Canadian Blood Services
BLOOD PLASMA STEM CELLS ORGANS & TISSUES

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2023-07-19
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REF: H-2223-CAL-R

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 Registered 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 registered activities at Calgary Operations.

Section 94 - Quality Management System

1. **The system for identifying and investigating errors and accidents was not sufficient. Specifically, the investigation conducted for Deviation # DEV-23-002150, closed on March 16, 2023, where the rad sure label indicator did not have a completely obliterated "NOT" section for product irradiated on March 10, 2023, was not sufficient. For example:**
   (i) The implicated product was not immediately quarantined in e-Progesa upon discovery. The product was placed under quarantine on March 11, 2023.
   (ii) Further, there were no notes to indicate that the product had been placed under physical quarantine.
   (iii) The "Containment and Immediate Actions" section of the deviation indicated that the "Component was quarantined awaiting further action." However, there were no other corresponding actions noted, such as, root cause assessment of why the rad sure indicator was not completely obliterated, potential retraining, etc..
   This was also contrary to 09 230: Deviation/Minor Quality Event Management, Revision 4.1.

   Canadian Blood Services Response:

   MQE-23-001555 was initiated on 2023-05-04.

   An investigation was conducted and determined that the root cause was the result of a crease in the Rad-sure label. There was no identified impact to other labels, products or the

irradiator.

Staff will be reminded by memo of the requirements to both physically and electronically quarantine products anytime that product quality, safety and/or efficacy is in question, and to ensure that the full scope of each event and any root cause investigation is documented in the quality event. This will be completed by 2023-06-30.

This event and observation will be discussed at a QA huddle. A memo will be provided and documentation of QA staff understanding of the review requirements will be documented by 2023-06-30.

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 this observation, where an MQE was 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 quality event and to the specific steps in the process that were not followed. Staff were required to sign and date indicating their understanding.

Section 95 - Operating Procedures

2. Some operating procedures were not always followed. For example:
a) The current Authorized Access list for the Irradiation Room was out of date, contrary to CO-00068: Radiation Safety Manual for Sealed Sources, Revision 1.

Canadian Blood Services Response:

MQE-23-001540 was initiated on 2023-05-03.

The most current authorized access list was printed and placed at the security desk.

A memo will be sent to the Distribution Manager and Supervisors by 2023-05-31 reminding them to ensure that Facilities is made aware of staffing changes that would impact the Authorized Access List.

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

1) Please confirm that the Authorized Access List for the Irradiation Room was updated.
2) In addition, was the outdated Authorized Access list for the irradiation room also replaced with the updated one on the irradiation room door, where it was originally found during the inspection?
3) Please also confirm that the relevant written procedures in place identify where the Authorized Access List for the Irradiation Room is to be located, the frequency in which it is updated and the trigger for review and updates.

Canadian Blood Services Follow-up Response:

The Authorized Access List for the irradiator room was updated on 2023-03-28. As per CO-00068 Radiation Safety Manual for Sealed Sources, the Authorized Access List was provided to Facilities Operations and Security. The Authorized Access List has been removed from the irradiator room as it was placed there in error. Feedback has been provided to the Production Manager and Supervisors to ensure the list is not posted in the irradiator room in the future.

As per CO-00068 Radiation Safety Manual for Sealed Sources, the Site Radiation Safety Representative must immediately inform the Manager, Radiation and Biological Safety who is responsible for maintaining the Authorized Access List of any changes. The updated list is then provided to Facilities Operations who is responsible for providing to Security.

The Radiation Safety Manual for Sealed sources will be revised to include a timeframe for updating the list once the Manager is notified and staff trained by 2023-10-31.

b) Although the 6-month Timer check PM for the [redacted] Irradiator was conducted on April 7, 2022, the records were not entered into RAM, contrary to the relevant sections of 09 350: Management of Equipment by Owners, Revision 7. Therefore, it could not be confirmed whether the PM was actually conducted until the original PM record was located and provided for review on March 23, 2023, during the inspection. Furthermore, the WI did not identify timelines for the equipment owner to submit PM records for upload to RAM.

Canadian Blood Services Response:

DEV-23-003645 was initiated on 2023-05-03.

The date of the 6-month timer check referenced in the observation is incorrect. It was confirmed that the 2022-04-07 timer check was completed and uploaded in RAM and closed on 2022-08-04. The 6-month timer check that was noted to be missing was the one conducted on 2022-10-26 which wasn't uploaded at the time of the inspection. The hard copy record of the 6-month timer check confirms that the preventive maintenance was completed and reviewed on 2022-10-26. It was subsequently uploaded into RAM on 2023- 05-02.

A communication memo will be sent by 2023-06-30 to remind Production Supervisor/Manager staff of the requirement to review and follow-up on the Events Past Due report, as per WI-00534 (legacy 09350) Management of Equipment by Owners, as well as providing clarification that the timer calibration is to be uploaded into RAM.

In addition, Equipment Services will complete a refresher of the events past due report with the Production Leadership Team by 2023-08-31 to bring a refreshed awareness to the obligations within the work instruction WI-00534 (09-350) Management of Equipment by Owners pertaining to the closure of reports and sending the documentation for upload into RAM as soon as they become available.

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

Were timelines incorporated into the relevant work instruction(s) with respect to, the submission of equipment maintenance records from the Equipment Owners to Equipment Services, and the upload of the relevant documents into RAM by Equipment Services? Please confirm and elaborate.

Canadian Blood Services Follow-up Response:

According to WI-00534 (Legacy # 09 350) Equipment Management, weekly monitoring reports are required to be reviewed to ensure due dates are met. These weekly reports indicate all upcoming work and all past due work to identify to the equipment owner the status of the work on a weekly basis. Anything past due, is then highlighted in the Events past due monthly report. Upon receipt and following the review of equipment maintenance records, including vendor maintenance records, as per Attachment 1 of WI-00534 (Legacy # 09 350) the records are to be forwarded to equipment services for upload into RAM.

WI-00534 (Legacy # 09 350) also indicates that equipment owners are to review the Events past due reports at minimum monthly. Follow-up is required on all overdue equipment by investigating to resolve these as soon as possible. This report includes all equipment past due, including those where third-party documents were not submitted for upload.

Section 100 – Equipment

3. **The validation, calibration, cleaning, or maintenance of critical equipment were not always sufficient. The process followed when equipment is placed out of service and returned to service for critical equipment with maintenance conducted by external service providers, was not consistent. In addition, 09 350 (referenced above) did not provide clear instructions for this. For example: It could not be confirmed when the [redacted] Irradiator was placed back into service after being placed out of service on March 30, 2022.**

Canadian Blood Services Response:

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.

WI-00534 Management of Equipment by Owners will be revised to include a requirement to enter the date when equipment is returned to service into RAM. This will be completed no later than 2024-03-31.

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

Please provide a rationale as to why the timeline for corrective action to amend WI-00534 is March 31, 2024.

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Canadian Blood Services Follow-up Response:

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 date indicated in the observation 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.

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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c.c.: Naima Bendahmane
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