

0242

IN CONFIDENCE

## SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE

Minutes of a meeting of the Directors Co-ordinating Group  
held in the HQ Unit on 10 November 1987

## Present:

Professor J D Cash (In the chair)  
Miss M Corrie (Secretary)  
Dr E Brookes  
Dr D B L McClelland (except item 7)  
Dr R Mitchell  
Dr R J Perry  
Dr W Whitrow

## 1. INTRODUCTION AND APOLOGIES FOR ABSENCE

Action

There were apologies from Dr Urbaniak, Dr Morris McClelland and Mr Francis.

## 2. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 18 August had been circulated and the following amendments were agreed:

a. Plasmapheresis machines (3a (ii))

The second last paragraph to read as follows:

"It was agreed that Mr Francis should continue to pursue a discount offer by Travenol for the Hemascience machine and to enquire about an offer from Haemonetics to provide machines free of charge, given a minimum monthly order for disposables".

The other proposed amendments were not accepted.

It was noted the minutes of the meeting of 20, 27 and 28 October would follow shortly.

## 3. MATTERS ARISING

a. AIDS

i. Look-back procedure: JDC said it was now clear that Dr Tim Wallington's study was to be an on-going exercise. It was agreed that the Scottish study could be dropped. The Scottish Directors agreed to ensure that they were contributing to the Wallington study.

TDs

ii. Donor interviewing: Dr McClelland would circulate data from the informal study in his centre which he had described at the previous meeting.

- iii. **Leathar survey of donor-exclusion publicity material:** MC Action  
explained that the series of in-depth group interviews would begin shortly and that provisional findings would be available in mid-February.

Miss Corrie to ensure that Mr Armour kept Dr Mitchell informed of what was happening. MC

- iv. **AIDS antibody positive donors:** The current position was as follows:

North	2
North East	nil
East	4
South East	13
West	8
Northern Ireland	3

- v. **Donor attendants' concern about HIV:** The Directors considered a letter from Dr Hewitt (Deputy Director, Edgware) to Dr Gunson and comments which Dr Crawford had made.

Each Director in turn described the position in his/her centre, as follows:

East: Staff use gloves at the stripping table and in attending to any donor who has a re-bleed

SE: Gloves available to staff who want them (about one half wear them) and compulsory for haemoglobin estimation and at the stripping table.

West: Compulsory at the stripping table. Staff with lesions on their hands were put on to duties not involving contact with blood and a glycerol-methyl alcohol mixture was available for use between donations.

North: Gloves worn compulsorily at the stripping table and by medical officers and sisters as well as by staff with lesions on their hands.

(Secretary's note: Dr Urbaniak later reported on the following:

NE Gloves worn compulsorily at the stripping table and at Hb estimation not encouraged in the donor bleeding area of routine sessions.

Dr Perry felt there was a need for a well-defined policy to apply outwith the donor area and said in the PFC staff wore gloves for working with pooled plasma.

Directors agreed that existing practices across Scotland were very similar and acceptable and that the CSA's Occupational Health physician should not be invited to discuss the matter

at donor centres meantime since this might have a counter-effect on the donor recruitment campaign. Action

- vi. EAGA guidelines on ELISA positive, WB negative donors:
- vii. Repeatedly ELISA positive, WB negative donors: These two items were taken together. The flow chart agreed by the Scottish Directors provided that donors who were repeatedly ELISA positive and WB negative should be regarded as biological false positives and the donors counselled (advised that no further donation should be given and not recalled). This was in line with paragraph four of the EAGA recommendation. In considering the EAGA recommendations the Directors agreed that donations from donors who were repeatedly antibody positive in RTC tests, not confirmed by the reference centre should not be used for therapeutic purposes but that counselling should be left to the discretion of the Transfusion Directors and Senior Staff in the centres. The Directors recognised that in doing so they must consider what to do if the donor gave blood elsewhere (covered in paragraph five of the EAGA recommendation). The Directors recognised they could not implement paragraph five until there was a comprehensive donor computer network in Scotland but that they should make their best efforts meantime, including have team staff ask donors about previous donations.

RTDs

Miss Corrie to amend flow chart and issue it to the Directors for their confirmation that it represented the new agreement.

MC

- viii. Circulating information about high risk donors: It was agreed not to proceed meantime towards this but to address on a future occasion whether such a procedure should be built into the SNBTS computer network.

MC

- ix. Follow-up of donors apparently carrying HIV antibodies: Dr J M Forrester's letter of 28 October to JDC had been circulated. Dr Forrester said the DHSS had received legal advice that when a donor failed to respond to a letter inviting him to attend for further investigation of a positive antibody test a "recorded delivery" letter should be sent followed (if there was no response) by a visit to the address. Those Directors present explained that they used recorded delivery but would not normally make a visit (secretary's note: Dr Urbaniak explained later that he had not encountered the situation yet but that he would not make a home visit).

It was agreed that JDC should tell Dr Forrester that at the present time the Directors did not visit donors routinely nor did they feel it should be part of a standard operating procedure.

JDC

- x. HIV 2: JDC said there was nothing further to report except that it had been noted from a recent study that the current test for HIV was detecting HIV 2 antibody positive donations.

- xi. HTLV I: Dr McClelland to circulate a note of a recent meeting at the PHLS on HTLV I epidemiology. Dr Mitchell to circulate Dr Robert Crawford's note of the same meeting.

Action

BMcC/RM

b. Scotblood

- i. 1988: To be held on Saturday 26 March at Jordanhill College, Glasgow.

- ii. Attendance by Non-BTS staff: Mr A Blue (Principal MLSO, Monklands DGH) had written to JDC recommending that Scotblood should be open to appropriate participants from outside the SNBTS.

The Directors generally welcomed the proposal and asked Miss Corrie to instruct the Organising Committee to make some provision for non-SNBTS staff as day-attenders only. They should divide the number of places available pro rata amongst the regions and give the numbers to their regional Directors who would decide whom to invite and notify the Organising Committee through their representative. This to apply in 1988 if practicable.

MC

c. Development of a national programme for QA:

It was noted that Mr Archie Barr (West Scotland) had been accepted to serve both on the QA and Microbiology Advisory Groups.

d. Surrogate testing for NANB

It had been agreed at the previous meeting to ask Dr Cuthbertson's Microbiological Validation Group to propose how the SNBTS should examine the available technology. The group had met once (before viewing the technology at BTS Law) and were due to meet again in December. The Directors agreed as follows:

**ALT TESTING:** The group to reconsider to what extent it was necessary for every centre to be involved in evaluating the technology and to report on the matter by 31 March 1988. The Directors agreed that the financial year 1988/89 should be spent in experimentation and evaluation of high ALT levels but that positive donors should not be deferred meantime. Miss Corrie to draft a letter to Dr Cuthbertson for JDC to sign.

MC/JDC

**Anti-core testing:** It was agreed not to proceed until the report on ALT testing had been received.

Actione. Blood bag purchases: Tear down packs

- i. Scottish trial: Dr Perry reported that he had now trialed filled Tuta and Biotest and Travenol packs and that the manufacturers had undertaken to provide large quantities of the packs between now and April 1988. The centres could therefore participate in trials in financial year 1988/89. Cutter were designing a tear-down machine to replace the PFC's prototype. Dr Perry to ask a member of his staff to contact those Directors who had blast freezers to ensure that they were provided with the correct pre-formers.

RJP

- ii. Purchasing specification: Dr Perry tabled a draft specification for tear-down packs which he had sent to Dr Hopkins of West Scotland for comment. It was noted that Dr Urbanlak was a member of the British Standards Group on blood bags.

Directors agreed to take the draft specification to their centres and comment to Dr Perry who would report to a forthcoming meeting at which the Directors would decide whether or not to use this as a working specification for ordering purposes.

RJP/TDs

f. Clydebank Hospital

There was nothing new to report and it was agreed the time to contact HCI about servicing the hospital would be once donor attendances had improved.

4. BTS SUB-COMMITTEE 11 NOVEMBER 1987

The agenda was discussed and following main points made:

a. Courses and conferences

Directors agreed that any visit which was not clearly a course/conference would be regarded as a duty journey and there would be no need to report it to the BTS Sub-Committee.

TDs

b. Strathclyde Hospital

JDC would raise at the BTS Sub-Committee the matters of whole blood and directed donations.

5. CIRCULATION OF MINUTES OF CO-ORDINATING GROUP TO CONSULTANTS

The Directors agreed that Miss Corrie should issue minutes of the Co-ordinating Group to consultants for information only at the same time as she circulated them to the Directors.

MC

# 6. GUIDANCE FOR THE SELECTION, MEDICAL EXAMINATION AND CARE OF BLOOD DONORS Action

Dr Brookes explained the position and agreed to send the document as it stood to Directors on 16 November.

EB

## 7. ANTI-D

### a. Guidelines for immunisation of volunteer donors

### b. Antenatal Prophylaxis trial

Both deferred till Dr Urbaniak could be present.

### c. The use of anti-D in the Treatment of ITP

The Directors discussed a proposal from Dr Robert Crawford and Dr Perry and agreed that it was acceptable in principle and that JDC should ask for a properly documented proposal.

JDC

## 8. PFC PRODUCTS

### a. Crystalloid Supply

- i. Saline: Dr Perry had written to the Directors that it was not economic for the PFC to make saline in the small amounts ordered by the Transfusion Centres. The Directors agreed that PFC should instead purchase the product commercially and issue it to Directors. This would be for internal SNBTS use only. Dr Perry would continue to supply LISS.

RJP

- ii. Sterile distilled water: The PFC were issuing between 5,000 and 6,000 packs a year and Dr Perry was uncertain as to how the centres used it. It was agreed that PFC should withdraw the product and that anyone requiring high sterile distilled water could ask for it in vials explaining what they would use it for.

RJP/TDs

It was noted that pyrogen testing at West Scotland BTS would no longer be needed for the above products.

RM

### b. Release/recall of finished product and intermediate materials with possible viral contamination

Dr Perry had written on 1 September to the Transfusion Directors concerning the PFC's standard operating procedure, which was more severe than those operated in the commercial sector. Dr Perry undertook to bring to the Directors a revised SOP.

RJP

Actionc. Anti HBs and anti HBc in PFC Immunoglobulin products

Dr Perry tabled the above paper written by Dr Bruce Cuthbertson. The Directors agreed that there was a need to enhance the PFC's normal immunoglobulin to the FDA standard. Dr Cuthbertson's recommendation was to add HB/lg to each batch of immunoglobulin product and the Directors asked that he should consider other options than that, for example adding a few donations of high-titre plasma to a batch.

RJP

The other recommendations in the paper concerned anti-core screening and were not therefore relevant given the decision on this testing earlier in these minutes.

## 9. CLINICAL TRIAL PROPOSALS

a. Intravenous immunoglobulin in fulminant meningococcal septicaemia

Directors considered a protocol submitted by Dr Robert Crawford on behalf of Dr Charles Skeoch of the Royal Hospital for Sick Children in Glasgow. They agreed to allow the BTS Intravenous Immunoglobulin Group to proceed (provided they felt this was an appropriate use of the material).

JDC

b. Study on ITP etc (AOCB)

Dr Robert Crawford had submitted to Dr Cash on 23 April a proposal for widening the study of the use of ITP in connection with a licence variation for the PFC. The Directors approved the proposal (further copy attached) except for F VIII antagonists where the Directors reserved the right to consider the matter further. Miss Corrie to draft a letter for JDC to send to Dr Crawford.

MC/JDC

## 10. VACCINATION AGAINST HEPATITIS B (AOCB)

The CSA Management Committee had decided (12.1.87) to offer active immunisation to these groups of staff of the Agency (approx 800 in the case of SNBTS) "who could be considered at risk of contracting hepatitis B in the course of their employment". Directors would know to which staff this applied in their Centres. Dr Sharp appeared to have taken a restricted view in a letter to Directors but the number approved by the Management Committee reflected the true position.

Dr Sharp was proposing a booster five years after the first vaccination. It was noted that he was planning to have a medical officer in each city or area in which there is a CSA unit.

After discussion it was agreed that questions about the vaccination its efficacy and occupational health repercussions should be answered by Dr Sharp and that Directors should direct their staffs questions to Dr Sharp accordingly, also inviting him if appropriate to the Centre to explain matters personally.

TDs

Action

## 11. DONOR ATTENDANCES (AOGB)

Miss Corrie tabled a copy of her memo of 10 November to Dr Cash outlining the proposals being made by the RDOs and herself to restore donor attendances to their 1983 level (remit from Co-ordinating Group).

The Directors agreed to meet again at the HQ Unit on 18 November to consider these proposals. They would consider also recommendations about donor deferrals and the conduct of sessions to make to the meeting on 9 December which Miss Corrie was convening. The purpose of this (originally intended as a study day on outstanding issues from the first Leather Report) would now be an action meeting to make proposals to the Directors. The latter would nominate more staff to attend it and Miss Corrie would seek these nominations by letter. MC/TDs

## 12. DATE OF THE NEXT MEETING

Tuesday 15 December (extra).