
HEALTH

HE301*

Health Act 1911

**Blood and Tissue (Transmissible Diseases)
Amendment Regulations 1999**

Made by the Governor in Executive Council.

1. Citation

These regulations may be cited as the *Blood and Tissue (Transmissible Diseases) Amendment Regulations 1999*.

2. The regulations amended

The amendments in these regulations are to the *Blood and Tissue (Transmissible Diseases) Regulations 1985**.

[* *Published in Gazette 8 February 1985, pp. 517-19.*

For amendments to 29 January 1999 see 1997 Index to Legislation of Western Australia, Table 4, p. 123.]

3. Regulation 6 amended

Regulation 6 is amended by deleting “the Schedule” and inserting instead —

“ **Schedule 1** ”.

4. Schedule replaced

The Schedule is repealed and the following Schedule is inserted instead—

“

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 truthfully and to the best of your ability. Answering these questions truthfully is important because there are severe 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.

<p>To the best of your knowledge have you: (please circle your answer)</p> <ol style="list-style-type: none"> 1. In the last 6 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" 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 	<p>Within the last 12 months have you: (please circle your answer)</p> <ol style="list-style-type: none"> 8. Had male to male sex? YES NO 9. Had sexual activity with a male who you think might be bisexual? YES NO 10. Been a male or female sex worker (e.g. received payment for sex in money, gifts or drugs)? YES NO 11. Engaged in sexual activity with a male or female sex worker? YES NO 12. Been injured with a used needle (needlestick)? YES NO 13. Had a blood/body fluid splash to eyes, mouth nose or to broken skin? YES NO 14. Had a tattoo (including cosmetic tattooing), skin piercing, electrolysis or acupuncture? 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
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Supplementary question/s: YES NO

If YES interviewer to note details:

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.

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 minimize those risks.

I hereby declare that I have answered the above questions truthfully

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

By Command of the Governor,

M. C. WAUCHOPE, Clerk of the Executive Council.