

16 DIRECTED DONATION POLICY

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16.1 General Information for Clinicians
Section 16
Transfusion Medicine Protocols
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16.1 GENERAL INFORMATION FOR CLINICIANS

This policy and procedure describes the circumstances, responsibilities and process involved in the provision of Directed Donations within WNHS.

It is the firm policy of the WNHS that Directed Donation is discouraged for the following scientific reasons:

- In terms of viral safety, Australia has one of the safest blood supplies in the world due to advances in viral testing and the use of a confidential and signed donor declaration to reveal high-risk activities (which carries a heavy penalty for false information).

INFECTION	RESIDUAL RISK WITH TESTED BLOOD PER UNIT TRANSFUSED * <i>Figures released December 2009</i>
HIV	Less than 1 in 1 million
Hepatitis C	Less than 1 in 1 million
Hepatitis B	Less than 1 in 1 million
HTLV	Less than 1 in 1 million
Variant CJD	Possible - not yet reported in Australia

- There is no evidence that blood from Directed Donors is any safer than blood from Anonymous Volunteer Donors attending the Australian Red Cross Blood Service (ARCBS). In fact, there is both anecdotal and published evidence to the contrary. A Directed Donor asked to give blood for a family member or close friend is often under significant pressure to donate and is therefore more likely to conceal a high-risk activity, which increases the risk to the patient.
- Non-viral risks, such as bacterial sepsis, haemolytic reactions, anaphylaxis, TRALI, etc, are not reduced by Directed Donation.
- Up to 1% of virology screens are ambiguous or give false positive results. It is standard practice to withhold the issue of Anonymous Volunteer Donor blood until secondary confirmation tests can be completed. Under a Directed Donation scheme, the blood is often required immediately and any delays in its release will require an explanation to the family. The statement that we have ambiguous serology results on a family member under these circumstances can be extremely distressing for all involved and unnecessary.

- There is a documented increased risk of fatal graft versus host disease (GvHD) in blood transfusions from donors who share HLA haplotypes with the recipient e.g. family members. Transfusion related GvHD has also been documented in immunocompetent recipients. This mandates the need to irradiate all Directed Donor Blood Products. Irradiation also greatly reduces the shelf life of red cell products. In contrast, Anonymous Volunteer Donations rarely require irradiation.
- The use of family Directed Donations must be avoided if the recipient may undergo a future haematopoietic stem cell transplant as there is an increased risk of graft rejection due to HLA sensitisation.
- ABO, Rhesus (D) and K blood group compatibility between donor and recipient is mandated before it can be used. However, this does not prevent the formation of antibodies against other red cell antigens. In particular, Directed Donation from a man to his wife or female de facto partner is not recommended as she may develop antibodies against her partner, which could seriously affect a current or future pregnancy and cause haemolytic disease of the newborn. This type of antibody can also develop as a result of pregnancy and can sometimes complicate the crossmatching of Directed Donations between women and their children or male partners.
- All Directed Donations that are not used are destroyed. This is a significant wastage of resources in terms of funds and staff time. It is ARCBS policy not to use Directed Donations for any other patient as they are considered to have a greater risk of transfusion-transmissible disease than Anonymous Volunteer Donations.

In summary, Directed Donor Transfusion Practice should be discouraged and the reasons for this made clear to the families involved. All current scientific data strongly supports the use of blood products from ARCBS Anonymous Volunteer Donors as best practice.

Additional Information on Directed Donations may be found on the Australian Blood Service Website at

http://www.transfusion.com.au/blood_basics/collection/directed_donation

DEFINITION OF TERMS

Directed Donation

A donation collected on the basis of patient preference from a selected donor who is known to the intended recipient. The most frequent scenario is that of a parent or close relative wishing to donate for a child.

Anonymous Volunteer Donation

A donation collected for the purpose of transfusion to unrelated patients as determined by the Australian Red Cross Blood Service (ARCBS).

Autologous Blood Transfusion

The collection of an individual's own blood for his or her transfusion needs.

Homologous Blood Transfusion

The collection of blood from one individual for the transfusion needs of another (this includes both Directed Donations and Anonymous Volunteer Donations).