MINUTES OF SERIOUS HAZARDS OF TRANSFUSION WORKING GROUP

FOURTH MEETING - WEST END DONOR CENTRE 12 JULY 1995

Present: Dr Lorna Williamson - (Chair)
Dr Elizabeth Love
Dr Brian McClelland
Dr Pat Skacel
Kate Soldan
Dr Audrey Todd
Professor Alan Waters

1) Apologies:

Apologies were received from Dr Tony Napier, Dr John Barbara, Dr Philip Mortimer, Dr Derek Norfolk.

2) MINUTES OF THE MEETING - 19 APRIL 1995:

There were no corrections.

3) MATTERS ARISING:

3.1 Reply from Dr J Metters, Deputy CMO.
Still awaiting reply.

ACTION - AR

3.2 Review of CEPOD:

Dr Williamson tabled some notes of her telephone conversation with Mrs E A Campling, Chief Executive. It was noted that this is quite a large organisation which has been running for seven years and is based at the Royal College of Surgeons with representatives from ten organisations. This group has a large remit and there is annual feedback in person to hospitals. It was agreed that this would be a very useful model on which to base the work of the SHOT group and Dr Williamson will ask Mrs Campling to attend a future meeting of the group.

ACTION - LW

3.3 Involvement of RCP/RCPath Red Book Committee

Both the Royal College of Physicians and the Royal College of Pathologists had expressed interest and offered assistance with accommodation. Reply had been received from Dr Wagstaff who confirmed that the group should be independent of the NBA. He favoured attachment to the Royal College of Pathologists. It was not clear how the group would fit into the Red Book structure which exists to deal mainly with the manufacturing practice rather than clinical practice relating to blood components. Dr Wagstaff's suggestion that the Chair of SHOT should sit on the Components SAC was not felt to be the best solution. However, an annual report to the "Red Book" Executive would be appropriate.

After some discussion the following was felt to be the way forward.

a) Establish a National Steering Group ("National Hospital Transfusion Committee") with representative from various bodies to include BSH, BBTS, IMLS, Nursing, Anaesthetics, Obstetrics, Physicians, Pathologists, Surgeons, Paediatricians and Midwives. This would be a free-standing group in a similar manner to CEPOD. Depending on the success of this Steering Group funding could be sought via the various representative bodies in the future.

ACTION - LW TO WRITE TO VARIOUS BODIES TO SEEK OPINION AND NOMINATIONS.

b) Initial funding would be required to enable a pilot study ? for two years followed by formal review. It was agreed that funding should not come directly from the NBA but should be sought initially from the DOH.

ACTION - LW to write to Dr J Metters.
AT/BMcC to approach Scottish Health Department
AT to look into N.Ireland situation.
AN to ascertain Welsh Office view.
LW to approach Dublin/Cork to ascertain interest.

c) After some discussion it was agreed that the Royal College of Pathologists would probably be the most appropriate place for the group to be based and will also have representation on the Steering Group.

d) A loose connection with the Standing Advisory Committee on components would be maintained for the time being via Dr Brian McClelland.

ACTION - B.McC

4) PHLS/CDSC SYSTEMS FOR REPORTING VIRAL TRANSMISSIONS

Comments were invited on draft documents and forms for post transfusion infection surveillance which have been prepared by Kate Soldan in consultation with John Barbara.

It is intended that these forms be used by Transfusion Centres to report to PHLS/CDSC.

After much discussion it was agreed that there is a need to increase awareness of post transfusion viral infection and this might be accomplished by including a section on the main hazard report form whilst emphasising that details of such incidents must be reported to the local Transfusion Centre in the first instance.

ACTION - AT

Kate Soldan will circulate the draft documents to all Transfusion Centre staff responsible for reporting post transfusion infection and will invite suggestions and comments.

ACTION - KS

5) PROPOSED SYSTEM FOR REPORTING OF BACTERIAL INFECTIONS

Dr Napier's draft document was discussed and it was agreed that Kate Soldan should translate it with any additional comments into SOP format. All agreed that this would be a valuable document which could be disseminated quite rapidly via zone QA groups to local hospitals and transfusion centres.

ACTION - ALL TO SEND COMMENTS TO KS.

There was considerable discussion on the appropriate reporting format for bacterial infections and it was finally considered that such incidents should be reported in the notification of severe adverse reactions form whilst emphasising that this type of incident must be reported to the local transfusion centre for full investigation. Dr Todd will modify form.

ACTION - AT

6) PROPOSED SYSTEM FOR REPORTING OF NON-INFECTIOUS HAZARDS:

There was again considerable discussion on the following topics:

a) Reporting direct to Transfusion Centres versus confidential reporting to Co-ordinators. It is important that relationships between local hospitals and their Transfusion Centres should not be undermined in any way and the procedure adopted must ensure that appropriate investigation of the adverse event is not hindered as a result of by-passing the Transfusion Centre.

At the same time it is essential that a confidential mechanism exists for incidents not involving the Transfusion Centre and which hospitals may not wish to divulge locally.

It is emphasised that the purpose of the notification form was not to replace existing mechanisms and that this would be made clear on the form.

b) Anonymising data:

After further discussion the original plan to anonymise data at screener level before central data entry would be followed. This means that during the pilot study it will be necessary to conduct some follow-up of selected incidents in order to gain useful information.

Therefore, it was agreed that a check-list would need to be provided for the screeners for each type of incident. Members were asked to send ideas for each category to Dr Williamson.

ACTION - ALL

7) PROPOSALS FOR START-UP:

It was agreed to discuss in more detail arrangements for launching the reporting systems at the next meeting. A BMJ editorial was one suggestion and preliminary publicity via a short presentation at the forthcoming BBTS/Scotblood meeting was suggested.

ACTION - BMcC/AT

It was agreed that the scheme should commence as a pilot study for approximately two years to be reviewed at regular intervals. It should be fairly simple to begin with in order to encourage reporting but it will be necessary to conduct some follow-up during the pilot in order not to loose valuable information when records are anonymised.

8) DATE OF NEXT MEETING:

Wednesday, 6 September 1995 - 11.00 am - West End Donor Centre

GRO-C

EML/MB
25 July 1995