Blood Donor Counselling

A presentation for the Nepal Red Cross Society
Blood Transfusion Service

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On behalf of GAP and Hong Kong Red Cross

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Purpose and Outcomes of Workshop

1. Clarify the importance of blood donor counselling
2. Discuss when and how to perform counselling
3. Identify opportunities for improvements in your own centres
What is blood donor counselling?

Counselling is the **confidential** dialogue between a blood donor and counsellor about issues related to donor health and the donation process

An important part of donor management and care

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1. WHO – Blood Donor Counselling Implementation Guidelines, WHO/IFRC 2013
Why counsel donors

- Assists donors to give informed consent
- Reduces donation by unsuitable donors (decrease wastage)
- Promotes healthy lifestyles
- May reduce adverse donor reactions
- Can improve donor perception of blood service (encourage return)
Why counsel donors

- The blood transfusion service has a **responsibility** to confirm positive or reactive test results and notify and counsel infected individuals.
- Counselling donors positive for transfusion transmissible infection (TTI) offers an **early entry point to treatment and care**.
- **Health impacts** extend beyond donors to their families and the general population.
Establishing a National system

- Management and counselling of donors is an essential part of the donation process.
- National health authorities and BTS are responsible for ensuring that policies, guidelines and infrastructure are in place to ensure a reliable counselling system.
- There should be SOPs and documentation for all stages of donor counselling.
- Manual or electronic records should exist which ensure confidentiality and traceability (donor records, donor deferral registry).
- Provide specific training on communication and counselling for all staff involved in counselling at any stage.
Where to perform counselling

- Visual and audible privacy
- Maintain confidentiality
- Use room dividers/screens or utilise offices
- Ensure donor can feel welcome and comfortable answering questions honestly
Counselling Skills

Counsellors should be **trained professionals** with an in-depth knowledge of:

- Health requirements for safe blood donors
- Infections that are transfusion transmissible
- Lifestyle behaviours that increase the risk of TTI
- Donor selection/deferral
- Process of donation and potential reactions
- Blood components and testing performed
- Availability of donor care services including other health-care providers
Counselling Skills

<table>
<thead>
<tr>
<th>Skill</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Careful listening</td>
<td>Enables the donor to share</td>
</tr>
<tr>
<td>Attentive listening</td>
<td>Eye contact, tone of voice, using language “Yes”, “I see”</td>
</tr>
<tr>
<td>Reflective listening</td>
<td>Paraphrasing</td>
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<tr>
<td>Using open ended questions</td>
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<tr>
<td>Give helpful feedback</td>
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<td>Maintain focus on the topic</td>
<td>Prevent distracted conversation</td>
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Figure 2: Elements of effective blood donor counselling

Blood donor

- Pre-donation information
- Pre-donation counselling
- Counselling during blood donation
- Post-donation counselling

Reasons for counselling

Positive donor identification

- Trained counsellor
- Conducive environment
- Correct information
- Adequate time

Counselling

Data
- Document

Donor
- Care and referral

WHO Blood Donor Counselling – Implementation Guidelines
When to perform donor counselling

Pre-donation information
Pre-donation counselling (questionnaire, interview, health and risk assessment, informed consent)
Counselling during blood donation
Blood screening for TTI

Reactive/Indeterminate (confirmatory testing on same and/or new sample)

Self-deferral
Deferral or self-deferral

Post-donation self-deferral

Non-reactive
Positive/Indeterminate

Post-donation counselling (notification, counselling and/or referral)

Negative
Healthcare providers for continuing care and management

Retain as regular donor and reinforce healthy lifestyle
Pre-donation information

- Information given to donors to allow them to make an informed decision before donation
- Can be given by trained blood service staff or volunteers
- May be given verbally or in written form using authorised blood service materials

Wall posters
Booklet
Information sheet
Verbal information
Pre-donation information

To increase donor **awareness** of:

- Blood Transfusion Service responsibility to maintain confidentiality and health of the donor
- The steps in the donation process
- Importance of the safety of donated blood
- Importance of VNRBD
- The purpose of screening for transfusion transmissible infections (TTI)

To ensure donor’s **trust** in the blood service

To encourage **self-deferral** (due to health, TTI, behaviour or travel)
Pre-donation information should include:

<table>
<thead>
<tr>
<th>The importance of VNRBD</th>
<th>Donor’s rights and responsibilities and options to withdraw at any time</th>
<th>Blood donation process, availability of trained staff</th>
<th>Potential complications (fainting, bruising)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tests performed on donated blood for TTI (limitations/window period)</td>
<td>Procedure in the event of a positive test result</td>
<td>Donor confidentiality</td>
<td>Importance of regular donations</td>
</tr>
<tr>
<td>Donation intervals</td>
<td>High risk behaviour and how to avoid infection risk</td>
<td>Importance of maintaining a healthy lifestyle</td>
<td>How to self-defer</td>
</tr>
</tbody>
</table>
Pre-donation counselling

- A confidential discussion conducted by a trained medical doctor or a nurse/lab staff
- Occurs before every donation as a routine step in the selection of the donor
- Donor must answer questionnaire with accurate and consistent information

AIMS:
- Give information to the donor
- Provide advice and answer any questions or concerns
- Refer donor for further treatment if required
Pre-donation counselling

DONOR DEFERRAL: When donors don’t meet the criteria for selection

Temporary:
- Donor usually healthy but unsuitable on a particular occasion eg medication/travel/recovering from illness
- Can donate once circumstances for deferral no longer exist
- Important to provide information on further management if appropriate

Permanent:
- Behaviour – high risk for TTI
- Serious medical illness

Can be self-deferral if donor has been exposed to a TTI
Pre-donation counselling

DONOR DEFERAL

Donor may have negative feelings of rejection:
- Counsellor must be sensitive to these feeling
- Provide clear explanation
- Maintain confidentiality
- Refer for further treatment if required

Important to counsel appropriately to encourage temporarily deferred donors to return
- Give information on the reason for deferral and how to have a healthy lifestyle
- Provide a date that they are eligible to return (if temporary)
Counselling during donation

- Provide information on the venepuncture procedure
- Show appreciation to donor for the valuable contribution; gain donor trust to encourage return
- Makes donor feel comfortable; reduce worry
- Minimise possibility of a reaction
- Give advice regarding post-donation care

• Ensure donor understands importance of informing blood service (post-donation) if blood may not be safe for transfusion
• Donor to advise if they have an infection or reaction post donation
Post-donation counselling

Which donors need counselling?

- Donors who request self-exclusion post-donation due to possible risk of TTI
- Donors who are found to have positive or reactive tests for TTI or who have unusual blood cell serology results
- Donors who have experienced adverse reactions during or after blood donation
Post-donation counselling

All donors who require post donation counselling require:

- Prompt counselling
- Assurance of CONFIDENTIALITY
- Face to face counselling is best, if not possible then phone counselling is the next best option
- A trained professional who can provide counselling with empathy
Post-donation counselling

All donors who require post donation counselling require:

- Sufficient time to permit donor questions
- Accurate and consistent information
- Referral for appropriate clinical management
- Post-donation availability of results and the notification of abnormal results should be explained to the donor
Post-donation counselling

The **AIMS** of post-donation counselling:

- To obtain a fresh sample for additional confirmation if required
- To explain:
  - test results
  - the need for confirmation of the results
  - the health implications for the donor
  - eligibility for blood donation in the future
  - The donor’s rights regarding disclosure
- To encourage donors to disclose sensitive information, including the possible source of the infection
Post-donation counselling

The **AIMS** of post-donation counselling:

- To clarify doubts and concerns raised by donors
- To alleviate donors’ worry and provide psychological support
- To advise donors on precautions for preventing the transmission of TTIs to others (safe behaviour)
- To refer donors for further investigations, management, treatment and care, if necessary
**Post-donation counselling**

**Identification of positive TTI in donor**

1. Invite the donor to attend a counselling session by letter or phone.
2. Inform them that they are being contacted because one of the mandatory screening tests is abnormal and they need to return to discuss the result and implications with the doctor.
3. Verify the identify of the donor and inform that the counselling is confidential.
4. Inform the donor of the type of abnormal results they have simply and clearly (e.g., HCV, HBV, HIV, Syphilis).
5. Give the donor time to consider the information and ensure they understand the result.
Post-donation counselling

Identification of positive TTI in donor

Discuss each test performed and the consequence of a positive result.
Provide in a manner that is sensitive and appropriate to gender, culture, behaviour, language and geographical location of the donor

Discuss the natural history of the disease if appropriate and health consequences, identify the possible source of infection and risk factors

Check if the donor has any symptoms of the disease
Encourage donor to ask further questions
Post-donation counselling

Identification of positive TTI in donor

Provide donor details of:
- Confirmatory testing available (other centres)
- Options for further investigation, treatments and medical management

Discuss precautions to prevent transmission:
- Sharing implements, safe sex, hepatitis B vaccination

Inform the donor that they can no longer donate blood

Check if the donor’s partner is a blood donor or has donated in the past.
- Advise donor to let their partner know so they can be tested and made aware of precautions
Post-donation counselling

Identification of positive TTI in donor

Assess the donor’s reaction:

- If negative – offer comfort and support until the donor is calm
- Discuss how to manage or understand strong emotions and reactions including ways to deal with loss and grief, depression, anger and anxiety

Assess all support available to the person, and ensure (where possible) referral to a support agency which can be accessed at the donor’s discretion.

Recognise the impact that the test result may have on the donor

Ensure the donor is provide with relevant information on the test result and future care/treatment

Discuss possible disclosure of the result, including when and how this may happen and to whom
Post-donation counselling

Identification of positive TTI in donor

Give donor printed material to cover all aspects of the disease (precautions, treatment, referral and contact details of hospital health departments)

Ensure the donor is aware they can come back at any time with queries or clarification

Arrange a specific date and time for a follow-up visit or referral

Add the donor to a permanent donor deferral registry which is kept confidential

All notes are to be kept locked - Positive results should be coded to keep the result confidential

Notify the Health department so burden of disease is known
Discussion

Referral of donors with positive TTI

Donation

Positive TTI identified (laboratory)

Laboratory staff notify medical officers

Donor notified

Donor recalled

Donor counselling

Referral to specialist medical care (when required)

How long for tests to be completed?

How long to notify medical officers/staff who will contact donor?

How long after donation is donor notified of positive TTI testing?

Who recalls donor? Will donor come in to centre or counselling performed over the phone?

Who performs the counselling?

Who can provide specialist treatment? How is the donor referred?
Post-donation counselling

**BENEFITS**

- The abnormal results are provided to the donor in a safe and confidential environment.
- The donor is referred for management of TTI
- The donor understands the routes of transmission of TTI and can minimise further transmission
- Future donations from donors with confirmed TTI can be reduced with less risk to BTS staff and less wastage
- Can maintain donor/public confidence in blood centre, a deferred donor could still be an ambassador
Post-donation counselling

BENEFITS

The BTS can collect demographic and risk exposure information about TTI positive donors as part of its haemovigilance program.

This information can help in making future decisions about donor selection criteria and the usefulness of questions in the donor questionnaire. It can also help in informing marketing decisions about specific recruitment activities.
Challenges

- Ensuring consistent messages to donors
- Developing clear procedures to ensure consistency
- Ensuring there are adequate physical facilities for confidential counselling
- Ensuring there are specialist trained staff
- Providing practical counselling training to staff
- Difficulty contacting donors for counselling
- Negotiating referral with healthcare providers
Where to from here?

SUGGESTIONS?

- Develop a national policy on blood donor counselling
- Develop national procedures for the management of donor counselling:
  - Testing procedures
  - Donor contact procedures
  - Timelines for contact
  - Staff training requirements
  - Referral practices
Establishing a National system

☑ Management and counselling of donors is an essential part of the donation process
☑ National health authorities and BTS are responsible for ensuring that policies, guidelines and infrastructure are in place to ensure a reliable counselling system
☑ There should be SOPs and documentation for all stages of donor counselling
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☑ Provide specific training on communication and counselling for all staff involved in counselling at any stage
Resources

AABB - Blood Donor Health and Safety

WHO Blood Donor Counselling Implementation Guidelines
www.who.int/bloodsafety/voluntary_donation/Blooddonorcounselling.pdf
Group Activity - Handbook

Blood donor counselling role play

In small groups, act out the scenarios provided and then discuss together
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