

5-day Contingency Platelets - Information for hospital transfusion laboratory staff, quality managers and transfusion teams

What are 5-day contingency platelets?

Platelets may only have a shelf life of 7 days if an assay to exclude bacterial contamination has been undertaken. If 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.

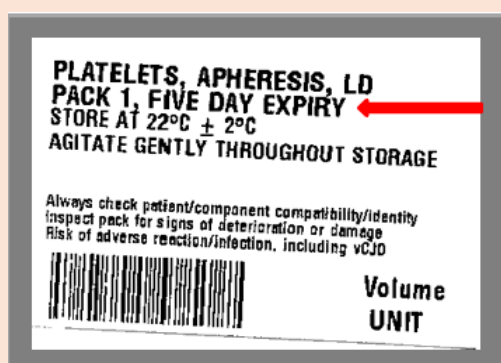
Use of 5-day platelets will be a temporary contingency measure, it would be implemented by NHSBT if:

- Required as part of NHSBT emergency business continuity planning e.g., IT failure / industrial action within NHSBT bacterial screening services.
- Needed as an additional measure, during a severe 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 at red alert level.

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?

Be prepared for enactment of contingency 5-day platelets, ensure your Laboratory Information Management System has been updated with the required component barcodes, which can be found on the NHSBT [Component Portfolio](#) webpage -

- **New neonatal platelets 5-day shelf life** – If not already done update your LIMS with the [barcodes for new neonatal platelets](#)
- **Existing platelet codes for 5-day shelf life** - If not already done update your LIMS with the [barcodes for 5-day platelets](#)

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 the range of quality assurance measure in place for 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 as a hospital transfusion team need to think about?

- Signposting hospital colleagues to your organisation's Emergency Blood Management Arrangements and familiarising ourselves with the recall process, as needed.
- There will be no change to the OBOS ordering process, when implemented 5-day platelets will automatically be issued by NHSBT. Hospital Services will issue oldest platelet components first, these may be 5-day or 7-day [screened platelets].

Colleagues should be aware of the importance of:

- A visual inspection of platelets before issue and transfusion e.g., checks for discoloration, clumps, aggregation, and turbidity.
- Being aware of the signs and symptoms associated with a bacterial transfusion transmitted infection [TTI]; signposting colleagues to local policy, guidance, and educational resources to raise awareness.
- Reporting any suspected TTIs and/or platelet pack abnormalities to NHSBT to allow recall of associated packs and further investigation as appropriate, by following the NHSBT procedure for [reporting suspected bacterial TTI](#) or [recall process](#).
- Reporting any incidents, delays, or patient adverse events/ reactions related to this change to SHOT/MHRA as applicable, and on your local incident reporting system/s. The process for external reporting is also set out in the [SHOT Definitions document](#). The SABRE report number should be shared with NHSBT to enable linking of reports, shared learning, and update on actions taken prior to closure. Duty of Candour should be undertaken where indicated.

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 relevant risks, benefits, and any alternatives to transfusion, being standard elements of the consent process. Patients requiring regular prophylactic transfusions should, where possible, be informed of 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 NHSBT PBMP or CSM colleagues can provide more information on this new component and other measures in place during the platelet shortage