Northern Ireland Blood Transfusion Service

POLICY DOCUMENT

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Document Title: NIBTS POLICY FOR EXCLUDING DONORS WHO HAVE BEEN TRANSFUSED WITH BLOOD COMPONENTS ON OR AFTER 1 JANUARY 1980

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Document Authorisation

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CROSS REFERENCES

This Policy refers to the following documents:

Doc Type	Doc. No.	Title
n/a	n/a	Whole Blood & Components Donor Selection Guidelines
n/a	n/a	Tissue & Cells Donor Selection Guidelines

This policy has been screened for equality implications as required by Section 75 and Schedule 9 of the Northern Ireland Act 1998.

Key Change from Previous Revision:

Updated policy to include in separate sections JPAC guidance on DSGs for Tissues – both Live Donors (Bone relevant to NIBTS) & Bone Marrow & Peripheral Blood Stem Cell Donors.
Change authoriser of the policy.
Equality Screening outcome updated.

1 STATEMENT

The aim of this policy is to state which criteria should be applied when considering eligibility of previously transfused donors. All decisions should be made in conjunction with the current version of the UK Blood Services Donor Selection Guidelines (DSGs), which is available for Whole Blood & Components, Tissue -Live Donors, Bone Marrow and Peripheral Blood Stem Cell Donors (these are relevant to NIBTS)

2 OVERVIEW

2.1 In 2004, as a precaution against transfusion transmission against vCJD, blood donors who know they have received or think they have received a blood transfusion on or after 01 January 1980 were excluded from donating whole blood or platelets by apheresis.

3 RESPONSIBILITY

3.1 Session Staff: RN, DSA,
3.2 Medical Director /Consultant in Transfusion Medicine /Speciality Doctor

4 POLICY

4.1 The following criteria should be considered in **Whole Blood and Component Donors** who have a history of prior blood transfusion:

Date of transfusion

- 01 January 1980 to present (it is generally accepted that there would have been no dietary exposure to BSE in the UK before 1980), must not donate if at any time the donor has:
  a) Anywhere in the world the donor has received, or thinks they may have received, a transfusion with red cells, platelets, fresh frozen plasma (FFP), cryoprecipitate, cryodepleted plasma, convalescent plasma, granulocytes, buffy coat preparations, intravenous or subcutaneous human normal immunoglobulin (IVIG). This includes mothers whose babies have required intra-uterine transfusion.
  b) Received treatment with blood derived coagulation factor concentrates. This includes prothrombin complex to reverse over-anticoagulation.
  c) Has had a plasma exchange performed
- JPAC Donor Selection Guidelines should be referred to for the full entry and for additional information.

Donors to be excluded

- Whole blood donors
- Apheresis donors
- New applicants to the British Bone Marrow Registry
- Live Tissue donors, including bone.

Donors not to be excluded at present

The exclusion does not apply at present to:

- Cord blood donors – an individual risk assessment should be performed.
- Existing bone marrow and stem cell donors – an individual risk assessment should be performed.

Transfused Donors

- Donors who know or think they may have received a transfusion of one of the blood components specified below within the defined periods will be deferred.

Uncertain Donors

- In general donors in the uncertain category will be deferred. However, if on detailed questioning by a doctor or appropriately trained nurse it is highly unlikely that the donor will have received a blood transfusion, the donor may continue to donate. This may require contacting the respective blood bank/ECR review (with donor consent)/ a GP referral form.

Where the transfusion was received

- For exclusion of donors transfused after 1st January 1980, this is worldwide.
- For donors transfused before 1st January 1980, consideration should be given to the need for malaria /T. Cruzi testing, depending on country transfusion occurred in.

Affected blood components

- Whole blood
- Red cells
- Plasma (FFP)
- Cryoprecipitate
- Cryodepleted plasma
- Platelets
- Buffy coats

Fractionated (Plasma) Products

Recipients of plasma products require detailed consideration according to the type of product and volume used - see below:

a) Coagulation concentrates: All recipients of coagulation concentrates are excluded.

b) Immunoglobulin: All recipients of intravenous or subcutaneous Human Normal Immunoglobulin after 1980 are excluded

c) Recipients of intramuscular immunoglobulin (e.g. anti-D) are accepted.

d) Recipients of multiple doses of other intramuscular immunoglobulins are excluded but a single dose (e.g. anti-tetanus immunoglobulin) is acceptable as a discretion.

e) Albumin: Recipients of very large volumes of albumin are excluded, as in plasma exchange; otherwise recipients of albumin are not affected

4.2 The following criteria should be considered in **Tissue – Live Donors** who have a history of prior blood transfusion:

Must not donate:
At any time if the donor has:

a) Received, or thinks they may have received, a transfusion of blood or blood components in a country endemic for malaria or South American trypanosomiasis. See 'Discretionary' section below for exceptions.
b) Has received regular treatment with blood derived coagulation factor concentrates.

Must not donate if:
Since January 1st 1980:

a) Anywhere in the world, the donor has received, or thinks they may have received, a transfusion with red cells, platelets, fresh frozen plasma (FFP), cryoprecipitate. This includes mothers whose babies have required intra-uterine transfusion.
b) Had a plasma exchange performed.

Before January 1st 1999:

a) Treated with prothrombin complex to reverse over-anticoagulation.
b) Received intravenous or subcutaneous human normal immunoglobulin.

Note: Donors treated with prothrombin complex (PCC) to reverse over-anticoagulation after 1st January 1999, can be accepted. Also, if treated with intravenous immunoglobulins after 1st January 1999: if underlying condition is not a contraindication, donor can be accepted.

JPAC Donor Selection Guidelines should be referred to for the full entry and for additional information.

4.3 The following criteria should be considered in **Bone Marrow and Peripheral Blood Stem Cell Donors** who have a history of prior blood transfusion:

Must not donate:
At any time if the donor has:

a) Received, or thinks they may have received, a transfusion of blood or blood components in a country endemic for malaria or South American trypanosomiasis. See 'Discretionary' section below for exceptions.
b) Has received regular treatment with blood derived coagulation factor concentrates.

Since January 1st 1980:

a) Anywhere in the world, the donor has received, or thinks they may have received, a transfusion of blood or blood components, or intravenous or subcutaneous human normal immunoglobulin. This includes mothers whose babies have required intra-uterine transfusion.
b) Had a plasma exchange performed.

Before January 1st 1999

- Treated with prothrombin complex to reverse over-anticoagulation.
- JPAC Donor Selection Guidelines should be referred to for the full entry and for additional information.

4.**4** **Donor Communication:**

Transfused donors may be identified in a number of ways:
- As part of the pre-donation screening process
- Volunteering the information after receiving NIBTS literature
- Volunteering the information as a result of general awareness
- During tele recruitment communication with donors

Managing Donor Concerns:

Areas of concern for donors may fall into the following:

- Perceived personal risk from having received potentially contaminated blood
- Concern about possible risk of having transmitted vCJD by previous donation.
- Perceived risk to family and friends through close contact with previously transfused donors.

To assist donors expressing these concerns:

- Use of a leaflet for previously transfused donors.
- Encouraging donors to ring the for further information.
- Staff managing the helpline will be appropriately briefed.

5 EQUALITY SCREENING OUTCOME

- This policy has been drawn up and reviewed in light of the statutory obligations contained within Section 75 of the Northern Ireland Act (1998). In line with the statutory duty of equality this policy has been screened against particular criteria. If at any stage of the life of the policy there are any issues within the policy which are perceived by any party as creating adverse impacts on any of the groups under Section 75 that party should bring these to the attention of the Head of HR& Corporate Services.

- The Northern Ireland Blood Transfusion Service is committed to the promotion of equality of opportunity for staff, donors and service users. We strive to ensure that everyone is treated fairly and that their rights are respected at all times. We believe it is important that our policy is understood by all those whose literacy is limited, those who do not speak English as a first language or those who face communication barriers due to a disability. On request it may be possible to make this policy available in alternative formats such as large print, Braille, disk, audio file, audio cassette, Easy Read or in minority languages to meet the needs of those not fluent in English.

6 TRAINING REQUIREMENTS

- Medical Director /Consultant in Transfusion Medicine/ Specialty Doctor/Session Staff: Read & Understood.

- Training on donor selection with respect to Whole blood and Components, Bone, & Bone Marrow and Peripheral Blood Stem Cell is delivered with individual PDI training and competency assessment.