

Witness Name: Lorraine Campbell
Statement No.: WITN0894001
Exhibits: [WITN0894002]
Dated:

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF LORRAINE CAMPBELL

I, Lorraine Campbell, will say as follows: -

1. I am Lorraine Campbell, my professional address is the Northern Ireland Blood Transfusion Service Headquarters, City Hospital Complex, Lisburn Road, Belfast BT9 7TS. My date of birth is GRO-C 1959.
2. I commenced employment at the Northern Ireland Blood Transfusion Service on 5 September 1977.
3. My current job title is a band 3 Donor Session Assistant. I recall that this was formerly referred to as a Donor Attendant. This role includes:-
 - interviewing donors for giving blood;
 - performing haemoglobin tests;
 - taking blood samples from potential donors with low iron;
 - taking blood samples from those that have been abroad;
 - sitting with the donor during the donation session, after the Senior Nurse has placed the needle;
 - providing refreshments and care to donors during and after donation sessions, including those who take reactions to donating, for example fainting etc.

I am not and was not at any point part of the management structure of NIBTS and therefore was not part of any discussions which may have occurred with respect to policy on blood donations at prisons.

4. I am aware that NIBTS had blood transfusion sessions in prisons as far back as 1957 from discussions with colleagues. I personally attended blood donation sessions in prisons since I started my role in 1977.
5. To the best of my recollection, we attended the following prisons to hold blood donation sessions:-
 - Magilligan
 - Long Kesh
 - Hydebank
 - Millisle Borstal
 - Crumlin Road Prison
6. The NIBTS started sending me to take blood in prisons when I started my job in 1977. My first blood donation session in my role took place in Long Kesh. The prisons that I attended during blood donations sessions were:-

- Magilligan
 - Long Kesh
 - Hydebank
 - Millisle Borstal
 - Crumlin Road Prison
7. The standard routine for a blood donation session in prison was as follows. A rigorous security check was carried out before we were allowed to attend on site. We had to do the same normal security check as everyone else when we arrived at the prison. We were searched every time we attended prison. We were not allowed to bring handbags in but we were allowed a pen. No cigarettes or money, for example, or anything that could be used as "bartering material" for prisoners was allowed into the prison. We were not aware of who was going to be donating blood before we arrived. At the session, NIBTS office staff took down the donor's name. Another NIBTS member of staff then carried out a health check. Donors were asked standard questions, such as what medication they were taking, whether they had any heart, chest, tummy trouble or high blood pressure etc. The donor was then escorted by a prison officer to the bed and the Doctor put the needle in to take blood. A donor attendant remained with the donor. At the end of the donation, three samples were taken and sent to the labs for testing. From my recollection, we tested then for blood group and sexually transmitted diseases. I cannot at this departure in time recollect what specific diseases were being tested for. A prison officer stood at the bottom of each bed and other security were there. We were not allowed to ask any questions of prisoners such as what they were in prison for but we were allowed to casually converse. After donating blood, donors were offered refreshments and then they were escorted back to their cells. To the best of my recollection, a session roughly lasted from 10 in the morning until 4:30 in the afternoon, this is inclusive of breaks. Around 6 donors donated blood at the same time. I roughly estimate that 90 donors would attend a session. My recollection is that donors at the prison included prisoners, prison office staff, army personnel, prison officers and civilian staff in general.
 8. Around 12 NIBTS staff visited a prison during a normal donation session. This included one driver, one doctor who bled the donors, two office staff who carried out clerical duties, a team leader who was in charge of the donor attendants and the rest were blood donor attendants. A donor attendant sat beside the donor whilst they were giving blood, removed the needle, put plasters on the blood donation site, dressed their arm, offered refreshments and ensured the donor was feeling ok.
 9. We did not attend prisons on a regular basis because of the on-going Troubles. My recollection is that we attended Magilligan Prison about 3 times per year. The other prisons mentioned were attended one to three times per year, depending on circumstances. There was no set pattern. There was only a small group of NIBTS staff who attended prison donation sessions because of the security checks necessary. I would say roughly 60 -90 donations occurred during each session.
 10. I have no recollection of the number of prison staff who would donate blood during a session, or the ratio of prison staff in comparison to prisoners who donated blood.
 11. I recall that some donors who attended sessions in prisons, attended in their own clothes (this included some prisoners) so I was unaware of what their status was. I am aware that army staff and police officers donated blood as well as prison staff.
 12. NIBTS kept track of blood donations through cardexes. Each donor had a cardex.

13. I attach hereto five copy cardexes under exhibit number [WITN894002].

A)

- Yellow cardexes were used for A blood groups;
- Blue cardexes were used for O blood groups;
- Pink cardexes were used for B blood groups;
- White cardexes were used for AB blood groups;
- Buff cardexes was used for first time donors.

B) The information recorded on the cardex was as follows:-

- the donation centre;
- the donor's name and address;
- the donor's blood group;
- whether the donor had jaundice;
- their medical history;
- a list of medical questions (please see exhibit [WITN894002]);
- whether the donor was well after the donation session, for example if they were faint etc;
- the donor's GP.

C) Office staff recorded donor's name, date of birth, address and asked whether they had jaundice. A donor attendant would then complete the medical questions and carried out deferrals after speaking to the Doctor if a donor was not suitable. The Doctor sometimes would have completed the medical questions if necessary.

D) We carried out a haemoglobin test on every donor, their blood was dropped into copper sulphate and the relevant number recorded on the cardex. If a donor was found to have low iron, they were deferred from donating blood and samples were sent for testing. The donor's medical history was recorded on the cardex. After the medical questions, any issues which arose were recorded in the "remarks" section.

E) The Doctor who placed the needle is identified on the cardex in the "M.O" (medical officer) section, but the individual donor attendant who sat with the donor while their blood was taken was not recorded.

F) There was no way of identifying from the cardex whether the blood donor was a member of staff or a prisoner.

14) I believe that prisoners wanted to donate blood in order to have something different to do. I am not aware of any policies or incentives that were in place at the time that encouraged them to do so.

15) We took three blood samples from donors which were checked in the labs from the time I started in 1977. I have referred to this at paragraph 7 above. Donors were medically screened by being asked questions by senior donor attendants at that time.

16) To the best of my recollection, blood donation sessions in prisons stopped in and around 1983-1985.

17) To the best of my knowledge, blood donation sessions stopped in prisons because of security risks.

18) I have no other issues to comment on at this time in relation to the issues before the
Infected Blood Inquiry.

Signature

Statement of Truth

I believe that the facts stated in this written statement are true.

Signed GRO-C

Dated 13/2/20