

NATIONAL BLOOD TRANSFUSION SERVICEMEMORANDUM ON THE SELECTION, MEDICAL EXAMINATION AND CAREOF BLOOD DONORSSECTION 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 DONORSMedical 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.

- 2 -

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 :-

<u>(i) Inoculations/Vaccinations</u>	<u>Interval before donor is bled</u>
Smallpox vaccination*)	Three weeks.
Primary Yellow Fever vaccination)	
Rubella vaccination)	
Tetanus antitoxin (A.T.S.))	
Poliomyelitis vaccination)	Two weeks, providing donor feels well.
Cholera vaccination)	
Vaccination against Rabies)	
Diphtheria or Tetanus Toxoid (T.T.))	One week, providing donor feels well.
Typhoid (T.A.B.))	
Anti-cold, Anti-influenza, etc.,)	
(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,)	Six months.
(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;)	
(vi) Dental extractions,	One to seven days.

*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.

Interval before donor is bled

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| (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 (auscultation 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 111 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.

- 6 -

- (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 111, 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.

- 7 -

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.