

Draft Technical Requirements for blood and blood components

Response Form

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General remarks

The Draft is welcome, as there is a definite need to have the foundation for the legislative work in the Member States for the implementation of the Directive.

The design of the Draft Technical processing requirements for blood and blood components highlights the discussion on which requirements should be legally binding, and which requirements fit better as recommendations/guidelines. Obviously, the Draft contains a mixture of requirements suitable for a legally binding document (directive with annexes), recommendations/guidelines, and SOP:s in a local blood establishment. A few paragraphs are out-of-scope. Our firm position is that it is principally very important to include in a Commission Directive only those paragraphs, which define the basic requirements for quality and safety of blood and blood components. More detailed paragraphs, especially those stating how to perform a task, will serve the quality and safety of transfusion medicine and its services much better in Recommendations/Guidelines and in local SOP documents.

Legally binding requirements, especially when applied to transfusion medicine, should be evidence based and indisputable, and be given as a framework defining the quality and safety level that has to be reached. The importance of Recommendations/Guidelines is that they may present more detailed advice on how the good quality can be achieved and maintained. However, they are not necessarily based on indisputable evidence. Instead, they are often decided by a Committee as "best practice", and alternative methods may be used if carefully validated and complying with the quality level set up by the legally binding document(s). Therefore, recommendations/guidelines give the flexibility necessary for the development and implementation of improved methods and routines.

Modern quality management systems emphasise the responsibility of the blood establishment's management for the quality performed. Too detailed legally binding requirements, especially if defining how to perform different tasks, would reduce the management's responsibility to fulfil what is written in the documents. Such a situation could impair quality thinking and responsibility in blood establishments.

These considerations should be kept in mind when details of the Draft Technical Requirements are discussed.

The specifications relating to a quality system for blood establishment should not be made more detailed than those given in the Commission Directive 2003/94/EC of 8 October 2003 laying down the principles and guidelines of good manufacturing practice in respect of medicinal product for human use and investigational medicinal products for human use. This directive refers to the detailed guidelines on GMP, published by the Commission, for the interpretation of the principles and guidelines. Likewise, an established guideline on good practice is needed for the interpretation of requirements related to a quality system for blood establishments. The Part A of the draft 11th edition of the Council of Europe Guide to the preparation, use and quality assurance would satisfy this need when ratified.

Page/section/ Paragraph No	Subject	Proposed modification	Justification for modification
1-2/ Title	Title	(Draft) Technical processing requirements for blood and blood components, <u>relating to traceability, quality system and haemovigilance</u>	The present title does not reflect the instructions given in the ‘Mother Directive’, Article 29 a), h) and i). This directive does not give instructions related to ‘processing’.
Throughout the text		<i>Replace</i> ‘products’ by ‘ <u>blood and blood components</u> ’ <i>Replace</i> ‘preparation’ by ‘ <u>processing</u> ’ <i>Replace</i> ‘dispatch’ by ‘ <u>distribution</u> ’	Products may include also medicinal products derived from blood components. Processing and distribution are words included in the title of the ‘mother directive’
3/ 2.1. (a)	Definitions, Traceability	<i>Delete:</i> “, in the event of a report of suspected infectious marker(s)”	The definition should not be restricted to this event.
3/ 2.1. (l)	Definitions, Mobile site	- a physical location not under the ‘control’ belonging to the blood establishment, at which <u>a donor session takes place under the responsibility of the blood establishment blood is collected</u> and to which the relevant equipment and supplies must be brought prior to the donor elime <u>session</u> and from which they are removed at its conclusion.	Clarification
4/ 2.3. 14	Quality system	in the two last lines, <i>replace</i> the word ‘preparation’ by ‘ <u>processing</u> ’ and ‘product recall’ by ‘ <u>blood component recall</u> ’	processing is in the title of the ‘Mother directive’ Products will include medicinal products derived from blood or plasma. This directive does not cover recall of such products, only recall of blood components.
4-6/ 2.4 –2.5	Serious adverse reactions Serious adverse events	Change the headlines to: Haemovigilance <i>or to</i> Serious adverse events and reactions	The ‘Mother Directive’ handles serious adverse events and reactions together (Article 15 and 29 i). Part 2.4 and 2.5 should be combined in order to avoid unnecessary repetitions
4/ 2.4. 17		<i>Beginning of first line:</i> Procedures to record serious adverse <u>events and</u> reactions	- se comment above

Page/section/ Paragraph No	Subject	Proposed modification	Justification for modification
5/ 2.4.1 8, 19 and 2.5. 25		<p><i>Re-write as follows:</i></p> <p>18. Blood establishments should notify the competent authority of any serious adverse event occurring during collection, testing, processing, storage, transport or distribution that may affect the quality and safety of blood and blood components.</p> <p>19. Blood establishments should notify the competent authority of any serious adverse reaction observed in patients during or after the transfusion that may be attributed to the quality and safety of blood and blood components.</p> <p>20. In case transmission of infectious agents possibly causing serious adverse reaction, the report should ensure trace-ability to donor and patient.</p> <p>21. Blood establishments should report to the competent authority the actions taken with respect to any blood components, implicated in any serious event or reaction, that has been distributed for transfusion or for the manufacture of medicinal products.</p>	<p>- see comment above.</p> <p>The competent authority should be notified, but not necessary within 24 hours since such a time frame does not improve quality. The MS responsibility for organising their health care system should be respected, and the time-frame for reporting should be decided by the national authority</p>
5/ 2.4. 20		<i>New number: 22</i>	
5/ 2.4.21. 22		<i>Delete</i>	<p>These paragraphs do address <i>all</i> suspected serious adverse reactions, thus also those <i>not</i> related to the quality and safety of blood and blood components. Cp. ‘Amsterdam’ Treaty Article 152.5.</p>
5/ 2.4. 23		<i>OK!</i>	
5/ 2.5. 24		<i>Delete</i>	<p>- is covered by the amended paragraph 17.</p>
5/ 2.5. 25		<i>Delete</i>	<p>- is covered by the amended paragraphs 18 and 21.</p>
5-6/ 2.4. 26, 27, 28 and 29		<p><i>New numbers:</i> 24,25, 26 and 27</p>	
6/ 2.5. 29			<p><i>Comment</i> – this statement is not explicitly supported by the ‘Mother directive’</p>

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7/ ANNEX I	Data to be kept for at least 30 years to ensure traceability	<p><i>Rephrase:</i></p> <ol style="list-style-type: none"> (1) Identification of blood donation establishment (2) Identification of blood donor (3) Date of collection (year/month/day) (4) Identification of the donation (5) Identification of the individual blood component (6) Blood component destination (7) Identification of transfused recipient or the final use of blood units not transfused 	<p>Modern systems for blood donation and blood component identification usually consist of letters and numbers.</p> <p>The proposed amendment fits better to these modern and well-established identification systems used for traceability.</p>

ANNEX II

General remark: We would prefer to replace the text in this annex by the ‘Core Document’ text elaborated and presented by an expert working group of the SP-HM, Council of Europe. If this would not be accepted by the majority, we insist on a major revision of the Draft, including the following deletions and amendments.

8/ 3.1. 2	Quality management	<p>On the last line, <i>replace:</i></p> <ul style="list-style-type: none"> - ‘preparation’ by ‘<u>processing</u>’, - ‘product by ‘<u>blood component</u>’ 	See comment to 2.3.14
9/ 4.1. 3	Tasks and responsibilities	<p>Delegation of responsibilities <u>and tasks</u> should only be given to individuals who have been trained <u>and assessed competent</u> for the task. Delegation should</p>	Clarification
9/ 4.2. 1-2	Training	<p><i>Delete</i> the headline ‘training’ and the paragraphs 1 and 2. <i>Introduce</i> a new paragraph 4.1.4:</p> <p>‘All personnel should receive initial and continued training appropriate to their specific tasks. Training should be in place, including good practice, and should be periodically assessed.’</p>	4.2.1 (a), (b) and (c) should be included in a guideline rather than in a legally binding document.
9/ 4.3. 1	Hygiene	<p><i>Delete</i> the headline ‘Hygiene’.</p> <p><i>Change</i> the number of the paragraph to 4.1.5.</p> <p><i>Reduce the text to</i> ‘Written hygiene instructions should be present.’</p>	Concentrate on essentials, leave details to recommendations/ guidelines and to local SOP:s.

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9/ 5.	FACILITIES/ PREMISES		
10/ 5.2. 1	Blood donation area	There should be an A-consultation area should be set aside which allows for confidential personal interviews with and examination of donors to assess their eligibility to donate individuals to determine their suitability as blood donors, with due regard for donor and personnel safety. This area should be separated from all production areas.	Delete unnecessary text
10/ 5.2. 2		<i>Delete!</i>	Guideline/SOP
10/ 5.3. 1 - 3	Blood donation area	<i>Delete!</i>	Guideline/SOP
10/ 5.3. 4		<i>Delete!</i>	- is covered by 5.1.2
10/ 5.4. 1	Blood testing area	<i>Delete!</i>	- is covered by 5.1.2
11/ 5.5. 5	Blood processing area	<i>Delete</i> the first and second sentences. <i>Insert</i> in the third sentence: Environmental monitoring should be performed <u>and documented</u> to demonstrate <i>Delete</i> the last sentence.	Delete unnecessary text and wording that is covered by other paragraphs.
11/ 5.5.1.	<i>Labelling</i>	<i>Delete!</i>	Safe routines for labelling is addressed elsewhere.
11/ 5.6. 1	Storage area	<i>Delete!</i>	Guideline/SOP
11/ 5.6. 3 - 6		<i>Delete!</i>	Guideline/SOP
11/ 5.6. 7		<i>Delete!</i>	- is covered by 5.1.2
11/ 5.6.1. 1-4		<i>Delete!</i>	- is covered by 5.6.2
12/ 5.7. 1	Waste disposal area	<i>Delete!</i>	Guideline/SOP
12/ 5.8. 1 - 2	Ancillary areas	<i>Delete!</i>	Guideline/SOP
12/ 5.9. 1	Mobile sites	<i>Replace</i> 'clinics' by 'sessions'	
12/ 5.9. 2		<i>Delete!</i>	Guideline/SOP

12/ 6.	EQUIPMENT AND MATERIAL		
12/ 6.1.		<i>Replace</i> 'operators/workers' by ' <u>personnel</u> '	Personnel better as a general denomination for all employees
12/ 6.4		<i>Delete</i>	Already stated in 6.1
12/ 6.1.			

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12/ 6.1. 1	Computers	-reliability The software should and be validated-	Both hardware and software need validation!
12/ 6.1. 3		-to ensure backup -protection-	Superfluous!
12/ 6.1. 4		<i>Delete!</i>	Already stated in 6.1/ 3
13/ 6.1. 6		<i>Delete and replace by</i> 'Electronically stored data should be protected against loss in order to maintain audit trail'	It is more important to keep the data than the changes to the systems!
13/ 6.2. 1	Document- ation	<i>Delete!</i>	This is information of the implications of a quality system, does not contain rule or guidelines.
13/ 6.2. 3		<i>Delete!</i>	Is covered by e.g. 6.2.2 and the Mother directive.
13/ 6.2. 4		<i>Delete!</i>	These are guidelines, details no to be incorporated in a directive
14/ 6.2. 5		All records, including raw data, which kept in a secured storage area for 30 <u>a minimum of</u> <u>15</u> years	Raw data do not need such a long storage time. For other data, 15 years seem appropriate and comply with the 'Mother directive' Article 13.1. The secured storage area has been mentioned before.
14/ 6.2. 6		<i>Delete!</i>	Such procedures should be given in a SOP
14/ 6.2. 7		<i>Delete!</i>	Same as above! SOP

14/ 7	PROCEDURES		
14/ 7.1.	Donor session	<i>Delete!</i>	Repetition! Stated in 7.2.
14/ 7.1. 4		<i>Delete!</i>	Same as 7.1/ 3
14/ 7.1. 5		<i>Replace</i> 'interviewer' by <u>person</u> .	Interviewer is a function. Person is more suitable in this context.
14/7.2 – 4.	Blood collection Whole blood collection Collection by apheresis	<i>Replace these titles by</i> Collection of Blood and Blood Components'	This title will cover any blood collection method, including apheresis procedures

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14/7.2. 2		<i>Rephrase to ‘<u>A system should be used for unique identification of each donor and each donation, including all records pertaining to them</u>’.</i>	This rephrased paragraph will cover all types of identification systems. ‘Donation numbers’ are not useful for ‘identification of each donor’. Furthermore, ‘donation numbers’ do not fully comply with the Mother directive, Annex III, which states ‘- the unique numeric or alpha-numeric donation identification’.
14/7.2. 3		<i>Delete!</i>	Parts of this paragraph have already been stated in section 6; other parts are SOP:s.
14/7.2. 4		<i>Delete!</i>	This procedure is included in 7.2.1.
14/7.2. 5		<i>Delete!</i>	This procedure could be included in a SOP.
15/7.2. 6		<i>Delete!</i>	Already covered by 6.2.2
15/7.2. 7		<i>Replace ‘For blood donations’-by ‘<u>For donations of blood and blood components</u>’</i>	
15/7.2. 8		<i>Delete!</i>	Already covered by 6.2
15/7.2. 9		<i>Delete!</i>	Already covered by 7.2.7
15/7.2. 10		<i>Delete!</i>	These important rules belong to guidelines and/or SOP:s.
15/7.2. 11		<i>Delete!</i>	Se 7.2.10
15/7.2. 12		<i>Delete!</i>	Stated in 7.2.1
15/7.2. 13		<i>Delete!</i>	See 7.2.12
15/7.3. 1-4, 16/7.4. 1-2	Whole blood collection Collection by apheresis	<i>Delete!</i>	With change of title of 7.2 all procedures for collection of blood and blood components are covered, hence 7.3 and 7.4 are superfluous.
7.5			
16/7.5. 3	Laboratory testing	<i>Insert: ‘-used as diagnostic reagents <u>or</u> for scientific purposes’</i>	
16/7.5. 4		<i>Add: ‘-directive 2002/98/EC <u>and that he/she is permanently deferred from donation of blood and blood components</u>’</i>	
16/7.5. 5-10		<i>Delete!</i>	All these important rules belong to SOP:s.
17/ 7.6. 1-3	Blood group serology testing	<i>Delete!</i>	Is covered by the Mother directive, Annex IV.

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17/ 7.7.	Processing and component preparation	<i>New title:</i> Processing of blood components	
17/ 7.7. 2		<i>Delete!</i>	Already stated in part 6.
17/ 7.7. 3		<i>Delete!</i>	Already stated in part 6
17/ 7.7. 7-8			These two paragraphs can be combined
18/ 7.8. 2-3	Intermediate storage and transport	<i>Delete!</i>	These statements are covered by 7.8.1
18/ 7.8. 4		<i>Delete!</i>	Is included in the Directive 2004/33/EEC
18/ 7.9. 9			
18/ 7.9. 1-4	Irradiated components	<i>Delete!</i>	These detailed instructions belong to 'Guidelines'. Other types of component processing, e.g. filtration are not discussed, hence there is no special reason to include irradiation of blood components.
18/ 7.10. 1	Labelling	<i>Delete!</i>	Such detailed instructions belong to 'Guidelines'.
18/ 7.10. 2-3			These statements could be combined
18/ 7.10. 4		<i>Delete!</i>	Rules of this type are outside the scope of the Directive since they deal with clinical procedures.
19/ 8.	RELEASE OF PRODUCTS		
19/ 8. 1		<i>Rephrase:</i> 'The blood establishment shall implement and maintain a validated and approved system for the release of blood and blood components.'	
19/ 8. 2-3		<i>Remove from here, insert in paragraph 7.7.8</i>	
19/ 8. 4 - 6		<i>Delete!</i>	All these procedures belong to 'Guidelines'.

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19/ 8. 7		In the event that the final product <u>blood component</u> fails release <u>due to confirmed positive infectious test results, a check should be made to ensure that</u> other components from the same donation and components prepared from previous donations given by the donor are <u>must be identified and appropriate actions must be taken. There should be an immediate update of the donor record to ensure that the donor cannot make a further donation, if appropriate.</u> The donor should be permanently deferred from future donation of blood and blood components.	A final blood component may fail release due to processing faults, which are not related to the donor.
19/ 8. 8		<i>Delete!</i>	Already stated in 7.5.3
20/ 9.	STORAGE AND DISPATCH	Storage and <u>distribution</u>	<u>distribution</u> is the word included used in the 'Mother directive'
20/ 9.1. 1	Storage	<i>Delete</i>	Repetition of 9.1
20/9/2	Dispatch	<u>Distribution</u>	<u>distribution</u> is the word included used in the 'mother directive'
20/9/2/ 1 - 4		<i>Delete</i>	The text is suitable as Standard Operation Procedures to exemplify procedures covered by 8.1 and 9.1
20/ 9.2. 6		<i>Rephrase:</i> 'If delivered blood components are returned for subsequent delivery, the procedure for return should be validated to maintain blood component integrity and be agreed between the sites in question.'	The general principle should be stated. Details would fit better in guidelines and SOP:s.
20/ 9.2. 6 (a)-(d)		<i>Delete</i>	(b), (c) and (d) seem to have been copied from a SOP reflecting yesterday's routines
20/ 9.3. 6	Quality monitoring	<i>Add:</i> ...? and Commission directive 2004/33/EC Annex V.'	Addition of a reference
21/ 9.3. 2-5		<i>Delete</i>	Text is suitable as guidelines in the support of application of this directive

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21/ 9.4. 1	Micro-biologic contamination monitoring	<i>Rephrase:</i> Blood and blood components should be monitored for microbiological contamination according to specifications determined by the Competent Authority. <i>Delete</i> other text in the paragraph	Deleted text is suitable as a guideline
21/ 9.4. 2		<i>Delete</i>	Text is suitable as a guideline
21/ 11.1. 1	Deviations	<i>Rephrase:</i> ‘There shall be a defined procedure for the release of non-standard blood and blood components under a planned non-conformance system. The decision for such a release must be clearly documented and traceability shall be ensured.’	The release of blood components for transfusion and for other us should be covered by the same legal requirement
22/ 11.3. 1	Recall	<i>Delete</i>	Repetition of 11.3.2, which has a more stringent wording
22/ 11.3. 3		<i>Delete</i>	Repetition of 11.3.2, which has a more stringent wording
22/ 11.3. 5		All recalls and serious <u>adverse</u> events and <u>serious adverse</u> reactions have to	Clarification
22/ 11.4. 2	Corrective and preventive actions	<i>Delete</i>	Repetition of 11.4.1, which has a more stringent wording
22/ 11.4. 3	existing <u>product blood component</u> non-conformity....	
22/ 11.4. 4		<i>Delete</i>	Repetition of 11.4.1, which has a more stringent wording
22/ 11.4. 5	identify <u>product blood component</u> and quality problems ...	
22/ 11.5. 1	Self inspection, audit and improvement	<i>Delete</i>	Repetition of 11.5.2, which has a more stringent wording
23/ 11.5. 3		<i>Delete</i>	Repetition of 11.5.4, which has a more stringent wording
23/ 11.5. 5 23/ 11.5. 7		<i>Rephrase these two paragraphs:</i> ‘Processes for prevention, correction and continuous and systematic improvement should be in place and be assessed for effectiveness after implementation’	Combination of paragraphs

Page/section/ Paragraph No	Subject	Proposed modification	Justification for modification
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ANNEX III

25/	Annex III B	<ol style="list-style-type: none"> 1. <i>Divide</i> the table after the third row. 2. <i>Delete</i> in the forth row second column the text 'type of serious adverse reaction' 	<p>- giving the table one head and separate tables for serious adverse reactions and for serious adverse events.</p> <p>Unnecessary and confusing text.</p>
25-26/	Annex III B Annex III C	<i>Move</i> the line 'Post-Transfusion Bacterial Infection' to a line below 'Post-Transfusion Viral Infection'	- a minor "cosmetic" change of the lay-out