London Regional Transfusion Committee

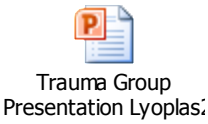
London & South East Trauma & Haematology Group

Thursday 27th July 2017

Attendance

		19/01/16	25/07/16	15/11/16	30/01/2017 CANCELLED	27/07/17
Imperial	Brian Robertson	P	P	N		
	Denise McKeown	N	P	A		P
	Simon Eaglestone	N	N	N		N
(NHSBT)	Fateha Chowdhury	*	*	*		P
Barts	Paul Grist	N	N	N		N
	Julia Lancut	N	A	P		A
	Pascal Winter	P	P	P		A
	Jo McCullagh	N	N	N		A
	Nidhi Sharma	P	N	N		A
	Christy Doughty	*	*	P		A
	Laura Green	P	*	A	A	A
	Shubha Allard	N	A	A	A	A
KSS	Gary Wareham	N	A	P		P
SGH	Steven Wiltshire	P	P	P		P
	James Uprichard	P	P	P		P
	Bassey Williams	N	N	P		P
	Matt Free	P	A	P		N
	Sarah Carr	N	N	N		N
	Kelly Feane	N	P	P		A
KCH	Emily Carpenter	P	P	P		P
	Malcolm Tunnicliff	N	A	N		N
	Ken Amenyah	P	N	P		A
	Alek Mijovic	N	N	N		N
OUH	Nikki Curry	P	A	A		N
	Sue Hemmatapour	N	A	A	A	A
	Julie Staves	P	A	A		P
BSUH	Julie Cole	N	N	P	A	P
	Peter Larcombe	N	N	N		N
Addenbrooks	Dora Foukaneli	N	N	N		A
	Claire Newsam	N	N	P	A	A
	Katherine Philpott	N	N	N	A	A
	Ruth Smith	P	P	N	A	A
GOSH	Rachel Moss	*	*	P	A	A
GSTT	Tim Maggs					A
	Sue Robinson					P
	Vanessa Fulkes					P
	Charlene Furtado					P
	Dharshana Jeyapalan					N
NHSBT	Al Hunter	P	P	P	A	P
	Jen Heyes	A	P	N	A	A
	Clare Denison	N	N	P	A	A
	Richard Whitmore	P	A	P		A

Topic	Action
Acknowledged that there will be reduced attendance today as the TADG is also being held today. JU chaired introduction and the reviewed function of this group for the benefit of new members. GSTT were invited to attend today due to their central location to the two recent Major Incidents at London Bridge and Westminster. Previous minutes agreed. AH updated that NHSBT are continuing to provide materials for Antrad development. JS further explained the alerting mechanism of MIs at Oxford. The NHS email service can be used to text staff re. extra shift requirement. During the MI at Didcot they sent out an initial text to inform staff of MI and then again to stand down. GSTT has an aircom call system that can send out via email/text called Everbridge. Responders state if available and on site, available and not on site, or not available. JU fedback about second education day held on 30th May 2017 with 230 delegates. Excellent feedback was received. Hematologist, anesthetists, TPs, BMS, ED medics and ITU physicians attended from 54 different trusts. MTU updates discussed.  MTC Updates for July 27th v2.docx	James Uprichard Action: JS and VF to share MI alerting system
LTO: **Code Red audit** This organisational audit is following from the 2012 audit. Replies have started coming in from the MTCs, hope to have full set by next week Prothrombin Complex Concentrate  Coagulation factors.pptx Variability between users on where PCCs are stocked and when expert advice is required. Group discussed query about stocking out of the fridge, as it reconstitutes better from RT. JS stocks at RT in controlled drug cupboard in ED, but SGH remains in fridge partly which allows it to be governed in the same way as blood.	Steve Wiltshire Action All: to complete audit asap
POB – plasma on board  FFP support for Thames Valley.pptx • Risk assessed to give FFP up to 5 days for all patients, unless it is clear	Julie Staves Action EC: Embed PowerPoint into minutes for distribution

they require fresh FFP. This is normally bleeding patients at Oxford. • FFP must be 4°C before it goes in the box after thawing, takes up to 35 mins to get down to temperature! However, often there is already pre-thawed plasma in the fridge that can be used. • 32 occasions when FFP used pre-hospital resulted in total of 53 FFP units and 63 RBC units. • Minimal Wastage • Remaining units from golden hour box comes to BTL, who normally can reissue into box 2 for the same patient. • 2 and 2 in the same box, RBC and FFP together • Awaiting patient outcome data from TVAA • Group discussed if increased BOB and POB has led to reduced blood use in Code Red but only anecdotal info that this is the case so far.	
Blood components/products on board – the KSS experience  Trauma Group Presentation Lyoplas… • KSS has used lyoplas since April 2015 • KSS now stock 4 RBC, 4 lyoplas (200ml) • Lyoplas is considered an unlicensed medicine in UK, so research and risk assessment was required • Strong SOP developed, including flow chart • Recently started POC lactate test, which aids decision making for appropriate use of lyoplas in borderline patients. • 40 of 122 received only plasma • About £240/unit. • Transported from Germany. • Saw recent lack of supply, as AB plasma used to process it. • If more than 2 units blood given, patient will also get calcium as scene. • Have chosen to observe full traceability for lyoplas as well as RBC	Gary Wareham
Trauma and the GSTT response: Westminster Bridge and London Bridge incidents • GSTT is a TU, so don't expect multiple traumas, but are located in central London and have been directly involved in multiple MIs now • Review MI annually, and were involved in the pan Europe drills • Drill called questions for how many patients could GSTT cope with presenting at once. They had boxes of blood in ED but were also crash calling extra products 7/7 (2005) • Haematology on site at Guys at the time, so were able to put a registrar in each theatres • Queried policy for taking blood outside the hospital with SELKaM but	Dr Sue Robinson Action: EC to send previous trauma group decision on taking blood to scene Action JS: to share Oxford policy on taking blood to scene.

decided not to make a policy at that point. Westminster (2017) • NHS England decided that as GSTT was so close to the epicenter, to send causalities elsewhere. But 80 people ran into the hospital as a site of refuge, and so GSTT site was obliged to declare their own MI as a result. At that point Everbridge activated, however although Everbridge collects info on staff availability it doesn't tell you if you need to come in or not. • Good post-event support including Head of Nursing contact with all departments, hot de-briefs, counselling availability. They were careful to ensure the net of support included non-clinical staff, and that ViaPath staff could also access the NHS offered support. Armed police made some staff nervous of entering the hospital and increased stress • Hard to decided when to stand down as declare internally • Tx coordinator was located in a side room – collect trolley of O neg and O pos, but not FFP (yet). Paper system for signing out. • Keep 2 sample rule during MI • Tx coordinator – could be TP, senior nurse or BMS. GSTT temporally removed the Tx coordinator role from BMSs as they felt that it required a clinical element and were aware the BMS required in lab which may be short especially out of hours. However the senior nurse was less familiar with role. Therefore, it was decided the best option was to provide more training to the BMS staff in advance and ensure all staff was clear on the role. • Learning point not to swap blood from box to box as disrupts cold chain London Bridge (2017) • Extra BMS called in, noted that calling the BMS in should not be role of current BMS but should be gold/silver command • Called for FFP and cryo on code red basis • Following the Manchester attack, Kate Pendry (transfusion consultant in Manchester) discussed putting FFP in boxes for Tx Coordinator to handle too • Discussed emotional effects of staff of current MI, but also staff directly after waiting for 2nd or 3rd MI event - especially when not stood down • Heads of Nurses and security all staff to Guys hospital at all days for 48 hours. • Carry 60 units of D neg. Group Discussion • FC raised issue that when all called in, all go to ED resulting in overcrowding and unnecessary staff at that time and location. Imperial have also had to contend with having a film crew during an MI. • Imperial planned to set up different place of congregating and receiving action team so they could send down in teams. Surgeon anesthetist and ODA collects patient from ED to theatre • Group discussed coordination of preparing second wave of staff • Sample labelling assistance from TP team useful • Oxford always use a Haem Reg as TP day only	Action EC: Send round previous sharing on taking blood to scene

• GSTT want nurse with BMS, then BMS will return to BTL • Oxford supply 10 O neg, 10 O pos, and 12 FFP in ED during MIs • Paper register for what blood is in the box then signed out (GSTT) • BTL lab MI in GSTT with PID and who use it • Top RA theatre fridge Imperial, KCH, Oxford • GSTT queried the requirement for a 2nd blood coordinator in theatres • Takes blood to scene in Oxford, max of 6 RBC and 6 plasma • SMH explained security issues as multi-site campus, including extra issues when children were present after Grenfell.	
Any other business Emergency grouping at analyser was raised at TADG. JS reported a discovery at ISBT of a system that groups in 7 min including centrifugation. DONM TBC	James Uprichard Action JS: Research new system and report back at next meeting.