Canadian Blood Services
BLOOD PLASMA STEM CELLS ORGANS & TISSUES

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2023-07-18
CBS Control #: CBS6730
HPFB File #: C1892-100390
REF: H-2223-CAL

Urbee Shome-Pal
Regulatory Compliance & Enforcement Specialist
Biological Product Compliance Program
Regulatory Operations and Enforcement Branch
Health Canada
180 Queen Street West, 10th Floor
Toronto, ON M5V 3L7

Dear Urbee:

Re: Further to the Responses to the Health Canada Inspection of Licensed Activities at Calgary Operations 2023-03-20 to 2023-03-31

The following are the actions taken by Canadian Blood Services in response to the Health Canada letter dated 2023-06-22, requesting additional information for observations to the Exit Notice for Health Canada's Inspection of licensed activities at Calgary Operations.

Section 95 - Operating Procedures

1. **Some operating procedures were not always followed. For example:**
   c) MQE-22-003942 was not created or operationally reviewed within 2 days of discovery, contrary to WI 09 230: Deviation/MQE Management, Revision 4.1. Specifically, the MQE was discovered on November 16, 2022, but not created or operationally reviewed until November 28, 2022.

   Canadian Blood Services Response:

   DEV-23-003661 was initiated on 2023-05-02.

   Feedback regarding following the timelines for quality events as described in WI-00518 (legacy 09 230) Deviation/Minor Quality Event Management was provided to all individuals involved by 2023-05-03.

   e) On the cobas8000 Test System Calibration Form (Form# F802014), completed on 2022-09-26 for the TD-2022-0001, Anti-HBc v2 Reagent Study, it was noted that the staff who completed the form, also completed the initial review and final review section, contrary to the relevant section of Manual 08 851 (referenced above).

   Canadian Blood Services Response:

   DEV-23-003648 was initiated on 2023-05-02.

   A memo reminding the team to follow CO-00066 (legacy 08 851) Manual of Good

Documentation Practices with particular attention to Section 7.1 will be developed and signed by the Transmissible Diseases Process Group by 2023-05-30.

Health Canada Follow-up letter dated 2023-06-22:

Please provide a rationale as to how CBS determined that refresher training would not be needed to address and prevent recurrence of Observations 1c and 1e, where DEVs were initiated.

Canadian Blood Services Follow-up Response:

The feedback memos provided to staff outlined the details of the inspectors' findings and the performance expectations for staff. This corrective action method provides additional focus to the deviations and to the specific steps in the process that were not followed. Staff were required to sign and date indicating their understanding.

Section 96 - Operating Procedures

2. Some operating procedures were not kept up-to-date. For example:
a) The Power Outage Generator Monitoring form (Form # F800121) completed and reviewed on March 28, 2023, did not include the date of the power outage start time and the date of the power outage end time, as there was no section in the form for this information to be noted.

Canadian Blood Services Response:

Form F800121 Power Outage Generator Monitoring will be revised by 2023-12-31 to include the power outage start date and the power outage end date on page one of the form.

Health Canada Follow-up letter dated 2023-06-22:

Please confirm whether the corresponding start and end times will also continue to be reflected on this form.

Canadian Blood Services Follow-up Response:

The corresponding start and end times will continue to be reflected on this form.

b) The following were noted for some forms related to production batch records:
(ii) The "Reviewed By" section at the bottom did not have a section to indicate the corresponding date of the final review for the following forms: Form#F800909 (referenced above); Batching Record - Platelets, Pooled (Form#F800916); and Buffy Coat Record (Form#F800979).

Canadian Blood Services Response:

During the final Review of Production Records, as per WI-00327 (legacy 02 739.004) Review of Production Records Final Review, each form listed in Attachment 1 is reviewed and initialled. The date of completion is captured in ePROGESA as part of test result entry and on the Testing Pending Report. Test result entry is not completed unless all forms have been reviewed.

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Health Canada Follow-up letter dated 2023-06-22:

1) It was noted during the inspection that some forms had a place for reviewer signature/initials and date, whereas others did not. Please provide a rationale for this inconsistency.

Canadian Blood Services Follow-up Response:

The forms that have been updated to remove the section to record the date of final review were revised as part of the implementation of whole blood leuko-reduced production. As the change related to the removal of the review date does not impact product safety or quality, and the date of the review remains captured in ePROGESA as part of test result entry and on the Testing Pending Report, the remaining forms will be revised to remove the section to record the date of final review during their next revision.

2) In addition, is the clarification provided in the last two sentences of this response, also noted in WI-00327, to ensure that this is the proper sequence of steps for staff to follow? Please confirm.

Canadian Blood Services Follow-up Response:

We confirm that the clarification provided in our earlier response is included in work instruction WI-00327 Review of Production Records-Final Review. It instructs the final reviewer to ensure that all the relevant forms have been reviewed prior to performing test result entry into eProgesa.

3) Please confirm that all forms cited as examples in this observation are also listed in the referenced WI-00327.

Canadian Blood Services Follow-up Response:

We confirm all forms cited as examples in this observation are referenced in WI-00327 Review of Production Records-Final Review.

e) There were no instructions in 05 060: Facility Distribution of Blood Components, Revision 31.3 or corresponding forms, to document that some steps were completed before distribution of product. Examples include, steps 3, 4 and 5 under section 4, which appeared as such in the work instruction:
Step 3 "Examine components as outlined in Attachment 2 - Inspection of Blood Components for Distribution..."
Step 4 "...Confirm correct Facility Information populates Order Number input."
Step 5 "Confirm Donation/Pool Number and component code of each component distributed."

Canadian Blood Services Response:

eProgesa is the test of record. Each user is assigned a specific individual code and has a unique password. This information is used to generate the 'distributed by' name on the packing slip. The 'distributed by' name is the confirmation that steps 3, 4 and 5 have been completed.

WI-00066 (legacy 05 060) Facility Distribution of Blood Components will be updated to include a note stating the name that populates on the packing slip for "distributed by" is the person who completes the inspection and confirms the information in Steps 3, 4 and 5 is correct. The planned closure date for this change is 2024-02-12.

Health Canada Follow-up letter dated 2023-06-22:

Please provide a rationale as to why the timeline for corrective action to amend WI-00066 is February 12, 2024.

Canadian Blood Services Follow-up Response:

The date chosen was to align with another initiative which also involves the revision of the document and eProgesa changes. However, as the eProgesa changes will be taking place sooner than initially planned. The implementation date for the revision of WI-00066 (Legacy # 05 080) Facility Distribution of Blood Components will be 2023-10-15.

g) The instructions in the corresponding Work Instructions (09 350; 09 351; 09 356) were not clear with respect to documentation of the following:
(i) when equipment is placed back into service after in house demand maintenance;
(ii) when equipment is placed out of service and returned to service after maintenance by external service providers.

Canadian Blood Services Response:

As noted, WI-00534 (Legacy WI 09 240 Out of Service In Progress Tags/Labels Application and Removal details the requirements to place an "Out of Service" label when equipment is placed out of service and the removal of the label once the equipment is restored to a validated state. The label must include the reason and the date when the equipment is taken out of operation. Once the equipment is ready to be placed back into service, the "Out of Service label" is removed. The return to service date occurs when the "Out of Service" label is removed.

Health Canada Follow-up letter dated 2023-06-22:

This response does not adequately address the observation. A similar observation was noted on the BER EN with a specific example (Observation #3). In the response to the BER EN Observation #3, it was indicated that WI-0034 (Legacy# 09 350) would be revised to enter the date when the equipment is returned to service into RAM. Please confirm that this WI will also be revised to indicate when equipment is placed out of service in RAM. Would 09 351 and 09 356 also need to be updated to include such instructions? Please elaborate.

Canadian Blood Services Follow-up Response:

As noted, WI-00534 (Legacy # 09 350) Management of Equipment by Owners will be revised to have equipment owners enter the date when the equipment is returned to service.

The revision of WI-00534 Management of Equipment by Owners also includes an upgrade to the software used for equipment maintenance. As such, this change is national in scope and will require completing validation of the software and training to a major portion of the Canadian Blood Services workforce. Therefore, the implementation date of 2024-03-31 is to

align changes so that only one release of the updated work instructions is conducted to minimize the impact of the changes on our front-line staff

WI-00535 (Legacy # 09 351) Create RAM Requests step 3 in section 2 states that equipment owners are to "Select the Details tab and enter Out of Service" details such as date/time, as applicable into RAM. WI-00538 (Legacy # 09 356) Equipment Services Work Management step 10, section 5 states to "Enter Out of Service Tag/Label information, if not already entered and is applicable" into RAM. As such, no revisions to either work instructions are required.

Section 117 – Records

5. **Records were not always accurate, complete, legible, indelible and/or readily retrievable. For example:**
   a) The corresponding Form number at the bottom of the form did not print out in a legible manner for several Bacterial Detection Testing (BacT) records. Specifically, for records reviewed with respect to Clinic Date 2022-08-22/Test Date 2022-08-24.

   Canadian Blood Services Response:

   The impacted form identification information was reviewed by Quality Assurance and determined to be legible for traceability. The issue with the printer had been identified by Canadian Blood Services staff prior to the inspection and was corrected on 2023-03-06.

   Health Canada Follow-up letter dated 2023-06-22:

   Please confirm that all relevant forms impacted by the relevant printer were reviewed for legibility and traceability.

   Canadian Blood Services Follow-up Response:

   Quality Assurance completed a sampling of all forms printed on the implicated printer between November 2022 to March 2023. The Bacterial Detection Testing form F800232 (legacy 1000102549.001) version 2022-02-03 was the only form printed within the sampling performed. The impacted form identification information was reviewed by Quality Assurance and determined to be legible and traceable.

If you require clarification or further information, please do not hesitate to contact the undersigned. **Please refer to the above control number in all correspondence.**

Sincerely,

Christian Choquet

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Vice-President
Quality & Regulatory Affairs
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