessment and medical history of the donor must be identified by the examiner's initials. Any reason for exclusion should be recorded. See P..... procedural guidelines.

CRITERIA FOR ACCEPTABILITY OF DONORS

In cases of doubt, the donor should be asked for written permission to contact his/her General Practitioner and donation postponed until further information is available. Consent forms are available for this purpose.

The reason for any temporary or permanent deferral should always be clearly written in the remarks column along with an appropriate computer code (see Appendix 2 Pages 34 - 36). Any confidential information should be put in a letter marked "for the attention of depot M.O." and should be stapled to the session slip.

If a donor discloses any information during or at the end of a donation which means that the donation may have to be discarded, the donation should be clearly labelled with the appropriate information and this should also be noted in the remarks section on the session slip. Information from a third party is not acceptable unless it is confirmed by the donor.

CONDITION

ACTION

ABORTION (see pregnancy)	Gestation >6/12 - wait 1 year. Gestation <6/12 - wait 6 months.
ACCIDENT, minor	Suspend 3 months
ACCIDENT, major	Suspend minimum 6 months - individual clinic assessment. If in doubt - obtain permission to contact GP.
ACNE	Antibiotics - Suspend until 1 week post completion. Roaccutane - suspend until one month after completion of course. Tigason - suspend until 1 year after completion of course.
ACUPUNCTURE	Performed by a registered <u>medical</u> practitioner - accept. Performed by others - suspend 6 months.
AFRICA - visits - residence	See Pages 21 - 22
AFRO-CARIBBEAN DONORS	See Pages 25 - 26
AGE	See Pages 4 - 5
AIDS - risk groups	REJECT
- person with HIV infection	REJECT
- sexual contacts of risk groups	REJECT
See current AIDS leaflet	

<u>CONDITION</u>	<u>ACTION</u>
ALCOHOL excess/abuse	Do not accept
ALLERGY, including hay fever	Suspend until asymptomatic without treatment Desensitising injections suspend 72 hours after last injection Drug allergy - use double wedge pack and luggage label. Note details in remarks section of session slip.
AMERICA (Central/South)	See Pages 21 - 22
ANAEMIA - history of	Suspend. Obtain consent to contact donor's medical adviser.
ANGINA	REJECT
ANKYLOSING SPONDYLITIS	REJECT
ANTICOAGULANTS	For pulmonary embolus - REJECT For cardiac problems - REJECT For D.V.T. - can accept 6 months after treatment finished provided no further problems and donor is discharged O.P.
ANTI-INFLAMMATORY DRUGS	Short term medication - Suspend until 1 week post completion of course and cessation of symptoms. NB Within last 10 days label bag. See Page 32 Long term medication - REJECT
ARRYTHMIAS	REJECT
ASPIRIN	Today - suspend Within last 10 days - label bag Regular low-dose aspirin - following symptoms - REJECT - no history of symptoms - can accept but label bag See Page 32
ASTHMA	Regular medication including use of inhaler - REJECT If no symptoms or medication for 6 months - can accept
AUTO-IMMUNE DISORDERS	REJECT

<u>CONDITION</u>	<u>ACTION</u>
BLOOD DONATION within 3 months	Defer until 16 weeks after last donation
B.P.	1st high reading at session suspend - complete form and refer directly to G.P. Enter details in remarks section of session slip. On medication REJECT.
BLOOD TRANSFUSION (including cellular and plasma products)	Suspend 6 months
BONE MARROW DONORS	See Pages 27 - 29
BRONCHIECTASIS	REJECT
BRONCHITIS	Chronic - REJECT Acute - can accept when symptoms fully resolved and no medication taken in preceding week.
BRUCELLOSIS	REJECT
CANCER	Definite history - REJECT Except: Ca in-situ of cervix - see below Rodent Ulcer - accept when cured and discharged OP If diagnosis in doubt obtain permission to contact G.P.
CARCINOMA IN SITU OF CERVIX	Still under outpatient care - suspend Laser treatment - suspend minimum 18 months Discharged from O.P. and annual G.P. smears - accept if last smear negative cone biopsy - obtain permission to contact GP
CARDIAC MURMUR	Obtain permission to contact G.P.
CARDIOVASCULAR DISEASE	REJECT See Page 6
CENTRAL NERVOUS SYSTEM DISEASES	REJECT See Page 6
CHOLECYSTITIS	See GALL BLADDER DISEASE
CHOLECYSTECTOMY	See GALL BLADDER DISEASE
COELIAC DISEASE	REJECT

<u>CONDITION</u>	<u>ACTION</u>
COLD SORE	Suspend until lesions beginning to heal
COLOSTOMY	REJECT
CONTACT WITH INFECTIOUS DISEASE	Jaundice/hepatitis - suspend 6 months - if received immune globulins suspend 9 months Childhood infectious disease (i) No history or uncertain history of illness in donor - suspend for duration of incubation period or 4 weeks if unknown. (ii) Definite history of illness in donor - within incubation period or 4 weeks if unknown - bleed into double wedge pack, luggage label, and mark session slip accordingly.
CONTRACEPTIVES (Oral, "Depot" inj. or patches)	Can accept
CONVALESCENCE (after viral illness)	Rubella - suspend 3 months Others - suspend for 1 month
CREUTZFELD-JACOB DISEASE	REJECT
CROHN'S DISEASE	REJECT
CVA	REJECT
CYSTITIS	Suspend until fully recovered and 1 week since medication taken.
DEEP VEIN THROMBOSIS	Suspend until 6 months after cessation of medication and discharged from O.P.
DENTAL TREATMENT	Major surgery - suspend 3 months Minor surgery (by G.D.P.) - suspend 1 week or until sutures removed Treatment requiring G.A. - suspend 24 hours Minor procedures e.g. fillings, scale and polish - wait 1 hour
DETACHED RETINA	REJECT.
DIABETES INSIPIDUS	REJECT

<u>CONDITION</u>	<u>ACTION</u>
DIABETES MELLITUS	REJECT
DIVERTICULITIS	REJECT
DONATIONS FOR LABORATORY PURPOSES	See Page 7
DRUG ALLERGY	Use double wedge pack and luggage label. Note details in remarks section of session slip. <i>Issuing red cells & plasma to Elshe</i>
DRUGS	See Page 32 <i>may remote possibility of interfering with function of hepato-needs</i>
DRUG MISUSE	REJECT <i>the drug inquiry</i>
EAR-PIERCING	Suspend for 6 months <i>IgE-type I</i>
ECZEMA	On oral medication - suspend Antecubital fossa involved - suspend Using cream to treat small areas - accept. Otherwise defer.
ELECTROLYSIS	Performed by registered <u>medical</u> practitioner - accept Performed by others - defer until 6 months after end of course
ENDOMETRIOSIS	Can accept if no medication and discharged from O.P. Otherwise suspend.
EPILEPSY	Regular medication - REJECT No anticonvulsant therapy or fits in last 3 years - obtain permission to contact GP.
FAILED HAEMOGLOBIN SCREEN TEST	See Page 30
FAINTS	See VASO-VAGAL REACTIONS
FILARIASIS	REJECT
FOOD POISONING	Accept if fully recovered and not under medical surveillance. Otherwise suspend.
FOREIGN TRAVEL	See Page 21 - 24

<u>CONDITION</u>	<u>ACTION</u>
FRACTURES	Suspend until fully recovered and discharged from O.P. Major fractures - suspend at least 6 months.
GALL BLADDER DISEASE	Cholecystectomy - accept 6 months post surgery if discharged O.P. Acute cholecystitis - accept if fully recovered, not on medication and discharged O.P. Gallstones - accept if discharged O.P. and not awaiting cholecystectomy
GASTRECTOMY	REJECT
GASTRO-ENTERITIS	Accept if fully recovered and not under medical surveillance Otherwise suspend.
GASTRO-INTESTINAL DISEASE	See Page 6
GENERAL ANAESTHETIC	Dental - suspend 24 hours. Others - suspend 3 months or longer depending on underlying condition.
GENITAL HERPES	Defer until symptoms resolved.
GILBERTS SYNDROME	Suspend Obtain permission to contact G.P.
GLANDULAR FEVER	Suspend until 2 years after recovery.
GLAUCOMA	REJECT
GOUT	Accept if symptom free, on no medication & discharged from O.P.
GRANULOMA INGUINALE	REJECT
GROWTH HORMONE RECIPIENTS	REJECT Obtain permission to contact GP
HAEMATOLOGICAL DISEASE	See Page 6
HAEMOPHILIA	REJECT
Sexual partner -	REJECT
Female Relatives -	Accept - bleed into single pack and label. Enter details in remarks section of session slip.
Male Relatives -	Accept - bleed as normal.

CONDITIONACTION

HAY-FEVER

If asymptomatic and on no medication - accept.

Otherwise suspend - call between Sept. and April.

In both cases, enter "Hay Fever" in remarks section of session slip

HAZARDOUS OCCUPATIONS

Suspend. See Page 7

HEART MURMUR

Obtain consent to contact G.P.

HEART OPERATIONS

Corrective surgery for congenital defects only - obtain permission to contact G.P.

Other cardiac surgery - REJECT

HEART DISEASE

REJECT

HEPATITIS

Suspend 12 months.
Contacts suspend 6 months or 9 months if received immune globulin
Immunization - See Page 31

HERPES SIMPLEX

Suspend until lesions beginning to heal.

HERPES ZOSTER

Suspend until 4 weeks after recovery. If within 6 months, bleed into double wedge pack with label. Enter details in remarks section of session slip

HEREDITARY Hb DISORDERS

May be accepted for donation if donor passes Hb screen test.
N.B. Donors of Afro-Caribbean origin see Pages 25 - 26

HIATUS HERNIA

No medication and not under O.P. care - accept.
Otherwise REJECT.

HIV INFECTIONS

REJECT (See AIDS)

HORMONE REPLACEMENT THERAPY

Accept if asymptomatic and has been on treatment for longer than 3 months. (Check whether the donor has undergone any gynaecological surgery).

HUMAN GROWTH HORMONE RECIPIENTS

REJECT
Obtain permission to contact GP

<u>CONDITION</u>	<u>ACTION</u>
HYPERLIPIDAEMIA	REJECT
HYPERTENSION	On medication REJECT 1st high reading at session suspend - complete form and refer directly to G.P. Enter details on session slip
HYPOTENSION	Systolic less than 90 - suspend - refer directly to GP as above
IDIOPATHIC THROMBO- CYTOPENIC PURPURA	Suspend. Obtain permission to contact G.P.
ILEOSTOMY	REJECT
IMMUNIZATIONS	See Page 31
INFECTIONS (Boils, sore throat cold - D & V etc)	Suspend until fully recovered
INFECTIOUS DISEASES	Rubella - suspend until 3 months after recovery Others - defer until 4 weeks after recovery
INFECTIOUS MONONUCLEOSIS	Suspend 2 years from recovery
INOCULATIONS	See Page 31
INTERVAL BETWEEN DONATIONS	Minimum period 16 weeks
IRITIS	Suspend - obtain permission to contact G.P.
IRRITABLE BOWEL SYNDROME	Suspend if symptoms or on medication.
JAUNDICE	Suspend 12 months. Contacts defer 6 months or 9 months if received immune globulin
KALA-AZAR	REJECT
KIDNEY DISEASE	Nephrectomy - obtain consent to contact GP. Pyelonephritis - defer until 1 year after recovery. Glomerulonephritis - defer until 5 years after recovery.

continued.....

<u>CONDITION</u>	<u>ACTION</u>
KIDNEY DISEASE CONTD..	Renal stones - can accept 6 months after surgery if discharged from O.P. care. Cystitis/urethritis - accept when fully recovered, if no medication in preceding week.
LEGIONNAIRE'S DISEASE	Suspend until fully recovered.
LEISHMANIASIS	REJECT
LEPTOSPIROSIS	REJECT
LIVER DISEASE	Chronic liver disease - REJECT
LOW HAEMOGLOBIN (FST)	See Page 30
LYMPHOGRANULOMA VENEREUM	REJECT
MALARIA - disease - visits to malarious areas	See Pages 21 - 22
MALIGNANCY	REJECT except:- Carcinoma in-situ of cervix (see CARCINOMA IN SITU) Rodent Ulcer - accept when cured and discharged from O.P.
MEDICATION	Long term REJECT. Short term see Page 32
MENIERE'S DISEASE	REJECT
MENINGITIS	Accept when fully recovered.
MENTAL SUBNORMALITY	If unable to give informed consent - REJECT.
METABOLIC DISEASES	See Page 6
MISCARRIAGE	Gestation >6/12 - suspend 1 year Gestation <6/12 - suspend 6 months
MULTIPLE SCLEROSIS	REJECT
MYALGIC ENCEPHALO-MYELITIS (M.E.)	Accept 6 months after recovery if no further follow-up care
MYOCARDIAL INFARCTION	REJECT
NEUROFIBROMATOSIS	REJECT
NEUROLOGICAL DISEASE	REJECT

<u>CONDITION</u>	<u>ACTION</u>
NSAIDS	See ANTI-INFLAMMATORY DRUGS
ORAL CONTRACEPTIVES	Accept (including depot preparations & patches)
OSTEO-ARTHRITIS	Accept if symptom free and no medication in last 10 days.
PANCREATITIS	Chronic pancreatitis - REJECT. Acute pancreatitis - accept if asymptomatic for 6 months and not under O.P. care
PARAPLEGIA	REJECT
PEPTIC ULCER	On active therapy - suspend until 6 months after completion of treatment. No treatment - accept if 6 months symptom free.
PETIT MAL	Regular medication - REJECT No anticonvulsant therapy or fits in the last 3 years - obtain permission to contact GP
PLATELET DONORS	Donations for platelets should not be accepted if aspirin or NSAIDS have been taken in the last 10 days.
PNEUMOCONIOSES	REJECT
PNEUMONIA	Accept if fully recovered and no underlying chronic respiratory disease.
PNEUMOTHORAX	Obtain permission to contact GP
POLYCYTHAEMIA	REJECT
PREGNANCY	Suspend until 1 year after delivery. Pregnant and lactating women should not give blood in view of their high iron requirements at this time. Exceptions to this rule may be made by the RTD with the consent of the woman's medical practitioner in the case of women whose blood contains rare antibodies.

CONDITION

ACTION

PSORIASIS

Suspend if very active, on medication,
or if ante-cubital fossa affected.
Cytotoxic treatment - REJECT.
TIGASON - suspend until 1 year
after treatment completed.

PSYCHIATRIC

Alcoholism - REJECT.
Chronic mental illness - REJECT
Schizophrenia - REJECT
Treatment with antidepressive
drugs - defer until 6 months after -
treatment completed.

PULMONARY EMBOLISM

REJECT

Q FEVER

REJECT

RECIPIENTS OF
GROWTH HORMONE

REJECT - obtain permission
to contact G.P.

RELAPSING FEVER

Accept 2 years after recovery.
Obtain permission to contact GP.

RETINAL DETACHMENT

REJECT.

RENAL DISEASE

See KIDNEY DISEASE

RESPIRATORY TRACT

Individuals who have significant chest
disease eg. COAD - REJECT
(If in doubt obtain permission
to contact G.P.)

Otherwise defer until acute
symptoms resolve.

RHEUMATIC FEVER

History of - obtain consent to contact
G.P. unless obvious residual cardiac
involvement when REJECT

RHEUMATOID ARTHRITIS

REJECT

ROACCUTANE

Suspend 1 month after completion
of course.

RODENT ULCER

Suspend until cured and
discharged from O.P.

RUBELLA

Suspend until 3 months
after illness or immunisation.

SARCOIDOSIS

Obtain consent to contact
general practitioner.

<u>CONDITION</u>	<u>ACTION</u>
SELF-MEDICATION	See Page 32
SICKLE-CELL TRAIT	Accept for plasma only (not plasmapheresis). See Pages 25 - 26
SPHEROCYTOSIS	REJECT
SPLENECTOMY	Obtain permission to contact GP
STROKE	REJECT
SUBNORMALITY	If unable to give informed consent - REJECT.
SURGERY MINOR e.g. tonsillectomy, herniorraphy appendicectomy	Suspend until fully recovered and discharged from O.P.
SURGERY MAJOR e.g. hysterectomy cholecystectomy	Suspend minimum of six months. Must be discharged from O.P. If any possibility of malignancy obtain permission to contact GP
SYPHILIS	REJECT
TATTOOING	Suspend 6 months
THALASSAEMIA TRAIT	Accept if passes Hb screen test
THROMBOSIS	Arterial - REJECT Venous - see ANTICOAGULANTS
THROMBOPHLEBITIS	Suspend 6 months.
THYROID DISEASE	Obtain consent to contact donor's general practitioner.
TIGASON	Suspend until 1 year after course complete.
TOXOPLASMOSIS	Suspend 2 years from recovery. May be accepted if test negative for IgM antibodies. Take sample only (10 ml clotted) with donation number and note details in remarks section on session slip.
TROPICAL DISEASES	See under specific disease
TRYPANOSOMIASIS CRUZII	REJECT.

<u>CONDITION</u>	<u>ACTION</u>
TUBERCULOSIS	Suspend until off therapy for 2 years Obtain consent to contact G.P.
ULCERATIVE COLITIS	REJECT
UNDERWEIGHT (<50 Kg/7st.12lbs)	Do not accept new donors, except at discretion of Consultant at RTC. See Pages 4 - 5
UNDULANT FEVER	REJECT
VACCINATION	See Page 31
VASO-VAGAL REACTIONS	Delayed faint - REJECT Severe faint/fit - REJECT Repeated minor vaso-vagal episodes - REJECT
VENEREAL DISEASES	Suspend until 1 month after end of treatment and discharged O.P.
- gonorrhoea	
- genital herpes	Suspend until symptoms resolved
- non-specific urethritis	Suspend until symptoms resolved
- syphilis	REJECT
- HIV infection/AIDS	REJECT
VITILIGO	If otherwise well can accept.
VON-RECKLINGHAUSEN'S DISEASE	REJECT
WAITING LIST FOR SURGERY	Suspend. Give appropriate time interval for recall.
YAWS	REJECT
YELLOW FEVER	Accept if fully recovered.

FOREIGN TRAVEL REGULATIONS

- (1) Donors should be asked if they have visited places other than Europe, or have ever lived in such areas.
- (2) If the donor admits to having visited, or lived in AFRICA (other than Mediterranean Countries) BRAZIL, THAILAND, WEST INDIES, or the CITY OF NEW YORK they should be asked to read the notice on the SSA Clerks table (see below), and if appropriate should be asked to speak to the Doctor (or RGN) in charge of the session.
- (3) Donors who have been sexually active with residents of the above areas should be REJECTED by the session MO (or RGN), and the session slip marked accordingly with HRAV.
- (4) The chart overleaf gives details of the regulations covering donors visiting malarious areas. Individuals in all the following categories may be accepted as donors of plasma for fractionation only without quarantine period provided all other criteria of selection are fulfilled. This would exclude those with a recent and possibly undiagnosed febrile episode.

Plasma donors should be bled as usual (PPP only) and the bag labelled and session slip modified as above. PRP collections are permissible if the regulations would permit normal session packs to be used (ie. any time other than when instructions indicate double wedge pack).

- N.B. (i) Please note that Tunisia is not a malarious zone.
- (ii) If in doubt as to whether a country is a malarious zone please label bag with country and date of return.
- (iii) Note that visitors to Northern Mexico can be bled normally into pack of day.
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IMPORTANT NOTICE

If you have visited Africa, Brazil, Thailand, the West Indies or the city of New York since 1977 and have had sexual contact with men or women living there (or with people who have lived in and been sexually active in one of those areas since 1977), please ask to see the doctor in charge of the session.

FOREIGN TRAVEL REGULATIONS

COUNTRY VISITED	SYMPTOMS	RESIDENT STATUS	DATE RETURNED	PACK	DETAILS TO BE ENTERED ON LUGGAGE LABEL & SESSION SLIP
SOUTH AMERICA (excluding Northern Mexico)	_____	ANY	ANYTIME	DOUBLE WEDGE	(i) COUNTRY VISITED (ii) DATE RETURN (month & year)
OTHER MALARIA ZONES	NONE	VISITOR (stay < 3/12)	< 12/12	DOUBLE WEDGE	(i) COUNTRY VISITED (ii) DATE RETURN (month & year) (iii) MALARIA CODE A
"	NO FEBRILE ILLNESS SINCE RETURN	RESIDENT (stay > 3/12)	< 3 YEARS	DOUBLE WEDGE	(i) COUNTRY OF RESIDENCE (ii) DATE RETURN (months & year) (iii) MALARIA CODE B
"	FEBRILE ILLNESS DURING STAY OR SINCE RETURN	VISITOR OR RESIDENT	< 3 YEARS SINCE CESSATION FEVER OR RETURN (WHICHEVER LATER)	DOUBLE WEDGE	(i) COUNTRY VISITED (ii) DATE RETURN OR DATE FEVER WHICHEVER LATER (iii) MALARIA CODE C
"	HISTORY PROVEN MALARIA	VISITOR OR RESIDENT	< 3 YEARS SINCE COMPLETION Rx OR RETURN WHICHEVER LATER	DOUBLE WEDGE	(i) COUNTRY VISITED (ii) DATE RETURN OR DATE COMPLETED TREATMENT WHICHEVER LATER (iii) MALARIA CODE D

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DONORS OUTSIDE THESE CATEGORIES BLEED NORMALLY INTO PACK OF DAY NO LUGGAGE LABEL REQUIRED

Countries with a risk of malaria

AFRICA

Algeria	Madagascar
Angola	Mali
Benin	Mauritania
Botswana	Mauritius
Burkina Faso (formerly Upper Volta)	Morocco: only in rural areas
Burundi	Mozambique
Cameroon, United Republic of	Namibia
Cape Verde	Niger
Central African Republic	Nigeria
Chad	Rwanda
Comoro	Sao Tome and Principe
Congo	Senegal
Cote d'Ivoire (Ivory Coast)	Sierra Leone
Djibouti	Somalia
Egypt	South Africa
Equatorial Guinea	Sudan
Ethiopia	Swaziland
Gabon	Tanzania, United Republic of
Gambia	Togo
Ghana	Uganda
Guinea	Upper Volta (now Burkina Faso)
Guinea-Bissau	Zaire
Ivory Coast	Zambia
Kenya	Zimbabwe
Liberia	

AMERICAS

Argentina	Guatemala
Belize	Guyana
Bolivi	Honduras
Brazil	Mexico
Colombia	Nicaragua
Costa Rica	Panama
Dominican Republic	Paraguay
Equador	Peru
El Salvador	Surinam
French Guiana	Venezuela

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OCEANIA

Papua New Guinea
Solomon Islands
Vanuata (formerly New Hebrides)

ASIA

Afghanistan	Nepal
Bahrain	Oman
Bangladesh	Pakistan
Bhutan	Phillippines
Burma	Saudi Arabia
China, People's Republic of	Sri Lanka (formerly Ceylon)
Democratic Kampuchea (formerly Cambodia)	Syrian Arab Republic
India	Thailand
Indonesia	Turkey
Iran	Anatolia
Iraq	United Arab Emirates
Lao People's Democratic Republic	Vietnam
Malaysia	Yemen
Maldives	Yemen, Democratic

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SICKLE TESTING OF DONORS OF AFRO-CARIBBEAN ORIGIN

The policy of sickle testing of Afro-caribbean donors will now be extended to all such donors unless the haemoglobin type is indicated on the session slip. The attached specimen session slips gives examples of normal results and results on a donor with sickle cell trait.

White slip donors should be treated as if no result is available.

The procedure to be followed is detailed below

- (1) (i) Donors requiring Hb studies should be bled into a SAG-M pack
- (ii) A luggage label should be attached to the pack with the comment 'for Hb studies'
- (iii) The session slip should have 'Hb studies' entered in the remarks column
- (2) Donors with a normal Hb pattern (HbAA) should be bled into the pack of the day.
- (3) Donors with a haemoglobinopathy trait (HbA/S or C) should be bled according to special bleed instructions of slip.
- (4) Current plasma donors who have not previously been tested should be permitted to donate for plasma but should now undergo sickle testing.

It must be stressed that our current policy is actively to encourage individuals from ethnic minorities to enrol as donors. This policy continues and this initiative should not deter from this. Formal counselling and consenting of donors should not be undertaken in this setting. Donors with abnormal results will be contacted. Donors with normal results will not be formally contacted, but can be told of results at subsequent sessions if requested.

TISSUE TYPING SAMPLES

It has been decided that from Monday 30th April, donors who have volunteered to be tissue-typed for the bone marrow panel will no longer be specially invited to a particular blood collecting session to give an ACD sample.

In future, a request for a 20 ml ACD sample will appear under "Special Bleed Instructions" on the session slip of all donors who have volunteered to join the bone marrow panel, and that instruction will be removed as soon as the donor has been tissue typed.

Since the number of samples which can be tissue-typed in one day is limited, it has been proposed that samples are only taken from the first FIVE donors with this special bleed instruction at each sessional venue i.e. 5 samples in total during the morning/afternoon or afternoon/evening whole blood sessions and 5 samples per day at the static units. Samples are normally tissue-typed the following day and since they cannot be tissue-typed at the weekend please DO NOT TAKE ANY SAMPLES FOR TISSUE TYPING ON FRIDAYS.

During the change over period it is possible that some donors may attend with one of the old special invitations to give a tissue typing sample, in which case the sample may be taken even if 5 samples have already been collected that day.

A form will be issued to the Team Leader in charge of each daily session to record the details of all ACD samples taken.

When a donor attends with a request for an ACD sample on the session slip, the donor attendant should find out how many samples have already been taken that day and, if appropriate, collect the ACD bottles from the Team Leader and enter the donor's details on the form provided.

If the donor states that a sample for tissue-typing has already been taken, but a request for a 20ml ACD sample still appears on the session slip, a further sample should be taken and "second sample" should be entered in the "comments" column on the ACD sample form.

ACD samples may be taken from donors who attend a session on a "white slip" if they make it known to the sessional staff that they have already volunteered to join the bone marrow panel. In these cases "white slip" should be entered under "comments" on the ACD sample form.

All ACD samples should be clearly labelled by the donor attendant with the donor's name, donation number, donor number and the date.

Donors should be asked by the medical officer if they still wish to be bone marrow/platelet donors and if so then they should be informed that an extra sample for tissue typing will be taken at

the end of the donation. Donors should also be informed that occasionally these samples have to be repeated at a later date. If asked, please reassure any donors who have attended several times and not been tissue-typed that they have not been forgotten and that this will eventually be done. There has been such a good response to the request for bone marrow donors that it will be a long time before the laboratory can tissue type all of the volunteers. If any donor is particularly insistent, then an extra ACD sample, over and above the usual 5, may be taken that day and this should be noted under "comments". Any donor who specifically asks to be informed of the result of the tissue-typing test should be told that he/she will receive a letter from the Transfusion Centre in due course and a note of this should be made in the remarks column on the session slip.

A note should be made in every case, in the remarks column on the session slip, that an ACD sample has been taken.

If no samples are obtained, for whatever reason, after the donation, the donor details should be deleted from the form provided.

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Session:

Team:

	Surname	Forename	Donation No.	Donor No.	Comments
1					
2					
3					
4					
5					
E					
X					
T					
R					
A					
S					

A C D S A M P L E S

Date:

Session:

Team:

	Surname	Forename	Donation No.	Donor No.	Comments
1					
2					
3					
4					
5					
E					
X					
T					
R					
A					
S					

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CATEGORIES OF HAEMOGLOBIN LEVELS
(USING HEMOCUE)

		Male	Female	Letter
1	Borderline	12 - 13.4 g/dl	11 - 12.4 g/dl	A (i.e. 6/12 recall)
1a	Repeated borderline	12 - 13.4 g/dl	11 - 12.4 g/dl	B + B(GP) (i.e. 1 yr. recall)
1b	Borderline after 1 year	12 - 13.4 g/dl	11 - 12.4 g/dl	D + D(GP) (i.e. Resign)
2	Low haemoglobin	10.1 - 11.9 g/dl	10.1 - 10.9 g/dl	C + C(GP) (i.e. 6/12 recall)
2a	Repeated low	10.1 - 11.9 g/dl	10.1 - 10.9 g/dl	D + D(GP) (i.e. Resign)
3	Very low	10 g/dl or less	10 g/dl or less	Take venous sample & name & address of G.P. etc.

N.B. Two Hemocue results of more than 1 g/dl difference - test must be repeated using other thumb.

If this also gives a result of >1 g/dl difference take a venous sample and no donation.

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ACCEPTANCE OF DONORS FOLLOWING INOCULATIONS & IMMUNIZATION

Individuals who have recently been immunized and are symptom-free may be accepted after the following intervals:

Live vaccines	BCG, measles, mumps (oral) polio, yellow fever	3 weeks
	rubella	3 months
Killed vaccines	anthrax, cholera, common cold, diphtheria, polio (Salk), Mantoux/Heaf Test, rabies, tetanus, typhoid	48 hours
	hepatitis B (providing there has been no known exposure)	1 week
	hepatitis B (given with immune globulin)	9 months
Immunoglobulins	administered after a known exposure can prolong the incubation period of a disease, hence the deferral period should be as follows:-	
	anti-tetanus Ig	4 weeks
	normal human Ig	6 weeks
	hepatitis B Ig	9 months

Normal human immunoglobulin administered prophylactically prior to going abroad does not in itself merit deferral although the country visited may do so.

ACCEPTANCE OF DONORS ON MEDICATION

- (1) Donors on regular prescribed medication, other than detailed below - REJECT

- (i) THYROXINE : SUSPEND - obtain consent to contact GP
- (ii) HORMONE REPLACEMENT THERAPY (Oestrogen/progesterone)
accept if on treatment at least 3 months
and asymptomatic
(check if donor has undergone gynaecological surgery)

DANAZOL - REJECT

- (2) Donors receiving course of prescribed medication.

Suspend until one week post completion & asymptomatic unless indicated below.

- (i) ROACCUTANE - suspend 1 month post completion
- (ii) TIGASON - suspend 1 year post completion
- (iii) Oral/parenteral steroids - suspend 6 months post completion

NB check reason for treatment.

- (3) Sporadic medication: eg vitamins, sleeping tablets.

ACCEPT - bleed in to pack of the day

- (4) ASPIRIN sporadic : ACCEPT - bleed in to pack of the day
- luggage label if within
previous 10 days.

prophylactic - prior symptoms - REJECT
no symptoms - ACCEPT, as above

APPENDIX 1

Standard Donor Questions

Every donor should be asked the following questions by the donor attendant as he/she carries out the Hb screening procedure:-

- (i) Are you feeling well today?
- ii) Do you have a cough, cold or a sore throat?
- iii) Have you taken any medicines, including aspirin and paracetamol within the last week?
- iv) Do you have any allergies e.g. hay fever, asthma or use an inhaler?
- v) Have you had any dental treatment recently?
- vi) Have you had a recent illness, operation, hospital in-patient or out-patient treatment?
- vii) Have you been immunized recently or in contact with any infectious diseases within the last six months?
- viii) Have you had acupuncture, tattooing, electrolysis or your ears pierced within the last six months?
- ix) Have you ever visited South America or been abroad apart from Europe, since 1977?
- x) Have you read the AIDS leaflet?
- xi) Have you had something to eat and drink?
- xii) Do you weigh more than 7 st 12 lbs.? (N.B. Only to be asked if appropriate)

If there are any queries about a donor's eligibility, he/she should be referred directly to the session officer.

APPENDIX II

COMPUTER CODES

1. Suspension Codes (Applicable to all donors and for conditions requiring temporary deferral only)

i) Requires entry of:-

- a) numeric code) in remarks section
- b) reason for suspension) of
- c) period of suspension) session slip

ii) Only one code to be used in each case but additional, brief details may be added, if appropriate.

*0 Refer to Medical Officer

- 1 On medication
- 2 Medical investigation/Surgical waiting list
- 3 Anaemia
- 4 Pregnancy
- 5 Surgery
- 6 Ear piercing, tattooing, acupuncture, electrolysis
- 7 Glandular fever
- 8 Jaundice
- 9 Donor request or donations too frequent
- 10 Miscarriage
- 11 Tropical area visited

All other reasons for deferral of a minor nature eg. cold, sore throat etc., do not require a code provided the details and suspension period are entered clearly under remarks.

*This code, when entered into the computer, automatically suspends the donor until 31 December 1999 and should only be used for individuals who are unsuitable for recall but who may attend without an invitation eg. vagrants etc. In these cases, confidential information should not be written on the slip but enclosed in an accompanying letter. (See Page 8 and P.... Procedure Guidelines).

COMPUTER CODES

2. Medical Reject Codes (Applicable to all donors and for conditions necessitating permanent rejection)

i) Requires entry of:-

- a) code) in remarks section
- b) reason for rejection) of session slip

ii) If unable to classify reject using codes, full details of reason for rejection should be given.

iii) In the case of rejection for hypertension, the blood pressure reading should also be entered on the card.

N.B. Some of the examples listed below do not invariably necessitate rejection, eg. gout, T.B. but when a donor is rejected for one of these conditions, the appropriate code should be employed.

AN	Anaemia - includes all chronic anaemias
ARTH	Arthritic conditions, eg chronic osteo-arthritis on medication, Rheumatoid arthritis, Ankylosing spondylitis, gout, other chronic arthritides
BP	Hypertension
CA	All cancers
CVD	Cardiovascular disease, eg. palpitations, angina, heart attack, hypotension etc.
END	Endocrine disorders, eg. Diabetes, Thyroid disease etc.
GIT	Gastro-intestinal disorders eg. partial gastrectomy, Ulcerative colitis, Crohn's disease, ileostomy, colostomy etc.
HEP	Hepatitis positive
HRAV	High risk area visited - includes any donor at risk of H.I.V. infection
INF	Infections eg. Brucellosis, Filariasis, Kala-Azar, Leptospirosis, Q fever, Yaws, Creutzfeld-Jacob Disease, T.B. etc.
MSC	Miscellaneous, eg. Sarcoidosis, allergies, auto-immune conditions, long-term medication etc.
NEURO	Neurological conditions, eg. epilepsy, stroke, neuro-surgery etc.

OPTH Ophthalmic conditions, eg. glaucoma, detached retina, iritis etc.

PSY Psychiatric conditions eg. chronic mental illness, alcoholism etc.

RENAL Renal disease, eg. chronic renal disease, recurrent acute phelonephritis etc.

RES Respiratory disorders, eg. asthma, chronic bronchitis, bronchiectass, emphysema etc.

STD Sexually transmitted disease eg. Syphilis, Lymphogranuloma venereum etc.

VVR Vaso-vagal reactions, eg. recurrent minor reactions, delayed faints, loss of consciousness