



## Blood and Transplant

### The Update

October 2020

**Please update your LIMS with the Barnsley site codes before 6 November so you can book in components**

During November we are moving to our new Barnsley centre, the move will be completed by 30 November.

The site codes to use are:

Centre name = NHSBT Barnsley Centre

ID = G0923

Site code = D2

Location code = 9959

Craig Wilkes - Lead Specialist, Process Improvement Commercial & Customer Service

### **Guidance now available for the Appropriate Specification of Emergency Red Cells**

The Transfusion Laboratory Manager's working group of the National Blood Transfusion Committee have published guidance on the [appropriate specification of emergency red cells](#).

The recommended specification is:

- Males: use O D positive red cells
- Women >51 years of age: use O D positive red cells
- Women and children: use O D negative, K negative red cells (CMV- to be considered only in the maternity setting)

Julie Staves, chair of the group, writes:

“As a working group, we are concerned about the supplies of O D negative blood available nationally, especially in the light of the second wave of the COVID 19 pandemic now being upon us. We are very much aware that NHSBT are focused on trying to ensure there is sufficient supplies of all components being available for everyone. However, there is only a limited amount of donors available and we, as laboratories also need to look at our own practises to help ensure that the supplies of all components but especially O D negative red cells are used in the most appropriate manner. The supply of highly specific O D negative red cells adds pressures to the supply chain and impacts considerably on the availability for us all.

We are asking, as colleagues that you read this paper and consider your own laboratory practises making changes as you can. Small changes to practise really can help the national supply chain and help to ensure there is availability of O D negative units for every hospital and every patient who potentially may require it.”

Guidance on the general [appropriate use of O D negative](#) is available and we encourage you to follow this also.

Chris Philips Head of Hospital Customer Service, NHSBT

Julie Staves Chair of the Transfusion Laboratory Managers working group of NBTC  
Transfusion Laboratory Manager, Oxford University Hospital NHS  
Foundation Trust

### **New information to support the NBTC red cell and platelet shortage plans**

This additional information helps hospital transfusion teams with planning for and communicating a blood component shortage. It is available on the [transfusion guidelines website](#):

- EBMA shortage plan checklist
- EBMA red blood cell shortage amber alert screensaver
- EBMA red blood cell shortage red alert screensaver

Anne Davidson - Patient Blood Management Practitioner Team

### **Revised NBTC Indication Codes for Transfusion are now available**

This summary [document](#) aims to facilitate appropriate use of blood components and enable robust documentation of indications; it is available on the [transfusion guidelines website](#).

Anne Davidson - Patient Blood Management Practitioner Team

## **Changes to platelets in platelet additive solution, washed**

We manufacture washed platelets in additive solution using SSP manufactured by Macopharma. They are planning to stop producing SSP, so we will be using InterSol supplied by Fresenius Kabi, instead.

InterSol is used internationally as a storage solution for platelet concentrates providing an appropriate environment and nutrients for platelets. The Component Development Laboratory have validated it for this use and consider it a suitable alternative.

NHSBT Filton will pilot this change week commencing 23 November. A full roll-out of the new InterSol suspension medium across our sites will be implemented throughout December, with full roll-out achieved by January 2021.

Visually the product will not change, and the product codes will remain the same.

Lucy Frith - Process Improvement Manager, Commercial and Customer Services.

## **Preliminary findings of a survey of blood component use in COVID-19 patients**

The COVID-19 pandemic in England has required us and hospitals to respond and mitigate the effect on the supply and demand for blood components. So, we're carrying out this survey to try to establish current levels of blood component use by swab positive COVID-19 patients admitted to hospital.

The aims of the survey are to determine in hospitalised COVID-19 patients:

1. The proportion who received a transfusion
2. The number and type of transfusions received
3. If there was an association with transfusion and the patient's blood group
4. Confirm results of previous international studies that blood use in this patient group was minimal.

65 hospital sites contributed data. There were 1631 (65%) transfusions to male (65%) and 869 (35%) to female patients.

The preliminary findings are:

- The majority of COVID-19 patients who required a transfusion received 1 unit of red cells with more components used proportionately in ITU and ECMO settings
- There were no major differences in the distribution of blood groups between the normal UK population and transfused COVID-19 patients treated onwards, ITUs or with ECMO.

- The data on blood use for patients with COVID-19 confirms that their transfusion requirements were small. This low blood use combined with postponement of much elective clinical activity allowed continuation of a sufficient blood supply despite a major reduction in blood donations at the beginning of the pandemic in England.

We will produce a full report when the survey is completed (data collection is ongoing) and will let you know where you can find it.

[Read the interim report](#)

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

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