SESSION MANAGEMENT OF DONORS FAILING PRE-WHOLE BLOOD DONATION HAEMOGLOBIN SCREENING

EFFECTIVE DATE	16 FEB 2026

Standard Operating Procedure NATS COL 060 07

1. INTRODUCTION

1.1 This SOP is based on the principles defined in the SNBTS Policy (NATP DON 07 007) 'Management of Donors Failing the Pre-Whole Blood Donation Haemoglobin Screen'. It adheres to the Blood Safety and Quality Regulations 2005 which state that the minimum allowable pre-donation haemoglobin levels are 125g/L for females and 135g/L for males.

1.2 Initial haemoglobin assessment relies on a test using capillary blood samples obtained by finger prick.

1.3 This SOP details the actions to be taken at the Donor Session when a donor fails the initial haemoglobin assessment.

Key Changes from Previous Revision
CR29019 updated document to explain how to manage a donor identified as a missed MAT who fails Hb screening. New sections 5.2.3 and 5.4.6 added. 5.4.4 slight rewording CR30007 – Full Document review complete – minor change to section 5.2.1

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This SOP includes references to the following documents:

Reference in text	
NATS MED 008	Donor Services Donor Selection Toolkit and GDRI
NATS COL 001	Registration of Donors and Printing of Donor Session Record
NATS COL 008	Procedure for Electronic Linking and recording additional information in eProgesa
NATS COL 029	Venous Sampling
NATS COL 031	Whole Blood Donation Checking and Transfer of Donations to Transfusion Centre
NATS COL 101	Use and Maintenance of Diaspect Tm, Capillary Sampling and Measuring Haemoglobin Samples
NATS COL 115	Recording Deferral Codes and Comments within eProgesa at Session
NATF 154	Clinical Information for DSCO Review
NATF 155	Donor Session Record/Donor Health Check
NATF 167	Home DSR
NATL 017	High Haemoglobin and Blood Donation
NATL 018	Low Haemoglobin and Blood Donation

Relevant other references	
Regulations:	Health and Safety at Work etc Act 1974 General Data Protection Act 2018 The Blood Safety and Quality Regulations 2005
Standards:	SNBTS/National Services Scotland Information Governance and IT Security policies.
Guidelines:	Guidelines for the Blood Transfusion Services in the UK 8th Edition
Other:	NATP DON 07 007 Management of Donors Failing the Pre-Whole Blood Haemoglobin Screen NATS QAD 047 Procedure for Completion and or Correction of Written Documentation NATS QAD 038 Reporting Quality Related Incidents NATF 119 Quality Incident Report Form NSS form Accident Incident Report (AIR)

2. HEALTH AND SAFETY

2.1 Observe health and safety instructions regarding:

- Electrical equipment
- DSE

This procedure involves handling human blood or blood components. Treat these as potentially hazardous, even if they have been tested, and found negative, for viruses known to be transmitted by transfusion.

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2.2 **COSHH**

2.2.1 Small blood spills refer to NATS COL 031 (Blood stain on DSR);
Larger blood spills require reprint of DSR refer to NATS COL 001

3. MATERIALS

3.1 The following materials are necessary for this procedure:

- Donor Session Record (DSR, NATF 155 or NATF 167 as appropriate)
- DS Toolkit (NATS MED 008) Haemoglobin results: Whole Blood
- Haemoglobin and blood donation (NATL 018)
- High haemoglobin and blood donation (NATL 017)
- Devices to access DS Toolkit (NATS MED 008)
- Devices to access eProgesa with handheld barcode scanners and external mouse.

4. STAFF

4.1 Only authorised staff may carry out this procedure.

5. PROCEDURE

5.1 Positively ID donor and check that the staff member who undertook the initial haemoglobin screen (if different staff member) has:

- Explained that the finger prick sample has failed the initial screening test
- Recorded the result on the DSR in “Hb Pass/Fail box
- Circled Fail as appropriate and initialled
- Recorded Diaspect asset number used in the “Hb analyser” box on DSR

Then:

Ask the donor for verbal consent for further testing by haemoglobin analyser using a venous sample.

Explain that depending on the result of a venous sample, a donation may be taken.

5.2 <u>Donor Refuses Venous Sampling</u>

5.2.1 If the donor refuses to have a venous sample taken or if a venous sample cannot be obtained, and donor does **NOT** require MAT Samples explain the need for a temporary deferral.

Follow actions in DS Toolkit, NATS MED 008: Haemoglobin results: Whole Blood - Low or high capillary result, no venous sample and record deferral code and

comments on DSR.

Advise the donor when they can return to donate

5.2.2 Enter deferral code and comments to donor record on eProgesa as per SOP NATS COL 115

5.2.3 If donor refuses Hb venous sample but was identified as requiring MAT samples during health screening, (e.g. previous Missed MAT), as well as completing actions in section 5.2.1, staff must also:

- Write comment on DSR MAT required next time
- Add comment 47 “MAT required next time” to eProgesa following NATS COL 115

5.3 Donor Agrees to Venous Sample

5.3.1 Take venous sample as per NATS COL 029 Venous Sampling.

5.3.2 Measure the haemoglobin concentration of the venous sample using the haemoglobin analyser and record result as per NATS COL 101.

5.3.3 Discard the venous sample in appropriate clinical waste.

5.3.4 Refer to DS Toolkit NATS MED 008: Haemoglobin results: Whole Blood Venous results for appropriate actions.

5.3 Venous Result is normal

5.3.1 Confirm to the donor that the sample has passed the second screen which means that they can proceed to donate. On the DSR;

- Circle P (pass) in the 2nd Hb box and initial
- Record the Hb analyser VS number

5.3.2 Staff will proceed to the feeder table and issue pack as per SOP NATS COL 026 – Management of Feeder Table and Facilitators Role

Staff will return to health screening booth with pack tray to complete the initial linking procedure as per SOP NATS COL 008.

5.4 Venous result is abnormal, and donor is unable to donate

5.4.1

- Circle F (fail) in the 2nd Hb box on the DSR and initial.
- Record the Hb analyser VS number.

5.4.2 Complete the appropriate SNBTS information leaflet NATL 018 Low Haemoglobin and blood donation or NATL 017 High haemoglobin and blood donation by:

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- Adding donor's details
- Noting the haemoglobin result
- Ticking the boxes on the leaflet to indicate if the result is from a capillary or venous sample
- Recording whether the result is higher or lower than normal
- Recording own name and signing leaflet

5.4.3 Give this leaflet to the donor, explaining that they are unable to donate on this occasion.

Advise the donor to see their GP if result is in 'low haemoglobin' or 'high haemoglobin' category.

- If in 'very low haemoglobin' category, refer to registered nurse.
- Advise the donor when they can return to donate.

In the event there are no NATL 018 or NATL 017 available, then please complete NATF 154 to refer the donor to DCSO. There is no requirement to routinely refer donor to DCSO.

5.4.4 On DSR, record relevant deferral code from DS Toolkit NATS MED 008, circle 'defer' and initial within the 'Accept / Defer box on front of DSR.

Add relevant Comment(s) on DSR as in DS Toolkit NATS MED 008 and initial.

5.4.5 Change phlebotomy type to 'L' (both low and high haemoglobin results) and enter deferral code and comment into eProgesa as per SOP NATS COL 115.

5.4.6 If donor is also identified as requiring MAT samples during health screening, which cannot be taken due to Low Hb (e.g. previous Missed MAT), staff must also

- Write comment on DSR MAT required next time
- Add comment 47 "MAT required next time" to eProgesa following NATS COL 115

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