

By e-mail

Dr A Rejman CA-OPU2

From: Sue Ryan SolC3

Date: 12 January 1995

Copy: Mr P Pudlo

Mr Guinness

Dr M Kavanagh

Importation of blood into the UK

1. Your minute of 8 January refers and I have discussed this with Miss Lester of SolC5 as well, as her branch advises the MCA.

2. The question of whether or not blood coming into the UK in the circumstances described by Dr Rolfe requires an import licence is one to which it appears we do not know the answer, but in the circumstances described, I accept it might be seen as analogous to travelling with one's own medicine for in-flight use.

3. Dr Rolfe appears to have been told two things by British Airways' administration, firstly that blood products were not allowed to be taken on board and secondly that the UK would require an import licence.

4. I do not understand why we should be advising him of our views when he has not established accurately with BA their own views as to why blood could not be carried. That is, why exactly did BA who did not allow it? It can hardly have been to do with the fact that there was no import licence, as this would be a matter between the passenger and the UK's Customs & Excise on arrival.

5. I think it highly likely that concealed in the refusal based on the red herring of import licences, was probably a genuine company policy on the part of BA that the safety problems associated with a bag of blood available for, or used in-flight were serious. How could they be sure that the blood was itself safe, if the bag were punctured for example? The fact that a doctor had certified it so is meaningless from their point of view, unless it was their own doctor. They have the potential health risks to their crew and passengers to consider and I think it likely that this is in fact why they refused.

6. I do not see how we could ever properly offer advice in this area, let alone the "authoritative statement" requested as to the DH view. We can not know the circumstances of any particular case in advance, nor the competence or otherwise of the medics involved and if we do offer what appears to be confirmation that the practice is acceptable, then if something goes wrong we are in great difficulty.

7. Dr Rolfe has not dealt with the issues surrounding the disposal of an unused unit of

blood. How could we make sure from this end that a patient travelling with a unit which remained unused made arrangements for disposing of it properly? If the patient retained it and used it after his arrival this would also breach all our protocols.

8. I therefore think that the second and third paragraphs of your draft need to reflect the fact that we are not in a position to offer an authoritative statement. Further, Dr Rolfe should be advised to obtain "chapter and verse" from BA as to the reasons for refusal if he wishes to be able to send blood with a patient again.

9. Happy to discuss of course.

Sue Ryan

SolC3

473 NC

GTN ☐ GRO-C

x ☐ GRO-C