

Blood and Tissue (Transmissible Diseases) Amendment Regulations 2010

Made by the Governor in Executive Council.

1. Citation

These regulations are the *Blood and Tissue (Transmissible Diseases) Amendment Regulations 2010*.

2. Commencement

These regulations come into operation as follows —

- (a) regulations 1 and 2 — on the day on which these regulations are published in the *Gazette*;
- (b) the rest of the regulations — on 4 July 2010.

3. Regulations amended

These regulations amend the *Blood and Tissue (Transmissible Diseases) Regulations 1985*.

4. Schedule 1 replaced

Delete Schedule 1 and insert:

Schedule 1 — Blood donor declaration

[r. 6]

There are some people in the community who **MUST NOT** give blood as it may transmit infections to people who receive it. So before you give blood we need you to answer some questions to ensure that it will be safe for people to be given your blood or blood products. The following questions are a vital part of our effort to eliminate these diseases from the blood supply.

Even though there are a lot of questions they are all important and you need to answer every question on the form honestly and to the best of your ability. Answering these questions honestly is important because **THERE ARE PENALTIES INCLUDING FINES AND/OR IMPRISONMENT FOR GIVING FALSE OR MISLEADING ANSWERS TO ANY OF THE QUESTIONS.**

All donations of blood are tested for the presence of Hepatitis B and C, HIV 1 and 2 (AIDS virus), syphilis and HTLV I and II.

Should your blood test be positive for any of these diseases or show a significantly abnormal result you will be notified.

DECLARATION

Thank you for answering the following questions.

If you are uncertain about how you should answer any of the questions please discuss your concerns with the interviewer.

You will be asked to sign this declaration in the presence of the interviewer once you have answered all the questions.

Please respond by placing a cross or a tick in the relevant box. Do not circle.

To the best of your knowledge have you:

1. In the last 12 months had an illness with swollen glands and a rash, with or without a fever? Yes No
2. Ever thought you could be infected with HIV or have AIDS? Yes No
3. Ever “used drugs” by injection or been injected, even once, with drugs not prescribed by your doctor or dentist? Yes No
4. Ever had treatment with clotting factors such as Factor VIII or Factor IX? Yes No
5. Ever had a test which showed you had Hepatitis B, Hepatitis C, HIV or HTLV? Yes No
6. In the last 12 months have you engaged in sexual activity with someone you might think would answer “yes” to any of questions 1-5? Yes No
7. Since your last donation or in the last 12 months have you had sexual activity with a new partner who currently lives or who has previously lived overseas? Yes No

Within the last 6 months have you:

8. Had a tattoo (including cosmetic tattooing), body and/or ear piercing, electrolysis or acupuncture? Yes No

Within the last 12 months have you:

9. Had male to male sex (that is, oral or anal sex) with or without a condom? Yes No
10. 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
11. Been a male or female sex worker (e.g. received payment for sex in money, gifts or drugs)? Yes No
12. Engaged in sexual activity with a male or female sex worker? Yes No

13. Been injured with a used needle (needlestick)? Yes No
14. Had a blood/body fluid splash to eyes, mouth, nose or to broken skin? Yes No
15. Been imprisoned in a prison or lock-up? Yes No
16. Had a blood transfusion? Yes No
17. Had (yellow) jaundice or hepatitis or been in contact with someone who has? Yes No

In making this declaration I understand that —

- as scientific knowledge advances, I may be asked to undergo further blood tests; and
- my donation is a gift, which may be used for therapeutic purposes and in some instances for the manufacture of diagnostic agents and research; and
- there are penalties, including fines and imprisonment, for providing false or misleading information.

I have also been advised by the interviewer that —

- there are some possible risks associated with donating blood; and
- I must follow the instructions of the staff to minimise those risks.

I hereby declare that I have answered the above questions honestly and to the best of my knowledge.

Donor's signature: _____	Witness' signature: _____
Print full name: _____	Print full name: _____
Donation number: _____	Category of authorisation: _____
	Date and time of declaration: _____

By Command of the Governor,

PETER CONRAN, Clerk of the Executive Council.