**STANDARD OPERATING PROCEDURE**

**Guidelines for Acceptance & Deferral of Blood Donors**

**Notes**

Guidelines for the acceptance of donors may vary from those described in this procedure if there are National Guidelines covering the deferral periods.

This procedure must be adapted to conform to local requirements and to the test systems, reagents and equipment that are available to each organization.

1. **Introduction**

The Africa Society for Blood Transfusion Step-Wise Accreditation Standards requires that each facility develop donor selection criteria that are based on the Standards, national laws and regulations, if applicable, and local epidemiological data of infectious diseases, risk behaviour and local customs that may have an effect on the safety of the donor or recipient. Donor screening must include an interview with the donor to determine their suitability for donation.

Donor selection is an important part of ensuring a safe blood supply, and the process must be conducted with due care, even in a busy blood donor clinic. The procedure should not be rushed as errors made during the selection process may remain undetected and may affect the safety of the blood collected.

1. **Purpose and Scope**

This procedure is to be used by authorized personnel in the blood donor clinic when reviewing a prospective donor’s medical history in order to determine his/her suitability for blood donation at that time.

1. **Acronyms and Definitions**

Nil

1. **Materials and equipment required**
	1. Donor’s completed Medical History Form.
2. **Safety**

There are no significant safety concerns associated with this procedure.

1. **Responsible**

Authorised personnel in the blood donor clinic who are assigned to donor selection are responsible for all the activities described in this procedure*.*

1. **Procedure**
	1. Confirm the identity of the person whose medical history you are reviewing by asking him/her to tell you his/her name and date of birth and compare this with the details recorded on the Medical History Form. Any discrepancy must be resolved before proceeding.
	2. Check the following:
		1. **Age**: Donors must be between the ages of 16 (i.e. they must have reached their 16th birthday) and 65 (i.e. they must not yet have reached their 66th birthday).
		2. **Weight**: Donors must weigh more than 50 kg. Unexplained weight loss of more than 10% of the donor’s body weight within a period of eight weeks is a reason for deferral.
		3. **Donation interval**:
			1. For whole blood donation, a minimum of 56 days must have elapsed since the last donation.
			2. For apheresis donations a minimum of 48 hours must have elapsed since the last donation, and a maximum of 24 procedures may be performed in any 12 month period.
		4. **Blood pressure**: The donor’s blood pressure must not be higher than 180/100 mmHg and not lower than 100/60 mmHg.
		5. **Pulse rate**: The donor’s pulse rate must not be lower than 60 beats per minute or higher than 100 beats per minute.
		6. **Haemoglobin**:The donor’s haemoglobin must not be less than 125 g/L.
		7. **Drug Therapy**:Blood fromdonors who have ingested aspirin within the previous 72 hours should not be used for the production of platelet components.
		8. **Medical history and general health**: The prospective donor shall appear to be in good health, and not under the influence of alcohol or drugs. The prospective donor shall be free of major organ disease (e.g. heart, liver, lungs) cancer, or abnormal bleeding tendency, unless determined eligible by the medical director. The venepuncture site shall be evaluated for lesions on the skin. The venepuncture site shall be free from infectious skin disease and any disease that might create a risk of contaminating the blood. Defer for dental extraction or surgery for a minimum of 72 hours.
		9. **Pregnancy**: Defer during pregnancy and during lactation.
		10. **Receipt of blood or blood components**: Defer for 12 months following the receipt of blood, blood components or plasma-derived clotting factors.
		11. **Immunizations and vaccinations**: Defer for two weeks following receipt of live attenuated viral and bacterial vaccines (measles, mumps, polio, typhoid, yellow fever). Defer for four weeks following receipt of live attenuated viral and bacterial vaccines (German measles, chicken pox, BCG).
		12. **Infectious diseases**:
			1. Permanent exclusion if there is present or past clinical or laboratory evidence of infection with HIV, HBV, HCV, trypanosomiasis, or Chagas’ disease.
			2. Permanent exclusion if there has been sexual contact with an individual with HIV infection or at high risk of HIV infection.
			3. Twelve month exclusion if there has been mucous membrane exposure to blood.
			4. Twelve month exclusion if there has been non-sterile skin penetration with instruments, equipment, or weapons contaminated with blood or body fluids other than the donor’s own. Includes tattoos, body piercing, and scarification.
			5. Twelve month exclusion (following last contact) if there has been sexual contact with, or if the prospective donor has lived with, an individual who:
				1. Has acute or chronic hepatitis B (positive HBsAg test, HBV NAT)
				2. Has symptomatic hepatitis C
				3. Is symptomatic for any other viral hepatitis
			6. Twelve month exclusion following the diagnosis of a sexually transmitted infection such as syphilis or gonorrhoea (shall have completed treatment.)
		13. **Malaria**:
			1. The prospective donor shall be evaluated for potential risks of transmitting malaria and, if applicable, deferred according to national guidelines.
		14. **Temperature**
			1. Although it is not necessary to measure the donor’s temperature, those donors who are obviously pyrexial must be deferred.
	3. If there is any doubt about the eligibility of the donor to donate at that time, consult the Medical Director or designate, whose opinion is final.
	4. If the donor is to be deferred for any reason, explain this to the donor in a sensitive manner and ensure that he/she has understood the reason for the deferral and the length of the deferral. Encourage the donor to return to donate when the deferral period has passed.
		1. Record the reason for the deferral and the deferral period on the Medical History Form.
2. **Records and forms**
	1. Medical history forms must be retained in compliance with the Document Retention Policy.
3. **References**
	1. Nil
4. **Revision Summary**

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| **REVISION NUMBER** | **DATE** | **REVISION DETAILS** | **REASON FOR REVISION** |
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