



MSF CH Staff Health Policy

Blood donation from International Staff

Vision

Because of multiple variables related to health and cultural aspect that can potentially endanger individuals and MSF, **blood donation from international staff should remain an exception.** No other organ or tissue transplant would be allowed from international staff in mission.

The staff health referents in the project, mission coordination and headquarters must all be informed of exceptional cases and only with their approval that the organisation can allow the blood transfusion of an international staff.

Values and Principles

We acknowledge that the health risk imposed in healthy individuals that donate blood is minimal if medical protocols are well applied, in the light of the benefit the receiver of this scarce product will obtain when correctly prescribed. Nevertheless, problems can occur especially if the initial assessment was not well performed.

The transfusion of blood is by definition an organ transplantation, and as such it incurs in possible health risks to the recipient such as anaphylaxis, haemolysis, sepsis, febrile reaction, etc., but also specific conditions due to volume overload and blood transmitted infections. Depending on the cultural perception, the individual who donated blood can be blamed for the negative consequences of the act, as so the organisation he/she represents.

Confidentiality is a priority to preserve the donor's integrity – unfortunately it is not fully possible in mission settings.

MSF should not actively ask for an employee to donate blood because of above mentioned risks and for the additional pressure to feel the duty to do so. Otherwise, individual requests coming from volunteers will be analysed according to the need of the patient, local context and medical fitness of the possible donor.

Criteria for exception

A blood donation from an international staff can be considered only in the exceptional cases where the following criteria are met and ensured:

- Appropriate prescription of the substance and urgent need based on assessment of candidate recipient's clinical condition and no access to other sources of transfusion

- Correct screening of blood and evaluation of the fitness of the donor and follow up of patient (using MSF Guideline as the standard)
- Personal demand from the candidate donor without any suggestion from the organisation to be a volunteer and full awareness about possible side effects of the procedure
- Consent given by the medical referents for staff health in the project and mission coordination, taking into account cultural aspects
- Confidentiality preserved within the donor and medical consultant

The staff health coordination in headquarters must be systematically informed about all acts of blood transfusion from international staff during missions.