Blood Donation Process

A presentation for the Nepal Red Cross Society National Blood Transfusion Service

Ms Emily Tonks
On behalf of GAP and Hong Kong Red Cross

26th August 2014
Purpose and Outcomes of Workshop

- Clarify the steps in the blood donation process
- Clarify the importance of standard operating procedures
- Identify opportunities for improvements in your own centres
Steps in donation process

1. Reception/Registration (pre-donation information)
2. Donor medical questionnaire completed
3. Donor interview
4. Health assessment (including Haemoglobin check and donor’s informed consent)
5. Donation
6. Post donation care and counselling (including treatment of adverse reactions)
Donor Reception

1. Greet and welcome the donor

2. Check donor history
   - Donor may have donated too recently or may have been told never to donate blood

3. Make sure that the donor has had food and fluids in the last 4 hours

4. Pre-donation information
   - Explain the blood donation process

5. Give the donor a Blood Donor Form and Health Questionnaire to complete

6. Direct the donor to the waiting area to be seen by interviewing staff for the confidential interview.
## Donor questionnaire

- Easy for donor to complete
- No confusing questions
- Gathers all relevant information on donor health and background
- Relevant to the local population (local language)
- Answers are discussed in donor interview
Example of donor questionnaire (WHO)

**BLOOD TRANSFUSION SERVICE**

**DONOR QUESTIONNAIRE**

Please complete this form

Panel name: ________________  Donor no: ________________

Family name: ________________  First name: ________________

Title: ________________  ID No: ________________

Date of birth: ________________  Gender: ________________

Occupation: ________________

Residential address: ________________

Postal address: ________________

Telephone no. Home: ________ Work: ________ Mobile: ________

E-mail address: ________________

1. **HEALTH ASSESSMENT**

Please tick the appropriate answer to each question

1.1 Are you feeling well and in good health today?  Yes No

1.2 In the last 4 hours, have you had a meal or snack?  Yes No

1.3 Have you already given blood in the last 12 weeks?  Yes No

1.4 Have you got a chesty cough, sore throat or active cold sore?  Yes No

1.5 Are you pregnant or breastfeeding?  Yes No

1.6 Do you have or have you ever had:
   a. Chest pains, heart disease/surgery or a stroke?  Yes No
   b. Lung disease, tuberculosis or asthma?  Yes No
   c. Cancer, a blood disease, an abnormal bleeding disorder, or a bleeding gastric ulcer or duodenal ulcer?  Yes No

1.7 In the last 7 days, have you seen a doctor, dentist or any other healthcare professional or are you waiting to see one (except for routine screening appointments)?  Yes No

1.8 In the past 12 months:
   a. Have you been ill, received any treatment or taken any medication?  Yes No
   b. Have you been under a doctor’s care, undergone surgery, or a diagnostic procedure, suffered a major illness, or been involved in a serious accident?  Yes No

1.9 Have you ever had yellow jaundice (excluding jaundice at birth), hepatitis or liver disease or a positive test for hepatitis?
   a. In the past 12 months, have you had close contact with a person with yellow jaundice or viral hepatitis, or have you been given a hepatitis B vaccination?  Yes No
   b. Have you ever had hepatitis B or hepatitis C or think you may have hepatitis now?  Yes No
   c. In the past 12 months, have you been tattooed, had ear or body piercing, acupuncture, circumcision or scarification, cosmetic treatment?  Yes No

1.10 In the past 12 months, have you or your sexual partner received a blood transfusion?  Yes No

1.11 Have you or your sexual partner been treated with human or animal blood products or clotting factors?  Yes No

1.12 Have you ever had injections of human pituitary growth hormone, pituitary gonadotrophin (fertility medicine) or seen a neurosurgeon or neurologist?  Yes No

1.13 Have you or close relatives had an unexplained neurological condition or been diagnosed with Creutzfeldt-Jacob Disease or ‘mad cow disease’?  Yes No

1.14 Have you:
   a. Ever had malaria or an unexplained fever associated with travel?  Yes No
   b. Visited any malaria area in the last 12 months?  Yes No

1.15 When did you last travel to another region or country (in months / years)?
RISK ASSESSMENT

2.1 Is your reason for donating blood to undergo an HIV test?

2.2 Have you ever been tested for HIV?

2.3 If “Yes” what was the reason?
☐ Voluntary ☐ Employment ☐ Insurance ☐ Medical advice
Other: ________________________________

2.4 Have you ever had casual, oral or anal sex with someone whose background you do not know, with or without a condom?

2.5 Have you ever exchanged money, drugs, goods or favours in return for sex?

2.6 Have you suffered from a sexually transmitted disease (STD): e.g. syphilis, gonorrhoea, genital herpes, genital ulcer, VD, or ‘drop’?

2.7 In the past 12 months:
   a. Has there been any change in your marital status?
   b. If sexually active, do you think any of the above questions (2.1–2.6) may be true for your sexual partner?
   c. Have you been a victim of sexual abuse?

2.8 Have you or your sexual partner suffered from night sweats, unintentional weight loss, diarrhoea or swollen glands?

2.9 Have you ever injected yourself or been injected with illegal or non-prescribed drugs including body-building drugs or cosmetics (even if this was only once or a long time ago)?

2.10 Have you been in contact with anyone with an infectious disease or in the last 12 months have you had any immunizations, vaccinations or jabs?

2.11 Have you ever been refused as a blood donor, or told not to donate blood?

DECLARATION

Please do not sign until you have answered all the questions and read the declaration below.

a. I confirm that, to the best of my knowledge, I have answered all the questions accurately and I consider my blood safe for transfusion to a patient.

Example of donor questionnaire (WHO)

b. I understand that any wilful misrepresentation of facts could endanger my health or that of patients receiving my blood and may lead to litigation. I am aware that my blood will be screened for, among others, HIV, hepatitis B, hepatitis C and syphilis. I understand that these screening tests are not diagnostic and may yield false-positive results. If any of the tests give a reactive result, I will be contacted using the information I have provided, and offered counselling.

c. I understand the blood donation process, and I have been counselled regarding the importance of safe blood donation.

d. I confirm that I am over the age of 18 years.

e. I undertake that should there be any reason for my blood to be deemed unsafe for use at any stage, I will inform the Blood Transfusion Service.

Donor’s signature: ________________________________

Decision: ☐ Accept ☐ Defer

Donor weight: ________ kg

Blood pressure: ________ Haemoglobin/haematocrit: ________________

Deferral period: ________________________________

Reason for deferral: ________________________________

Interviewed by (name and signature): ________________________________

Venepuncture performed by (name and signature): ________________________________

Date: ________________________________
Donor Interview

- Make sure donor is comfortable – privacy
- Start by identifying the donor
- Complete the Health Questionnaire with the donor if not already completed.
- Check that the donor understands the question and explain they must answer honestly
- Compare donor questionnaire/information with historical records
Donor Interview

- Donor to read the declaration statement (or staff read the declaration statement to donor) and sign and date
- Fingerprint is acceptable if donor cannot sign

If a donor cannot donate blood temporarily or permanently, explain the reason to the donor.
Donor Interview

DONOR SELECTION GUIDELINES

- National criteria for blood donor selection should be based on:
  - National/local epidemiological data on infectious diseases
  - Nutritional and health status of the general population
  - Local customs
  - Health and safety outcomes – donors and recipients
  - International best practice

Should be reviewed regularly

REF: WHO/IFRC Pre-donation counselling and donor selection
Group Activity 1 - Handbook

- Use of the Blood Donor Selection Guidelines
**Discussion**

Why do we have **Donor Selection Guidelines**

- To make sure that it is safe for the donor to donate blood
- To reduce the risk of transfusion-transmissible infection (TTI) or other adverse effects to blood recipients
- To protect blood service staff
- To build trust in the safety of the blood service
**Donor Health Screen**

**Discussion**

**Appearance**
- Donor must look well and not under the influence of drugs/alcohol

**Age**
- 18 – 60 years

**Weight**
- Min: 45kg (for 350ml collection) or >60kg (for 450ml collection)

**Blood Pressure (Nepal SOP)**
- Systolic: 110-160 mmHg
- Diastolic: 70-96 mmHg

**Haemoglobin (Nepal SOP)**
- 12.0 g/dl (minimum)

**WHO Recommendations**
- BP Systolic: 100-140 mmHg
- BP Diastolic: 60-90 mmHg
- Male Hb: 13.0 g/dl
- Female Hb: 12.0 g/dl
Whole Blood Collection

- Importance of PPE (personal protective equipment) and hygiene:
  - Always wear gloves
  - Iodine and alcohol swab to venepuncture site
  - Hand washing after procedure
  - Appropriate disposal of needles and equipment
Whole Blood Collection

Adverse reactions

- Vasovagal episodes (fainting) and bruises/haematomas at the venepuncture site are the most common
- Staff should provide first aid and reassurance to donors
- Serious reactions may require further medical treatment or referral
Post donation donor care

Donor to remain in refreshment area for at least 10 minutes
- Encourage donor to drink fluids
- Instruct donor to drink adequate fluid during the day following donation, and avoid strenuous exercise or lifting anything heavy for 4 hours.

Instruct the donor to report any adverse reaction that may occur after leaving the centre
- Provide the donor with a phone number for reporting adverse reactions
- Attend to donor adverse reactions if required
- Report all donor adverse events
Post donation donor care

Post-donation information

- Tell donor if they feel dizzy, lightheaded, sweating, nausea, yawning or feel hot, they should lie down with their feet elevated and drink plenty of water.
- Any bruising to the needle site will resolve.
- Ask donor to call if they become unwell in the 7 days following donation.
- Remind donor they will be contacted if their screening tests are abnormal.
- Give a leaflet of post donation instructions to the donor.
- Thank the donor – encourage them to come back in 12 weeks time to donate again.
Resources

WHO Blood Donor Selection
Guidelines on Assessing Donor Suitability for Blood Donation

www.who.int/bloodsafety/publications/bts_guideline_donor_suitability/en/
Where to from here

- Update Standard Operating Procedures
- Staff training
Questions
Acknowledgements

- Hong Kong Red Cross
- Global Advisory Panel (GAP) on Corporate Governance and Risk Management of Blood Services in Red Cross and Red Crescent Societies
- AABB
- WHO/IFRC –
  - Pre-donation Counselling and Donor Selection (Donor 5.2)
  - Post-donation Counselling (DP 5.6)
  - Post-donation Counselling (Donor 5.7)
  - Blood Donor Selection – Guidelines on Assessing Donor Suitability for Blood Donation
  - Blood Donor Counselling – Implementation Guidelines