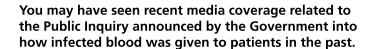




Infected Blood Inquiry Factsheet



What is happening with the Inquiry?

The opening sessions of the Infected Blood Inquiry took place earlier this week. These preliminary sessions set the scene for the Inquiry, giving the Core Participants an opportunity to make an opening statement. The information gathering phase will continue with oral evidence sessions expected to begin in the Spring of 2019.

What is the focus of the Inquiry?

The Terms of Reference include, but are not limited to:

- The circumstances in which people were given infected blood/blood products.
- The impact on those infected and their families, carers etc (described by the Infected Blood Inquiry as the affected).
- The adequacy and the timeliness of the response by the Government and Others.
- Consent examining to what extent people were treated or tested without their knowledge or consent.
- The treatment, care and support provided to those infected and affected.
- Candour and openness and whether there have been attempts to conceal what happened.

What is NHS Blood and Transplant's involvement with the Inquiry?

Although NHS Blood and Transplant (NHSBT) was only established in 2005, our predecessor bodies did exist prior to this date. NHSBT is a Core Participant in the Inquiry and is doing whatever it can to assist the Inquiry in order that answers can be provided to the questions asked by those infected and affected.

Our sympathies are with all those who have been infected and their loved ones.

Blood safety - Current screening policies and procedures

Modern safety standards are rigorous, and our blood supply is one of the safest in the world. Safety is at the forefront of everything we do. We follow the guidelines and testing that are in place to protect both donors and patients and are subject to regular inspections by independent regulators.

Today every donor completes an extensive donor health check questionnaire before each time they donate blood. This is designed to detect donors who have a recognisable risk of infection who can then be excluded or subject to further testing. Those considered at risk are asked to defer donation until it is safe for them to do so.

In addition, all blood donations are routinely tested for hepatitis B, hepatitis C, hepatitis E, human immunodeficiency virus, syphilis and for first time donors, human T-lymphotropic virus, before they are released for transfusion. If any blood donation tests positive for infection, it is not released into the blood supply chain and therefore cannot be issued to a patient. In this circumstance, the donor is given support and advice.

Information for patients about blood transfusion

NHSBT provides information leaflets for patients about blood transfusion. Whilst these do not replace the guidance provided by a patient's clinical team, they can help inform a discussion with patients about the benefits, risks and any suitable alternatives.

Clinicians should ensure patients are aware of the material risks relating to blood transfusion. More information on transfusion, including some of the risks is on NHS Choices or our NHSBT Consent website page:

https://www.nhs.uk/conditions/blood-transfusion/

http://hospital.blood.co.uk/patient-services/patient-blood-management/consent-for-transfusion/