

HE301*

Health Act 1911

Blood and Tissue (Transmissible Diseases) Amendment Regulations 2012

Made by the Governor in Executive Council.

1. Citation

These regulations are the *Blood and Tissue (Transmissible Diseases) Amendment Regulations 2012*.

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 1 July 2012.

3. Regulations amended

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

4. Regulation 2A inserted

After regulation 1 insert:

2A. Regulations operate as local laws

Under section 343A of the Act, these regulations apply as if they were local laws made by each local government.

5. Schedule 1 replaced

Delete Schedule 1 and insert:

Schedule 1 — Blood donor declaration

[r. 6]

There are some people who **MUST NOT** give blood as it may transmit infections to those people who receive it. To determine if your blood or blood products will be safe to be given to people in need, we would like you to answer some questions. These questions are a vital part of our efforts to eliminate diseases from the blood supply.

All of the questions are important to answer. Answer each question on the form as honestly as you can and to the best of your knowledge. **THERE ARE PENALTIES INCLUDING FINES AND IMPRISONMENT FOR ANYONE PROVIDING FALSE OR MISLEADING INFORMATION.**

All donations of blood are tested for the presence of hepatitis B and C, HIV (the AIDS virus), HTLV and syphilis. If your blood test proves positive for any of these conditions, or for any reason the test shows a significantly abnormal result, you will be informed.

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

To the best of your knowledge, have you ever:

-
- | | |
|---|--|
| 1. Thought you could be infected with HIV or have AIDS? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. "Used drugs" by injection or been injected, even once, with drugs not prescribed by a doctor or dentist? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Had treatment with clotting factors such as Factor VIII or Factor IX? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a test which showed you had hepatitis B, hepatitis C, HIV or HTLV? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

In the last 12 months have you:

-
- | | |
|--|--|
| 5. Had an illness with swollen glands and a rash, with or without a fever? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

6. Engaged in sexual activity with someone you might think would answer "yes" to any of questions 1-5? Yes No
7. Had sexual activity with a new partner who currently lives or who has previously lived overseas? Yes No
8. 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
9. Had male to male sex (that is, oral or anal sex) with or without a condom?
(Females please tick "I am female") Yes No
I am female
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 imprisoned in a prison or been held in a lock-up or detention centre? Yes No
13. Had a blood transfusion? Yes No
14. Had (yellow) jaundice or hepatitis or been in contact with someone who has? Yes No

In the last 6 months have you:

15. Been injured with a used needle (needlestick)? Yes No
16. Had a blood/body fluid splash to eyes, mouth, nose or to broken skin? Yes No
17. Had a tattoo (including cosmetic tattooing), body and/or ear piercing, electrolysis or acupuncture (including dry-needling)? Yes No
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Thank you for answering these questions. If you are uncertain about any of your answers, please discuss them with your interviewer.

We would like you to sign this declaration in the presence of your interviewer to show that you have understood the information on this form and have answered the questions in the declaration to the best of your knowledge.

Your donation is a gift to be used to treat patients. In some circumstances, your donation may be used for the purposes of research, teaching, quality assurance or the making of essential diagnostic reagents (including commercial reagents). A part of your donation will also be stored 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 your donation or any part of it.

You may be asked to undergo further testing, which you have the option to decline.

Should you become aware of any reason why your blood should not be used for transfusion after your donation, please call us. In particular, if you develop a cough, cold, diarrhoea or other infection within a week after donating, please report it immediately.

I agree to have blood taken from me under the conditions above and —

- I have been provided with “Information about the risk of donating blood”. I have read and understood this information and have had the opportunity to ask questions. I accept the risks associated with donation and agree to follow the instructions of the staff to minimise these risks.
- I declare that I have understood the information on this form and answered the questions in the declaration honestly and to the best of my knowledge. I understand that there are penalties, including fines and imprisonment, for providing false or misleading information.

Donor

Surname/
Family name: _____

Given name: _____

Date of birth: _____

Signature: _____

Date: _____

Witness

Surname/
Family name: _____

Given name: _____

Signature: _____

Date: _____

Time: _____

Donation number: _____

By Command of the Governor,

N. HAGLEY, Clerk of the Executive Council.
