

**To: Medical Director, Chief Executive Officer, Transfusion Laboratory Manager, Transfusion Practitioner, Chair of RTC, Chair of HTC, Consultant Haematologist with Responsibility for Blood Transfusion and England EPRR and Chief Nurses**

**27 December 2024**

## **Low Stock of Platelets – Immediate move to AMBER ALERT**

Dear Colleagues

Unfortunately, we have no option but to declare an Amber Alert for platelets. With a mix of higher-than-expected demand and lower than required donation, our stock of platelets is falling sharply.

This year, demand has been between 25% and 60% higher than standard activity on Christmas Day and Boxing Day. This has led to stock levels being significantly lower than anticipated. We have also been approached by Scotland for support for some stock, and there is a risk that Scotland will stock out of A D positive platelets on Monday of next week.

We hope that calling Amber Alert now we will avoid any worsening of the position and a move to Red Alert next week. We expect this Amber Alert level to remain in place for about 7 days.

We are doing all we can to bring in more donations but will need your help with demand to maintain an uninterrupted supply.

We **ARE** asking you to implement your Emergency Blood Management Arrangements (EBMA) without delay and implement your EBM group. The EBMA [checklist](#) will support you and your group. Please also refer to the National Blood Transfusion Committee's guidance on stock shortages [here](#).

### **We need you to take these 11 Actions to Maximise the use of Platelets:**

- Restrict platelet stock holding
- Consider extending the interval between prophylactic transfusions if safe to do so
- Use apheresis and pooled platelets interchangeably (except for HLA/HPA matched platelets)
- Do not request long-dated platelets
- Accept platelets of a different ABO group (in line with BSH guidelines)
- Accept leucodepleted platelets instead of CMV negative platelets

- Accept D positive platelets where D negative are not available and administer anti-D to D negative patients of childbearing potential where applicable (250 IU anti-D will cover 5 adult units of platelets)
- Consider sharing platelets across Trusts where feasible to increase local pools/availability and across organisations
- Reduce usage to those categories identified in the shortage plan. Ensure all requests are made by a senior clinician
- Utilise alternatives to transfusion of platelets, i.e., tranexamic acid
- Monitor outcomes of platelet transfusions to inform further transfusion support required

Any delays to transfusion or any avoidable transfusion incidents should be reported to Serious Hazards of Transfusion (SHOT). Please submit daily component stock levels strongly recommended and wastage data (at least weekly) to the Blood Stocks Management Scheme via into VANESA

#### **Appropriate Use of Platelets:**

The Patient Blood Management Team have produced a range of [resources](#) to support best practice in Platelet use.

If you need any support or guidance, please contact your Hospital Customer Service Manager.

Alternatively phone our Response Desk on 0208 201 3107, 09:00 to 17:00 Monday to Friday; we'll be pleased to help.

Thank you for your ongoing support.

**Please cascade to laboratory and clinical staff as appropriate.**

Yours Sincerely

**Gerry Gogarty**  
**Director of Blood Supply**  
NHS Blood and Transplant

