NHS Blood and Transplant

The Update for September 2020

We are no longer producing anti-D education resources

We have withdrawn our education resources and patient information on the routine use of anti-D immunoglobulin (including our “Protecting women and babies with anti-D Immunoglobulin” leaflet) as it has become evident we are not best placed to them.

Anti-D immunoglobulin is a medicinal blood product which is not produced or supplied by us: we provide laboratory services that identify significant blood groups and antibodies in pregnancy.

The NBTC Patient Involvement Working Group is exploring how to support manufacturers or other relevant bodies to produce appropriate alternatives.

We will continue to produce patient information associated with our services and the significance of antibodies in pregnancy.

Anne Davidson, Education lead - Patient Blood Management

Building our COVID-19 convalescent plasma stocks

We're continuing to build stocks to support the REMAP CAP and RECOVERY clinical trials.

In order to maximise our stocks we are collecting convalescent plasma from female donors who have tested negative for HLA and HNA antibodies, and from donors who have received convalescent plasma as part of their treatment.

Lucy Frith, Process Improvement Manager

The Patient Blood Management (PBM) toolkit is now available

The toolkit provides advice for hospitals to support the implementation of PBM strategies in clinical practice. It comprises a checklist and information to underpin appropriate use, patient safety and blood conservation:

- Iron deficiency and iron deficiency anaemia
- Patient information and consent
- Restrictive haemoglobin thresholds and single unit transfusions
- Pre-optimisation of anaemia
- Tranexamic acid in managing blood loss
- Intraoperative cell salvage

Go to the toolkit available on the PBM Education page.

Andrea Marshall, Development Manager - Patient Blood Management Team

COVID-19 convalescent plasma should only be given to clinical trial patients

A reminder that convalescent plasma should only be given to patients enrolled on the trials, and stocks should be kept separate to standard FFP (this information is given on signing up to the REMAP CAP and RECOVERY clinical trials.)

If convalescent plasma in transfused in error in place of FFP it is a SHOT-reportable incident, because the wrong component was transfused.

Lucy Frith, Process Improvement Manager

Guidance on the non-agitation of platelets

We routinely move platelets between manufacturing sites and stock holding units before they are issued to hospitals.

The guidelines for UK Blood Services states:

> "Platelets should be gently agitated during storage. If agitation is interrupted, for example due to equipment failure or prolonged transportation, the components are suitable for use, retaining the same shelf life, provided the interruptions are for no longer than a total of 24 hours and no single interruption lasts for more than eight hours."

We accept that at the point where platelets are issued to hospitals, there will have been no more than 16 hours of periods of interruptions of non-agitation (in most instances it will be far less than 16 hours).

Hospitals, therefore, have a maximum of 8 hours of non-agitation which needs to include the time taken for the delivery.

If you have periods of interruptions which exceed 8 hours, you should contact Hospital Services and request the audit trail for individual units.

Lucy Frith, Process Improvement Manager

The Update is produced each month by Hospital Customer Services on behalf of NHS Blood and Transplant
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