

Blood Donation (Transmittable Diseases) Plasma Donor Form 2018 (No 1)

Disallowable instrument DI2018–28

Approved form AF2018–2

made under the

Blood Donation (Transmittable Diseases) Act 1985, s 10(3) (Approved Forms)

1 Name of instrument

This instrument is the *Blood Donation (Transmittable Diseases) Plasma Donor Form 2018 (No 1)*.

2 Commencement

This instrument commences on 27 March 2018.

3 Declaration

I approve the attached Plasma Donor Questionnaire prepared by the Australian Red Cross Blood Service as an Approved Form. This form is to be used for donations of plasma; a blood component. This form is not to be used for whole blood donations.

Meegan Fitzharris MLA
Minister for Health and Wellbeing

20 February 2018

Plasma Donor Questionnaire

PRE-DONATION INFORMATION

Important information about how to help ensure a safe and comfortable blood donation experience.

Blood donation is very safe, but occasionally problems can occur during or after your donation. Remember, our staff are here to help you. If you have any questions or concerns, or you feel unwell, please ask for help from a staff member.

Feeling faint when you donate occurs about once every 45 donations. Fainting with loss of consciousness occurs even less frequently, about once every 750 donations. There is a risk of feeling faint or fainting for up to 8 hours after your donation. Here are some ways to help you minimise the chances of fainting.

BEFORE YOU DONATE

Eat a meal and drink at least three glasses of fluid in the three hours before your appointment. Please allow enough time for your appointment, including time to stay afterwards to rest and rehydrate.

FOR THE EIGHT HOURS AFTER YOU DONATE

- Keep up your fluid intake but avoid alcohol,
- Avoid standing for long periods,
- Avoid strenuous or hazardous activities, including jobs where public safety may be affected, for at least 12 hours. We advise you to check any employment or other safety requirements you may have. If you are still unsure, discuss this at your interview, and
- Stay cool and avoid overheating

IF YOU FEEL FAINT

- Lie down or sit with your head between your knees,
- Ask someone for help, and
- If you are driving, pull over, park, lay your seat as flat as possible and call for assistance. Please do not continue driving.

If you feel unwell after your donation call us on **13 14 95**

OTHER POSSIBLE COMPLICATIONS OF BLOOD DONATION

Small bruises can occur and generally resolve over a few days. Larger bruises, which may be uncomfortable, are less common, occurring about once every 300 donations and may take longer to resolve.

You can reduce the risk of bruising and bleeding by:

- Keeping your bandage on for two hours, and
- Not lifting or carrying anything with your donation arm (including lifting weights at the gym) for 24 hours.

If you experience bruising or bleeding call us on **13 14 95** to speak to a member of our medical team. Rare complications occur in one in every 1500 donations and include nerve irritation, local infection, the formation of a blood clot, or accidental insertion of the needle into an artery.

There are some people who **MUST NOT** give blood as it may transmit infections to those who receive it.

Should you become aware of any reason why your blood should not be used for transfusion after your donation, please call us on **13 14 95**. In particular, notify us immediately if:

- you develop a cough, cold, diarrhoea or other infection within a week after donating, or
- you are diagnosed or hospitalised with a serious infection within two months of donating.

TEST RESULTS

To ensure patient safety, the Blood Service tests your blood after a successful donation. If the tests reveal any significantly abnormal results, we will notify you using the contact details you have provided.

Thank you for donating.



PLASMA DONOR QUESTIONNAIRE

A staff member will enter your details below.

Donor name:

Donor ID number:

Date: , ,

1. Since your last donation have:

Comments (staff use only)

- any members of your family been diagnosed with a prion disease such as Creutzfeldt-Jakob disease?
- you injected drugs that were not prescribed by a doctor or a dentist?
- you had:
 - HIV?
 - Hepatitis B?
 - Hepatitis C?

Yes ☐ No ☐

2. In the last 12 months:

a. have you:

- been held in a:
 - prison?
 - lockup?
 - detention centre?
- received money, gifts or drugs as payment for sex?
- had sexual contact with anyone who has or had:
 - HIV?
 - Hepatitis B?
 - Hepatitis C?
- received money, gifts or drugs as payment for sex?
- ever injected drugs that were not prescribed by a doctor or a dentist?
- (Males only): had male to male sex (that is oral or anal sex) with or without a condom?
- (Females only): had sex (with or without a condom) with a man who you think may have had oral or anal sex with another man?

Yes ☐ No ☐

b. have you had sexual contact with a new partner who currently lives or has previously lived overseas?

Yes ☐ No ☐

PLASMA DONOR QUESTIONNAIRE (CONT.)

3. In the last 4 months have you:

Comments (staff use only)

- been injured with a used needle (needlestick)?
- had a blood / body fluid splash to eyes, mouth, nose, or broken skin?
- had body and/or ear piercing?
- had acupuncture (including dry-needling)?
- had a tattoo?

Yes ☐ No ☐

4. (Females only):

- Since your last donation have you been pregnant?

Yes ☐ No ☐

5. Since your last donation:

a. have you:

- been unwell (or are you feeling unwell today)?
- seen a doctor or any health care practitioner?
- undergone any tests/investigations?
- commenced any prescribed medicine or other treatments (except HRT, the pill or other birth control)?
- had a blood disorder?
- had an operation/surgical procedure including dental surgery?
- had chest pain/angina or an irregular heartbeat?
- been vaccinated?
- had a transfusion or injection of blood products?

Yes ☐ No ☐

b. Since your last donation, have you had hepatitis, jaundice, or been in contact with someone who has?

Yes ☐ No ☐

c. After your last donation, did you feel unwell, e.g. faint, nauseated, dizzy?

Yes ☐ No ☐

d. In the last week, have you had a gastric upset, diarrhoea, abdominal pain or vomiting?

Yes ☐ No ☐

e. What is your weight in kilograms?

kg

PLASMA DONOR QUESTIONNAIRE (CONT.)

HOW YOUR INFORMATION WILL BE USED

Your information will be:

- used to:
 - assess your eligibility to donate blood,
 - ensure the safety of both donors and recipients,
 - contact you for future donations, and
 - assist with research including improving the safety of transfusion and donation;
- treated as confidential and held in compliance with the Privacy Act 1988 (Cth), State/Territory health records legislation and the Blood Service's Privacy Policy (available on request).

HOW YOUR BLOOD WILL BE USED

Thank you for your special gift of blood.

Here's how your blood donation will be used:

- Most of the time, we'll use your blood donation to help people who are unwell. This may include the supply of plasma from your blood donation to CSL Behring who is contracted by the Australian government to manufacture plasma-derived medicines for Australians.
- Your blood donation may be used by the Blood Service or other approved organisations for the purposes of research, teaching and checking quality.
- We may supply some red cells from your blood donation for the production of red cell testing kits which are used by hospitals, pathology services and blood banks in Australia to assist in the correct matching of blood for transfusions.
- A part of your blood donation will also be stored in our Blood Sample Archive for possible future testing and research; samples that are no longer required will be destroyed.

Approval from an appropriate Human Research Ethics Committee is required before any research is undertaken on any part of your blood donation.

Occasionally we may ask you to undergo follow up tests which you have the option to decline.

DECLARATION

Please sign this declaration in the presence of a Blood Service staff member.

I, _____

Print full name

- agree for my donation to be used for the purposes set out above;
- have been provided with, read and understood "Important information about how to help ensure a safe and comfortable blood donation experience" and had the opportunity to ask questions;
- accept the risks associated with blood donation and agree to follow the instructions of Blood Service staff to minimise these risks;
- agree to notify the Blood Service if, after my donation, I become aware of any reason why my donation should not be used;
- declare that I have understood the information on this form and answered the questions honestly and to the best of my knowledge; and
- understand there are penalties, including fines and imprisonment, for providing false and misleading information.

Signature: _____ Date: //

Staff witness:

Print Full Name: _____

Signature: _____ Date: //