

Donor Haemovigilance

April 2026

The contents of this document are believed to be current. Please continue to refer to the websites for in-date versions.

Points of Care principles

This guidance has been developed by SACCSO and covers key aspects of donor care at session, giving an overall framework for good donor management, including measures to reduce the risks of donor adverse events such as vasovagal reactions.

It is provided for use as a training resource or as an aide memoire for staff at donation sessions.

Please note, this guidance has been written to be applicable across all four UK blood transfusion services, so procedures which may vary between individual services have not been covered in detail.

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Dr Jayne Hughes

Chair, Standing Advisory Committee on
Care and Selection of Donors (SACCSO)



Dr Stephen Thomas

Professional Director of JPAC

Lead authors

Julie Gardner Interim Head of Nursing, WBS
Lynne Wynne Senior Charge Nurse, Clinical Support Team, SNBTS
Gill Bulloch Senior Nurse Practitioner, NHSBT

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Update information

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1. Introduction

1.1. Scope

This document covers key aspects of donor care at session, giving an overall framework for good donor management, including measures to reduce the risks of donor adverse events such as vasovagal reactions. It has been written in an accessible format which can be used as a training resource or as an aide memoire for staff at donation sessions. The document also includes recent references evidencing some of the interventions that services have put in place to reduce vasovagal risk.

This document has been written to be applicable across all four UK blood transfusion services, so procedures which may vary between individual services have not been covered in detail.

1.2. Review of these guidelines

This document will be the responsibility of the SACCS. It will be reviewed every three years.

2. Principles

The Points of Care principles reflect active steps which services can take to reduce the risk of vasovagal reactions and related adverse events in blood donors. They should be implemented at every blood donation session.

The principles are:

- P** Pre-donation drinks
- O** Observation
- I** Information
- N** Nervousness
- T** Triggers
- S** Safety
- O** Obscuring
- F** Food
- C** Communication
- A** Applied muscle tension (AMT)
- R** Recovery
- E** Exercise

Each principle is detailed below with the basis for its recommendation.

For an overview of factors affecting vasovagal risk in blood donors, see Wu, 2024.

2.1. Pre-donation drinks

- Encourage all donors to drink at least 500ml of fluid over 5 minutes; no more than 20 minutes before donating for best effect.
- Distending the stomach helps to stabilise the vagus nerve and reduce the risk of vasovagal events.

Basis for recommendation: Goldman, 2021; Thijsen, 2021; Lewin, 2023; Meher, 2023; Van Remoortel, 2024.

2.2. Observation

- Position donors so that staff are able to maintain observation of each donor at all times.
- All donors' faces MUST be visible so that early signs of a donor looking unwell can be responded to immediately.

Basis for recommendation: SACCSO recommendation based on current practice.

2.3. Information

- Ensure all donors receive the relevant information leaflets to inform them of what to expect throughout the process, answering any queries they may have.
- Provide an explanation if delays are likely.
- Reinforce the importance of preparation prior to donation, especially for new or lapsed donors and for donors with a history of vasovagal reactions.
- Ensure relevant leaflets and contact numbers are provided post donation.

Basis for recommendation: Blood Safety and Quality Regulations 2005 (BSQR) and Red Book requirements.

2.4. Nervousness

- Recognise and respond to any signs of a donor looking anxious.
- Use distraction techniques. Applied muscle tension (see 2.10), music and chatting all help.
- If a donor is very nervous, it is safer for them not to donate as they are more likely to suffer a Donor Adverse Event (DAE). In this situation, a chat with a nurse is recommended.

Basis for recommendation: SACCSO recommendation based on current practice.

2.5. Triggers

- Feelings of anxiety, the sight of an unwell donor, a rebleed and physiological changes (reduced blood pressure) can all trigger a donor to feel unwell. By using all Points of Care principles, we can reduce these known donation risks.

Basis for recommendation: SACCSO recommendation based on current practice.

2.6. Safety

- Identify new donors and donors with a history of a previous adverse event at screening.
- Include fixed factors such as age, assigned sex at birth, weight and height.
- Use visual recognition systems to ensure that team members can easily spot a donor who requires extra attention.

Basis for recommendation: SACCSO recommendation based on current practice.

2.7. Obscuring

- By considering the clinic layout and donor flow, the possibility of donors seeing something that may stimulate an adverse event is reduced.
- Face waiting donors away from clinical activity where possible.

Basis for recommendation: SACCSO recommendation based on current practice.

2.8. Food

- If a donor has not eaten (what is normal for them), give relevant advice with an opportunity to grab a snack and drink before donating.
- Offering donors salty snacks may be beneficial in reducing vasovagal rates.

Basis for recommendation: SACCSO recommendation based on current practice; Goldman, 2021; Lewin, 2023.

2.9. Communication

- Provide a warm welcome and ensure all interactions are professional, friendly, calm and reassuring.
- Ensure donors concerns are responded to immediately, to reduce anxiety and prevent complications.
- Where a donor expresses verbal or non-verbal signs of pain or discomfort, ask the donor what they are experiencing and take immediate appropriate action, giving full explanations about the care that's being provided.

Basis for recommendation: SACCSO recommendation based on current practice.

2.10. Applied muscle tension (AMT)

Please note, techniques may differ between UKBTS.

- AMT exercises promote venous return from the legs, increasing the circulating volume, which may help to reduce adverse events. It is important that donors perform AMT exercise for the whole time they are seated in the donation chair. Staff should explain the technique used in each service. Give donors an AMT instruction card to read when they are seated comfortably in the donation chair.
- When any donor shows early signs of feeling faint, they should be advised to do AMT exercises to prevent worsening of their condition.
- Donors should also be advised to continue doing AMT exercises while recovering post-donation.

Basis for recommendation: Goldman, 2021; Meher, 2023; Thijsen, 2021; Wang, 2022.

2.11. Recovery

- Give a minimum of 2 minutes graduated recovery time in the donation chair to allow a donor to compensate for their donation.
- Close observation of the donor during post-donation ensures that early warning signs are responded to immediately. For unwell donors, extra rest in the appropriate chair position is given before being gradually inclined to the upright position. Unwell donors are never left alone. This includes being escorted to the toilet if required.
- Following donation, donors are offered plenty to drink and a choice of snacks.

Basis for recommendation: SACCSO recommendation based on current practice.

2.12. Exercise

- Donors must be fully recovered and well hydrated after any routine exercise. Avoid intense exercise immediately before donation.
- Donors are advised to avoid any strenuous activity or exercise after donating (especially where it is not usual for them).
- To reduce the risk of delayed faints, donors are asked to drink plenty of fluids and avoid heat (e.g. hot baths, saunas) and standing for long periods.

Basis for recommendation: SACCS recommendation based on current practice.

3. References

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