

Guidelines for the Blood Transfusion Services

20.3: Medical and behavioural history

<http://transfusionguidelines.org/red-book/chapter-20-tissue-banking-selection-of-donors/20-3-medical-and-behavioural-history>

20.3: Medical and behavioural history

The information noted in the following two subsections for living and deceased donors should be reviewed by the designated clinician who is familiar with the relevant standards in the field of tissue banking (see Chapter 19).

20.3.1: For living donors

Medical and behavioural history must be sought by appropriately trained professionals and in compliance with the following guidance.

- Information may be obtained from the donor by either face-to-face interview or by recorded telephone interview by appropriately trained Tissue Establishment staff. This must allow for the exclusion of lifestyle infectious risks. During interviews, a mechanism should be in place to ensure that confidentiality is maximised.
- The interview must be conducted while the donor is free from the effect of anaesthetic, hypnotic or narcotic medication. The donor must be mentally competent to give an accurate history.
- If the medical interview is not done at the time of admission for surgery, a system must be in place to capture any relevant medical and behavioural history changes that may occur in the interval between interview and donation.
- A standard questionnaire to elicit the medical and behavioural history must be used.
- Donors should be selected according to the regulatory requirements and *JPAC Donor Selection Guidelines*.³
- The completed questionnaire must be retained as part of the Tissue Establishment donor record.
- If considered necessary, and they are available, the medical records must be consulted to review the medical and behavioural history and the medical examination.

Further medical history may be sought, where appropriate, from:

- the general practitioner
- any other relevant medical personnel.

20.3.2: For deceased donors

The cause of death and the medical and behavioural history should elicit whether the donor meets the selection criteria outlined in the regulations and JPAC *Donor Selection Guidelines*.³ Modifications for the behavioural and medical history questions may be needed when accepting paediatric donors. Where the deceased donor is less than 18 months of age, or breast fed within the 12-month period prior to donation, the mother's risk for transmissible disease must also be evaluated. Information must be sought from the following sources by appropriately trained professionals and must be documented using a standard form:

- The donor's next of kin or other person identified as the most likely to be in possession of relevant information. This may not necessarily be the same person(s) as defined in the hierarchy of consent /authorisation.
- The medical notes if the donor was admitted to hospital prior to death.
- The general practitioner.
- The post-mortem (where one is undertaken). If no post-mortem is undertaken, the cause of death of the donor, as ascertained from the medical notes, must be documented in the Tissue Establishment donor record.

A record must be made of how the donor was identified (e.g. toe tag, wristband) and by whom.

The deceased donor's external appearance should be thoroughly examined at the time of retrieval. The appearance must be documented with respect to the donor's medical and behavioural history, including the presence of any obvious medical intervention, scars, tattoos, skin or mucosal lesions, jaundice, infection, trauma or needle tracks.

The date and time of death must be documented, and where applicable the time the body was refrigerated.