

## 5-day Contingency Platelets - Information for clinical teams

### What are 5-day contingency platelets?

Platelets may only have a shelf life of 7 days if a screening test to exclude bacterial contamination has been undertaken. If NHS Blood and Transplant [NHSBT] bacterial screening services were unavailable, or release prior to completion of testing was required [to rapidly increase supply], the maximum shelf life of platelets would be reduced to 5 days.

In the event of NHSBT needing to issue 5-day platelets to hospitals as a short-term measure, the bacterial screening testing of these components will not have been completed. For example:

- NHSBT bacterial screening services were unavailable, **and testing could not be undertaken** [e.g. industrial action by NHSBT testing staff].
- Unplanned NHSBT IT downtime [e.g. cyberattack] and/ or there was a need to rapidly increase supply during severe shortage, when screening results may be delayed.

Bacterial screening of platelets is an established risk reduction measure: The decision by NHSBT to activate issue of 5-day platelets would be made by weighing the potential risk of patients receiving un-screened platelets, against the potential risk of patients being harmed as a result of no platelets being available.

### Why would NHSBT issue 5-day contingency platelets?

The introduction of a 5-day apheresis platelet component would mean that platelets could still be issued in the event of NHS Blood and Transplant [NHSBT] bacterial screening services being unavailable.

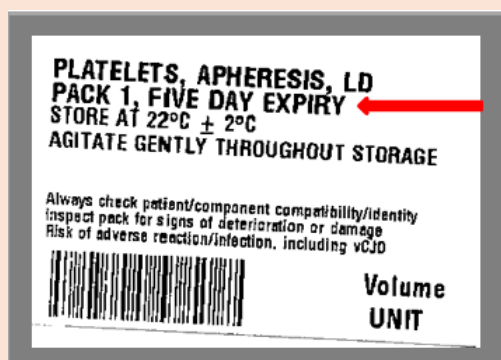
Use of 5-day platelets will be a temporary contingency measure, it would be implemented by NHSBT if:

- Required as part of NHSBT urgent business continuity planning e.g., IT failure / industrial action within NHSBT bacterial screening services.
- Needed as an additional measure during a platelet shortage [red alert].
- Without this additional measure being implemented, a red alert level for platelet shortage would be called within 7 days.

In a severe shortage [red alert] scenario, this measure would only be implemented, if other combined measures to increase supplies to a safe level, would not be sufficient to meet demand.

### How do we distinguish between 5-day and 7-day platelets?

In the event of NHSBT bacterial screening services being unavailable, all platelet component types, for adults, children, and neonates, will be released with a 5-day shelf life [unscreened for bacteria].



**Example of the component label**

**Note:** The 5-day expiry is stated on the label and reflected in the component barcode.

When this measure is first being introduced and when these contingency 5-day platelets are being withdrawn [when red alert/ event has been stood down], your hospital transfusion laboratory may have both standard-7 day and 5 day platelets in stock, for a short period of time.

**What is the impact of this change?**

Current confirmed positive rates of bacterial contamination have been relatively constant at 0.02% and 0.08% of apheresis and pooled platelets packs respectively. When including those results that cannot be confirmed, overall rates are stable at 0.06% for apheresis platelets and 0.15% for pooled platelets.

Bacterial screening is highly effective, but in the absence of bacterial screening for platelets the risk of a transfusion-transmitted infection remains low, due to the range of NHSBT quality assurance measures in place for platelet donation.

In the event of 5-day expiry platelets needing to be introduced during a severe shortage [red alert], refer to guidance set out in the NBTC [Plan for NHS Blood and Transplant and Hospitals to address Platelet Shortages](#) and [Summary of Guidelines for the Use of Platelet Transfusions in a Platelet Shortage](#).

**What do we need to think about as**

- Familiarise yourself with your organisations Emergency Blood Management Arrangements.

**The importance of:**

- Visual inspection of platelets before transfusion e.g. checks for discoloration, clumps, aggregation, and turbidity [cloudiness] and informing your local transfusion laboratory if any abnormalities/ defects are identified. Note: A transfusion should not be started if any abnormalities / defects are spotted.
- Being aware of the signs and symptoms associated with a bacterial transfusion transmitted infection [TTI] e.g. sepsis temporally related to transfusion, high fever [typically  $\geq 2^{\circ}\text{C}$  above baseline], rigors, severe chills, tachycardia, hypotension, dyspnoea, nausea and vomiting, or circulatory collapse during or soon after transfusion. Refer to your local guidelines/ policy for further information.
- Reporting any incidents, delays, or patient adverse events/ reactions that may be related to this change, to your Hospital Transfusion laboratory/ team and on your local incident reporting system. Duty of Candour should be undertaken, where indicated. This will allow recall of associated packs by NHSBT, further investigation to be initiated as needed, and appropriate advice to be given. The implicated pack will need to be sealed and returned to the laboratory.
- Supporting your local Hospital Transfusion Team by providing any information they need for mandatory external reporting of serious adverse reactions to the Medicines and Healthcare Product Regulatory Agency [MHRA] and Serious Hazards of Transfusion [SHOT] scheme.

**What do we need to tell patients?**

For patients having a one-off platelet transfusion, the information needed will not vary from the information that patients should be receiving prior to transfusion. Information on the risks, benefits and any alternatives to transfusion, being standard elements of the consent process.

Patients requiring regular prophylactic transfusions should, where possible, be informed/ updated regarding this change and the reason for it.

In line with standard information given for transfusion, patients should be made aware of the need to alert staff if experiencing any symptoms of a reaction.

**Your Hospital Transfusion Team can provide more information on this new component and other measures in place during the platelet shortage.**