ORBCoN
Ontario Regional Blood Coordinating Network

Inspiring and facilitating best transfusion practices in Ontario.

# CSA Standards Z902-15 Summary of Significant Changes

## GHEST September 2016

CSA Group

# Objectives

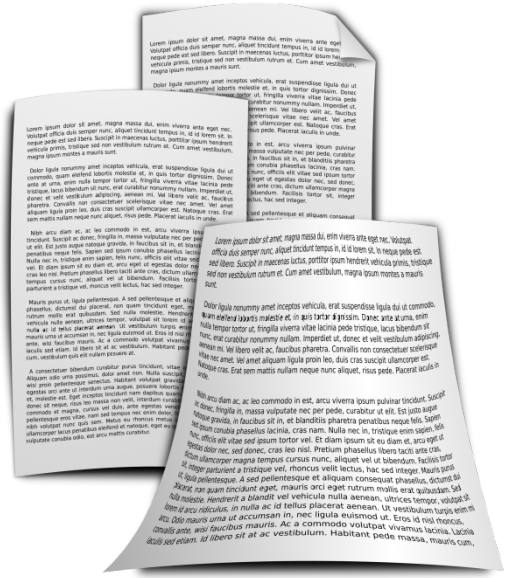
- Identify significant changes to CSA standards (December 2015) for blood and blood products
- Describe possible impacts to hospital transfusion services

# Disclaimer

This is not an exhaustive list.  Each hospital should perform their own analyses

# Annex A from CSA Z902-15

- Contained within the standards document
- Summarizes significant changes in this 3rd edition
- Developed as a reference aid for locating revisions



# Acknowledgements


- CSA Standards and the crosswalk provided
- Dr. Yulia Lin's Transfusion Committee Forum presentation & ORBCoN team


Photo courtesy of Invivo Magazine: www.invivomagazine.com

# Why are We Doing This?

1980-90s: HIV and HCV tragedy. Loss of confidence in Canada's blood supply

# Some Refreshers

## 1994:


- CSTM sent brief to Krever
- Stressed need for National standards in all areas of TM: testing, record keeping, proficiency, etc.
- Education rather than legislation
- Importance of communication between blood supplier and hospitals

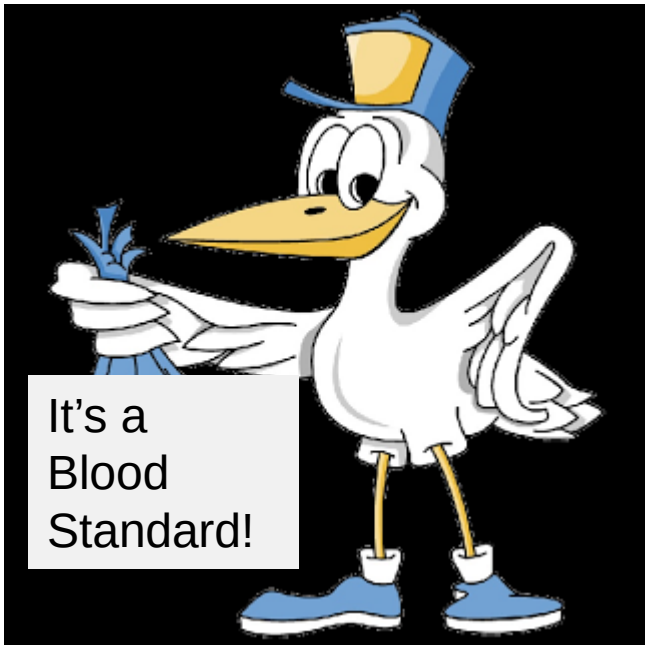
# Refresher

CANADIAN RED CROSS

**1998:**

CRC ceased blood collection: HQ and CBS

**2004:** First CSA standards for blood and blood products were “born”



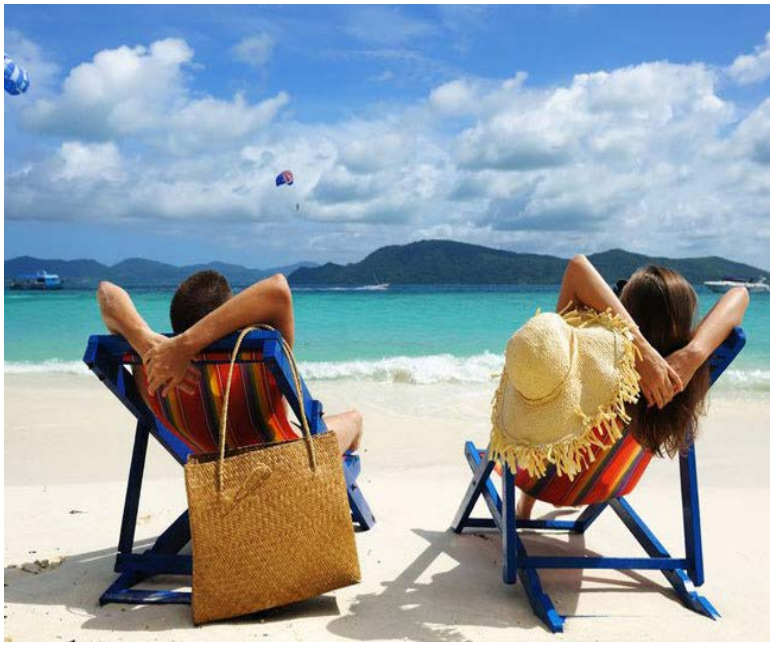
# The CSA Standards Process

- Technical Committee membership from blood centres, transfusion service, government, patient groups
- Standards: voted and approved by Technical Committee
- Public review of new drafts, and users can suggest improvement of the standards anytime
- Any changes must be supported by sound rationale: **inquiries@csagroup.org**

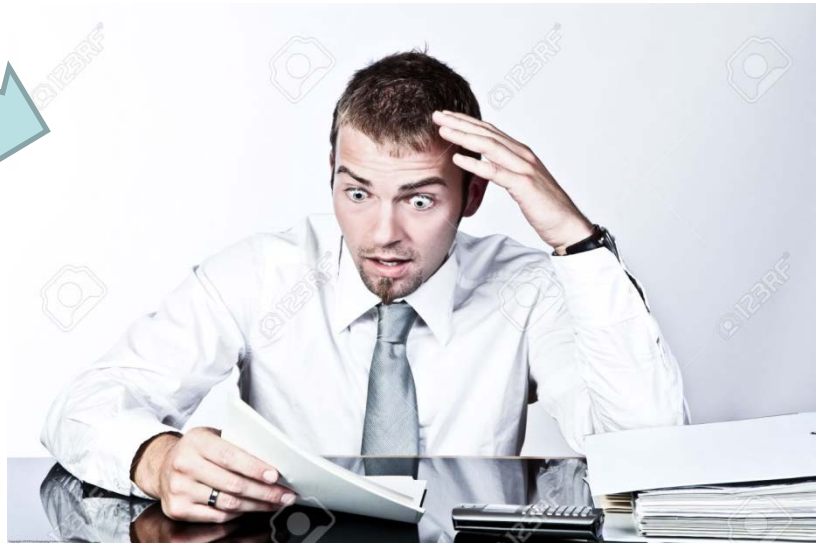
# Changes: CSA Standards Z902-1

| STANDARD | CHANGE | FURTHER INFO |
|---|---|---|
| **4.3.6.2: Training** | Personnel training procedures shall include<br><br>mechanisms to ensure ongoing training of all clinical staff involved in the administration of blood components. | Ensure that clinical staff (e.g. RN, anesthesiologists, perfusionists, etc.) who hang blood have been trained.<br><br>Does not refer to the practice of medicine or the ordering of blood |
| **4.6.16: SOP Review**<br><br>  | Operating procedures shall be reviewed and updated at least every two years (instead of annually) | |

So you can doing this



Instead of this



# Changes: CSA Standards Z902-15

| STANDARD | | |
|---|---|---|
| **7.6.2.3: FP and FFP: Max. Thawed Storage** | a) 5 days for a closed system and maintained at 1 to 6 °C. A means in place to ensure temperature maintained and is not used beyond the expiry date. | b) 24 h at a temperature of 1 to 6 °C if collected in an open system or if the system was opened during processing. |
| **7.6.3.4, 7.11.1, 10.7.6: Cryo Changes** | •Cryoprecipitate stored at 20 to 24 °C after thawing for 24 hr maximum in closed system.<br>•Cryoprecipitate transfused within 4 h in open system | •Different blood groups may be combined<br>•Policy on ABO compatibility of cryo |

# Changes: CSA Standards Z902-15

| STANDARD | | |
|---|---|---|
| **11.2.1** | Informed consent | For both blood products and components |
| **10.3.2** | Labelling recipient sample | Requirement stipulates 2 patient identifiers, one must be name |

# Changes: CSA Standards Z902-15

| STANDARD | | |
|---|---|---|
| **10.6.2, 10.6.3: Computerized XM** | •Retesting of same sample draw may only occur with the use of positive patient identification technology | Otherwise, 2nd draw required |
| **10.9.1.8: Leukoreduction = CMV neg** | a) Intrauterine transfusions | b) Infant transfusions less than 1200 g at birth and infant/ mother is CMV antibody-negative or unknown |
| **10.9.3.1: Emergency Transfusion** | Red blood cells should be Rh-negative for<br>•a) female children; and | b) women of child-bearing age |

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| STANDARD | | |
|---|---|---|
| **10.10.5: Return of Components** | •Outside controlled environment extended to 60 mins | |
| **11.2.2: Transfusion Notification** | Inpatients only | |
| **Tables 4 and 5: Record Retention** | Changes from indefinite to 50 years | |
| **14.6.3** | Blood products not meeting the requirements listed in Clause 14.6.2 may be re-released with the approval of the medical director. | **Suggestions for CSA?** inquiries@csagroup.org |

# Summary

- Ensure compliance with the CSA Z902-15
- Get involved: make a suggestion to CSA
- Certain sections are now referenced in the Blood Regulations
- Be prepared as Health Canada has now started inspections of transfusion services
- CSTM standards under revision
- New IQMH standards in January 2017

# Questions?

# Thank you