





Institution Name: Directorate General of Specialized Medical Care, MOH

Document Title: Policy and Procedure of Blood Donor Counselling (Pre-donation)

Approval Process

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Acronyms:

BTS	Blood Transfusion Service
TTI	Transfusion Transmitted Infection
HIV	Human Immunodeficiency Virus
HBV	Hepatitis B Virus
HCV	Hepatitis B Virus
MOH	Ministry of Health



Policy and Procedure of Blood Donor Counselling (Pre-donation)

1. Introduction

Individuals who donate their blood provide a unique contribution to saving lives and improving patient health. To provide a safe blood supply, blood donors should be provided with high standards of care and assurance of their health and safety. Counselling is an integral part of any blood bank. Donor counselling is a confidential dialogue between a blood donor and a trained counsellor about issues related to the donor's health and the donation process; it may be provided before, during and after blood donation.

Counselling provides an opportunity to assist donors to provide informed consent for blood donation and to defer unsafe donors. It also contributes to blood safety by reducing the prevalence of Transfusion Transmitted Infections (TTIs). Reducing the donation of blood by ineligible donors will minimize wastage of resources, including donor and staff time, consumables use and screening tests.

The effectiveness of donor selection process is enhanced if proper counselling is provided to prospective donors, enabling them to self-defer themselves if they recognize they are unsuitable to donate blood. Blood donors may be deferred, either on a temporary or permanent basis depending on their health status, medical or travel history, or TTI risk.

Deferred donors may perceive a negative experience and the fear of being rejected again. Effective counselling may lessen a sense of rejection and encourage temporarily deferred donors to return after a suitable interval. Effective counselling may minimize any unnecessary loss of blood donors and motivate those who are unable to donate blood to contribute to the BTS services as volunteers.

The conditions and situations where blood donor counselling is particularly important include:

- First-time and young donors: to explain the blood donation process and to allay their anxiety and apprehension



- Individuals who do not meet the donor selection criteria: to explain the reason for deferral and provide information on further management
- Individuals who may be donating blood to seek testing for infections (such as HIV): to understand their motivation for blood donation and provide information on testing services
- Donors who had experienced adverse reactions during or after blood donation: to allay their anxiety
- Donors with unusual or abnormal TTI test results: to explain the importance of these results for the donor and provide information on further management (see post donation counselling document for details).

2. Scope

This documents applies to all blood banks at the ministry of health.

3. Purpose

The specific objective of this document is to provide guidance on blood donor counselling as an essential component of donor care and as a requirement for a safe blood supply. This guidance includes information and technical guidance on the specific measures and actions needed to promote donor care and the safety of blood donors and transfusion recipients. This can be obtained through:

- 3.1 Pre-donation counselling: for donors on how to protect their own health and patients receiving transfusion. (Appendix1: is showing examples of essential elements of blood donor counselling in different situations and conditions)
- 3.2 Post-donation counselling: for blood donors with abnormal test results for HIV, HBV, HCV, syphilis, or other TTIs. (see post donation counselling document for details)

4. Policy

Blood banks must ensure that donor counselling is integrated in the blood donation process. Blood donors have rights and responsibilities which include:

- 5.1 Right to receive clear and appropriate information, including the purpose of donor selection, and the consequences of failure of providing the relevant information to the BTS which may include harm to patients and donor himself.



- 5.2 Responsibility to provide the BTS with all relevant information to the best of their knowledge about health conditions that may pose risks for their health and activities or behaviors that increase their risk for TTI
- 5.3 Responsibility to self-defer from blood donation if they believe they are unsuitable to donate. No donor should use blood donation as a means to obtain medical check-up, or to be tested for TTI
- 5.4 Right to withdraw from blood donation at any time during the procedure for any reason, including doubts as to their suitability as a blood donor, without any need to explain this decision
- 5.5 Responsibility to inform the BTS after donating blood if they have any doubts about their suitability or in the event of a change in health status within 7 days after blood donation

5. Procedure

6.1 Infrastructure

Counselling should be conducted in a friendly and conducive environment with suitable infrastructure and facilities. The venue for donor counselling should provide adequate audio and visual privacy, and confidentiality. A variety of options can be considered to create counselling space in existing fixed or mobile locations, such as utilizing existing offices or reconfiguring the space using permanent or transportable room dividers or screens.

6.2 Pre-donation information

This will enable individuals who may be unsuitable to donate blood to self-defer without going through the blood donation process. Pre-donation information may be provided orally or through printed, graphic, audio-visual and online materials, and should be presented in a simple and clear format. These are usually made available to prospective donors at the time of donor registration for blood donation.

Pre-donation information has three main objectives:

- 6.2.1 To increase donors' trust in the BTS and encourage them to adhere to donor selection criteria and avoid behaviors that increase the risk of a TTI.
- 6.2.2 To increase donor awareness of the steps in the blood donation process, importance of the safety of donated blood, importance of regular voluntary



non-remunerated blood donation, blood screening tests for TTI and their limitations and steps to minimize donor reactions.

- 6.2.3 To encourage individuals to self-defer if they are suffering from an infection, disease or health condition that make them unsuitable to donate blood.

6.3 Pre-donation counselling

Pre-donation counselling occurs immediately prior to blood donation as part of a confidential interview with a trained member of the BTS staff to ascertain the donor's medical history and assess donor health and TTI risk. Counselling before donation should aim to enhance the donor's understanding and compliance with the process of blood donation. The interviewer should ensure that the prospective donor understands the pre-donation information and donor questionnaire and should create an environment that allows the donor to feel comfortable to ask and answer questions. The donor's informed consent to blood donation should be obtained at this stage; this signifies that the donor has understood the questionnaire, has provided truthful answers, understands his/her blood will be tested for TTI, and is willing to donate blood.

Donors deferred during this stage should be given information about the reason for the deferral and how to maintain healthy lifestyles. They should be given support and care, if necessary, and advised when they can return to donate. Temporarily deferred donors are more likely to return if they are told the reason for the deferral and given an appointment for their next donation after the deferral period is over.

Pre-donation counselling has three main objectives:

- 6.3.1 To ensure that the donor understands all questions and responds accurately to the donor questionnaire.
- 6.3.2 To inform the donor that his/her blood will be tested for blood group serology and markers of TTI and that abnormal test results will be given to the donor.
- 6.3.3 To ensure that the donor is able to give informed consent to donate and recognizes that his/her signature is an affirmation that responses provided to the questionnaire are accurate.

6.4 Counselling during blood donation

Counselling during blood donation provides explanations about the venipuncture procedure, ensure smooth blood donation and enables recognition of signs and



symptoms of impending donor adverse reaction (e.g. pre-syncope). Any adverse donor reactions, whether generalized or local, including failed venipuncture, hematoma, arterial puncture, thrombophlebitis nerve injury and fainting, should be managed immediately and counselling specific to the event should be provided to ensure that the donor understands the cause of the adverse event and any treatment required.

6.5 Counselling post blood donation

Donors should be advised of the need to contact the BTS and provide post donation information if they become unwell, usually within 1 week of donation, or remember important information about a past illness or their risk for a TTI that should have been declared before donation

Information and counselling after blood donation should include:

- 6.5.1 Personal care after the donation, including care of the venipuncture site and how to prevent and manage acute and delayed donor reactions
- 6.5.2 The importance of informing the BTS if there is any reason why the donated blood may not be safe for transfusion
- 6.5.3 The need for the donor to provide information to the BTS as soon as possible about any acute infection or reaction within one week of blood donation.

6. Responsibilities

6.1 Blood banks and transfusion services are responsible for:

- 6.1.1 Provide training for physicians and nurses to perform effective counselling for blood donors
- 6.1.2 Adhere to the national guidelines for blood donor counselling

6.2 Physicians, nurses, and laboratory scientists are responsible for:

- 6.2.1 Perform effective counselling for all blood donors



7. Document History and Version Control

Document History and Version Control			
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01	Initial Release	Dr. Khalid AL-Habsi	November 2024
02			
03			
04			
05			
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Dr. Khalid AL-Habsi		National Blood Transfusion committee	Dr.Kadhim Jaffar Sulaiman

8. Related Documents:

There is no related document for this policy and procedure.



9. References:

Title of book/ journal/ articles/ Website	Author	Year of publication	Page
Blood donor counselling: implementation guidelines. WHO 2014	WHO	2014	All



10. Appendix1: Table 1: Examples of essential elements of blood donor counselling in different situations and conditions:

Situations and conditions	Essential elements of counseling
First-time blood donor and young donor	<ul style="list-style-type: none"><input type="checkbox"/> Explanation of the entire blood donation process<input type="checkbox"/> Reassurance to allay anxiety and apprehension<input type="checkbox"/> Promotion of a healthy lifestyle<input type="checkbox"/> Encouragement to self-defer if the donor might have been exposed to a TTI, and referral to voluntary counselling and testing services<input type="checkbox"/> Information on the screening of blood for TTI and the test results<input type="checkbox"/> Encouragement to return for future blood donations and become a regular blood donor
Donor deferred temporarily or permanently for not meeting donor selection criteria during the assessment of medical history or basic health check	<ul style="list-style-type: none"><input type="checkbox"/> Explanation of the reason for deferral: e.g. for donor and/or patient safety and information about the condition for which the deferral is made<input type="checkbox"/> Clarification of the nature of the deferral (permanent or temporary)<input type="checkbox"/> Reassurance to allay anxiety and apprehension<input type="checkbox"/> Encouragement of temporarily deferred donor to return



	<p>for future blood donations after the defined deferral period</p> <p><input type="checkbox"/> Information on how to maintain a healthy lifestyle</p> <p>Example: Donor with low haemoglobin: refer to a healthcare institution for haematological investigation and further management, and provide information on nutrition</p>
<p>Donor with risk for TTI:</p> <p>a) Self-deferred</p> <p>b) Deferred temporarily or permanently during pre-donation counselling</p>	<p><input type="checkbox"/> Exploration of motivation for blood donation</p> <p><input type="checkbox"/> Explanation of the reason for deferral and information on the specific risk for TTI</p> <p><input type="checkbox"/> Clarification of the nature of the deferral (permanent or temporary)</p> <p><input type="checkbox"/> Encouragement of temporarily deferred donor to return for future blood donations after the defined deferral period</p> <p><input type="checkbox"/> Information on how to maintain a healthy lifestyle</p> <p>Example:</p> <p>Donor seeking to ascertain infection status: provide information on voluntary counselling and testing services</p>
<p>Donor who has experienced an adverse reaction during or after donation or has previously had a reaction to donation</p>	<p><input type="checkbox"/> Explanation of the reasons for the adverse donor reaction and the treatment given</p> <p><input type="checkbox"/> Information and advice on preventive steps to reduce the risk of adverse reactions, such as adequate fluid</p>



	<p>intake before donation, in the case of fainting during a</p> <p>previous donation</p> <ul style="list-style-type: none"><input type="checkbox"/> Assurance of care for donor well-being<input type="checkbox"/> Reassurance to allay anxiety and apprehension<input type="checkbox"/> Encouragement to return for future donations <p>Example: Donor with post-donation bruising or haematoma: explain why and how bruising occurred and the actions that the donor can take to reduce the bruising and pain. Discuss possible preventive measures against bruising during future donation.</p>
Donor with unusual red cell serology or rare blood group	<ul style="list-style-type: none"><input type="checkbox"/> Information and explanation of the nature and importance of the unusual red cell serology, such as an atypical red cell antibody, or a rare blood group<input type="checkbox"/> Advice to carry this information personally at all times <p>in case the donor ever needs a blood transfusion</p> <ul style="list-style-type: none"><input type="checkbox"/> Encouragement to return for future blood donations <p>and enrolment in the rare blood donor panel</p>