

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

[November 1987]

ABSCCESS: 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 invest-  
 igation. 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.

CHOLECYSTITIS: 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 debar 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).

FIBROID - 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 5 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 GAMMAGLOBULIN injection against Hepatitis A -  
TRAVEL ABROAD: 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 (Appendix 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 Appendix 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.