# National Blood Transfusion Committee (NBTC) Emergency Planning Working Group

## Teleconference – 6 May 2020

### Confirmed minutes and action points

### 1. Welcome and Introductions

<table>
<thead>
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<th>In attendance:</th>
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<tr>
<td>(HD) Heidi Doughty (Chair)</td>
<td>NHSBT</td>
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<tr>
<td>(FC) Fatts Chowdhury (Secretary)</td>
<td>NHSBT &amp; Imperial College Healthcare NHS Trust</td>
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<td>(PBM) Paula Bolton-Maggs</td>
<td>NBTC Education Working Group</td>
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<tr>
<td>(EC) Emily Carpenter</td>
<td>King’s College London (London TP Group &amp; National TP Network)</td>
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<tr>
<td>(JS) Julie Staves</td>
<td>Oxford University Hospitals NHS Foundation Trust</td>
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<td>(CW) Craig Wilkes</td>
<td>Customer Service, NHSBT</td>
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<td>(AJ) Ant Jackson</td>
<td>Transfusion Practitioner (representing BBTS)</td>
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<td>(TC) Tom Cowdrey</td>
<td>Business Continuity, NHSBT</td>
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<td>(AW) Anne Weaver</td>
<td>Royal London Hospital</td>
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<td>(MS) Martin Smith</td>
<td>Salford Royal Foundation Trust</td>
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<tr>
<td>(SG) Simon Glasgow</td>
<td>The Centre for Trauma Sciences, Queen Mary University of London</td>
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<tr>
<td>(SR) Susan Robinson</td>
<td>Guy’s and St Thomas’ NHS Foundation Trust</td>
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<td>(EW) Emma Watkins (Minutes)</td>
<td>NHSBT</td>
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### Apologies:

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<tr>
<td>(JU) James Uprichard</td>
<td>St George’s University Hospitals NHS Foundation Trust.</td>
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<tr>
<td>(YS) Youssef Sorour</td>
<td>Barnsley Hospital NHS Foundation Trust</td>
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<td>(LB) Lydia Baxter</td>
<td>Salford Royal Foundation Trust</td>
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### 2. NBTC and COVID-19 communications

The aim of this call was to focus on the current COVID pandemic and to explore the implications for the working group. The recently distributed EPRR guidance did not specifically cover pandemics. There will be lessons-learnt documents published however, it might be appropriate for this NBTC group to develop an annex for the EPRR document. The three key areas of interest currently include:

- The recovery phase
- Lessons learnt from COVID-19
- Stock management monitoring and managing wastage
HD was keen to identify any areas where this group could provide additional support to the NBTC’s effort to support hospital transfusion teams. HTT will need to plan and prepare for a potential second peak in the number of patients admitted to hospital with COVID-19. Planning for recovery should start early. Any such preparation should consider the renewed preparation for Brexit.

COVID-19 Communications
Both NHS Blood and Transplant (NHSBT) and the National Blood Transfusion Committee (NBTC) websites have provided a range of information and resources to support hospitals through the current pandemic.

FAQ documents: COVID-19 and blood group serology testing in hospital transfusion laboratories – J Staves

In response to various queries and the increasing use of O neg blood, JS was asked by NHSBT and the NBTC to provide guidance for transfusion laboratory staff. One of the key concerns was the safe handling of specimens to enable blood grouping and the use of group specific components. The resource was prepared in a short period of time by NBTC’s lab managers’ group, with input from NHSBT’s Red Cell Immunology (RCI) and Customer Service teams. JS has now been asked to put together a further FAQ sheet for the recovery phase, including advice around stock replenishment. JS is keen to ensure that the document provides advice and support for some of the smaller District General Hospitals, as well as the large University Trusts.

3. Transfusion triage and shortage plans

The following documents have been uploaded to the JPAC website:
- A Plan for NHS Blood and Transplant and Hospitals to Address Red Cell Shortages (updated March 2020)
- Guidance and triage tool for the rationing of blood for massively bleeding patients during a severe national blood shortage (updated 4 May 2020)

ACTION: HD to notify authors

SR has discussed the triage tool with her Trust’s Research & Ethics Committee and has provided feedback to the NBTC from the committee and from her colleagues within the Extracorporeal Membrane Oxygenation (ECMO) team. SR is keen to work with the NBTC to develop this tool further.

4. Business continuity and lessons identified


Members of the group confirmed that hospitals are beginning a slow return to normal activity, but they voiced concern about the impact of the government relaxing the lockdown/movement restrictions. Clinical colleagues expect an
increase in trauma and surgical activity once lockdown has been lifted. It is noted that many hospital staff are still re-deployed in other areas. Emergency admissions are starting to increase and there are plans to reintroduce elective surgery. It is anticipated that a staged return will be locally determined. NHSBT has asked Trusts to share local plans when available to support joint demand planning.

Planning for future waves will be guided centrally when available. SR has been presented with two possible scenarios, which can be used for the modelling of post stabilisation recovery: (1) small multiple peaks and (2) a significant larger peak from June 2020 onwards.

NHSBT – T Cowdrey highlighted the following points.

- Demand for blood components during the peak of the pandemic fell to approximately 40% of business as usual but is now back up at 90%. Blood stocks are still good but require careful management amid concerns that demand might increase above pre-COVID-19 levels. NHSBT is keen to hear from Trusts about their recovery plans and expected blood component demand over the coming weeks and months.

- The development and delivery of the Convalescent Plasma trials has required a huge effort. Initial collection and supply of the new component has been successful. The current effort was to scale-up the effort at the same time as supporting routine collections. Planners face the challenge of arranging routine donor collections and convalescent plasma collections in sessions, whilst accommodating appropriate social distancing.

- NHSBT is in contact with the Department of Health and Social Care to understand the implications of the new Test, Track and Trace application on activity for both staff and donors.

- The group was not aware of any current problems with the supply chain for laboratory consumables. However, TC will check this with NHSBT’s Head of Supply Chain Governance and Risk. A lot of manufacturers had kept in place their contingency plans around a no-deal Brexit and had stockpiled materials. This has helped to maintain supplies through the pandemic. Colleagues do need to consider the potential of future peaks in infection and should also be reviewing their Brexit plans during the summer months. TC will liaise with JS.

Trauma/Surgery

AW reported that Major Trauma Centres (MTC) have a weekly call to review any problems; all MTCs have remained green throughout the pandemic. The reporting includes pre-hospital services and AW is not aware of any issues supplying blood to air ambulances. Some air ambulance teams have adjusted their working hours but London’s helicopter emergency medical service (HEMS) has maintained its service, with plans in place to cover any shortage of blood components. The number of trauma cases has been low, although there has been an increase during recent weekends and AW reiterated her concern that numbers will spike as the lockdown is relaxed.

Hospital Transfusion Teams/Transfusion Laboratories – The group noted a variety of points, including:

- The challenges of working in red (COVID-19 positive) and green zones;
- Stock transfers
- Wards being relocated
- Access to laboratory support
- Blood sampling queries
- Installation of new equipment – should be done as quickly as possible in case an emergency occurs and installation is then delayed
- The management of samples in high consequence infectious diseases (HCID) laboratories and the challenges of upscaling
- The use of electronic (rather than manual) checking systems, would be particularly valuable in the Nightingale hospitals
- Challenges faced within more rural areas, including the logistical challenges of providing transfusion support to one specific hospital site that is being kept “COVID-19” free for the treatment of patients undergoing surgery or and/or treatment for cancer.

EC will be speaking to other London TPs to discuss the lessons learnt from their involvement with the Nightingale Hospital. It is important that these lessons are made available, ideally through the NBTC.

**ACTION: EC to share the lessons learnt with FC so that they can be made accessible on the NBTC website.**

AJ pointed out that although in the case of COVID-19, most elective surgery was immediately cancelled, this might not always be the case and hospitals may have to operate a degree of elective emergency surgery alongside their response to a pandemic. Although blood stocks have remained high through the pandemic and donors have continued to attend sessions in high numbers, the group should not assume that this would always be the case.

CW suggested that this was an opportunity for hospitals to review their target stock levels and to be confident that the stock levels they maintained pre-COVID-19 are still appropriate.

FC raised concerns about component wastage data not being available in real time. HD confirmed that NHSBT’s Patient Blood Management team is working with the Blood Stocks Management Scheme to see how this can be improved.

**Research & Development (R&D)**
A lot of R&D work has been paused as staff are redeployed to other areas. The RePHILL trial (Resuscitation with Pre-Hospital Blood Products) is currently on hold. AW confirmed that the whole blood study is also on hold. Colleagues should bear in mind that recovery plans for transfusion laboratories should include the restoration of support to R&D and currently, a consideration of the resources required to support trials of convalescent plasma.

**Education**
It was noted that some Trusts have paused all transfusion training while others have continued. In some Trusts, transfusion has been picked up by non-specialists. There is a piece of work to be done on finding out what activities staff have carried out outside of their normal duties, or in areas where they do not normally work. PBM will raise this with the NBTC Education Group, as there will be some important reflections and lessons learnt for the response to future emergencies. The group noted the potential role for the non-medical authorisation
of blood and the need for an agreed education package. PBM encouraged colleagues to contact her with any thoughts/comments. It might be that aide-memoires are produced for staff who are asked to pick up tasks that they would not normally perform.

**Information Technology**

CW pointed out that the convalescent plasma project has placed a significant demand on NHSBT’s IT resources as it has coincided with a move across to the provision of non-imported plasma. Colleagues should not underestimate the impact on IT staff and resources.

5. **Further tools/workplan**

**Workplan**

1. It was agreed that the group would propose the production of an addendum to the existing EPRR guidance to cover the occurrence of a pandemic. Members of the group will forward comments/a summary of lessons learnt to HD and FC for inclusion within the text.

   **ACTION:** EC and AJ to summarise the lessons learnt from a TP perspective.  
   **ACTION:** JS to summarise the lessons learnt from a laboratory perspective.  
   **ACTION:** AW, MS and FC to summarise the lessons learnt from a clinical/transfusion perspective.

2. This group’s comments will provide input into the NBTC Education Working Group, for example in the production of aide memoirs for staff transferred to work in different areas in response to a national emergency.

3. The Chair of the BBTS Communications Committee is encouraging hospital staff to share their COVID-19 experiences via articles in the Society’s quarterly membership magazine.

   **ACTION:** HD/FC to forward details to the group re submitting articles to Bloodlines.

The group should be mindful of how it can support hospital transfusion teams in their preparations for (1) a potential second peak of COVID-19 and (2) the end of the transition period in the UK’s departure from the European Union on 31st December 2020.

6. **Major Incident Action Cards for TPs**

EC is hopeful that the MI action cards will be ready for review by the working group before submitting to NBTC for acceptance. The plan is to upload them onto the JPAC website by the end of June (*amended by HD post meeting*).

7. **European & International Perspective**

Professor Simon Stanworth (Oxford) is pulling together various strands of international work around the response to COVID-19 within transfusion practice.
8. **Any Other Business**

The minutes of the previous meeting were not formally reviewed due to time constraints. Additional comments have been incorporated into section 4 of these minutes.

*Post Meeting note*

Review of actions and matters arising from the teleconference held on 24th February 2020 - The previous minutes were ratified offline on 13th March 2020 and uploaded to the National Blood Transfusion Committee (NBTC)’s Emergency Planning (EP) Working Group area of the JPAC website.

*Items on the previous workplan will be carried over and/or combined with future work on lessons identified. Further work on the EPRR guidance will provide an opportunity to publicise the guidance more widely during the coming months.*

*Signposting of resources from the British Society of Haematology (BSH) website – there is a link to JPAC website within the Education section but no specific links to Emergency Planning resources. HD has accepted this as many of the emergency planning documents have been made available on the NBTC main page.*

9. **Future meetings/teleconferences**

The group agreed to convene for another call mid-July.

Draft circulated for review 12/05/2020
Minutes confirmed 22/05/2020