

Guidelines for the Blood Transfusion Services

3.1: Introduction

<http://transfusionguidelines.org/red-book/chapter-3-care-and-selection-of-whole-blood-and-component-donors-including-donors-of-pre-deposit-autologous-blood/3-1-introduction>

3.1: Introduction

All blood donors in the UK are voluntary non-remunerated donors. These guidelines relate to the collection of (a) whole blood and (b) components by automated apheresis. Their purpose is to:

- Ensure the safety of volunteer donors and the quality of collected components.
- Protect recipients of blood transfusions from adverse effects, such as transmission of infectious diseases or other medical conditions and unwanted effects caused by any medications taken by the donor.

They relate only to whole blood collection and the apheresis of healthy volunteer donors and not to the clinical use of cell separators for plasma exchange and other therapeutic procedures.

A medically qualified consultant must be ultimately responsible for the selection, health and welfare of the donors. He or she should ensure that all staff are appropriately trained and that clinical standards are maintained. Extreme care should be taken to ensure that undue pressure is not put on persons to donate. The criteria for selecting blood donors are laid down in the current Joint UKBTS Professional Advisory Committee's (JPAC) *Donor Selection Guidelines*.¹ These apply to donors of (a) whole blood and of (b) components (cells and/or plasma) collected by apheresis. Other than in exceptional circumstances (to be decided by a designated clinical support officer), donors for apheresis procedures shall meet the usual criteria for ordinary whole blood donations. First-time donors may give components by apheresis. Donors who will be giving platelets should have given at least one sample for mandatory infection screening within the last 2 years and at least 8 weeks prior to their platelet donation. In addition, the following criteria should be observed for apheresis donors:

- The minimum pre-donation platelet count must be $150 \times 10^9/L$.
- The predicted post-procedure platelet count must not be less than $100 \times 10^9/L$.
- Deferral periods for platelet donors following ingestion of drugs affecting platelet function (e.g. aspirin or non-steroidal anti-inflammatory drugs) should be in accordance with the JPAC *Donor Selection Guidelines*.¹

Guidelines for donors of pre-deposit autologous donations are outlined in section 3.16. The criteria for donors of tissues and stem cells are found in Chapters 20 and 22.

More detailed and frequently updated criteria are found in the JPAC *Donor Selection Guidelines*.¹ These form a constituent part of this chapter and must be consulted.