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

Virtual meeting via MS Teams – 9 June 2021
Confirmed minutes and action points

## 1. Introductions, apologies and setting the scene

**In attendance:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Role and Organization</th>
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<tr>
<td>(FC) Fatts Chowdhury (Chair)</td>
<td>Clinical services NHSBT &amp; Imperial College Health care NHS Trust</td>
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<tr>
<td>(JB) John Bell (deputising for TC)</td>
<td>Business Continuity Manager, Blood Donation, NHSBT</td>
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<tr>
<td>(SG) Simon Glasgow</td>
<td>Academic, The Centre for Trauma Sciences, Queen Mary University of London</td>
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<tr>
<td>(RM) Rachel Moss</td>
<td>Transfusion Practitioner, Great Ormond Street Hospital for Children NHS Foundation Trust &amp; ISBT Transfusion Practitioners Forum</td>
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<tr>
<td>(MS) Martin Smith</td>
<td>Clinical Director, Greater Manchester Trauma Network and Consultant in Emergency Medicine, Salford Royal Foundation Trust</td>
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<tr>
<td>(SN) Shruthi Narayan</td>
<td>Medical Director, Serious Hazards of Transfusion Scheme (SHOT)</td>
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<tr>
<td>(SR) Susan Robinson</td>
<td>Consultant Haematologist and Clinical Director, Guy’s and St Thomas’ NHS Foundation Trust</td>
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<tr>
<td>(JS) Julie Staves</td>
<td>Transfusion Laboratory Manager, Oxford University Hospitals NHS Foundation Trust</td>
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<td>(ET) Emma Tibbling (deputising for EC whilst on maternity leave)</td>
<td>Transfusion Practitioner, King’s College London (London TP Group &amp; National TP Network)</td>
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<tr>
<td>(AW) Anne Weaver</td>
<td>Consultant in Emergency Medicine &amp; Pre-hospital Care / Clinical Director for Trauma Royal London Hospital</td>
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<tr>
<td>(CW) Craig Wilkes</td>
<td>Lead Specialist – Process Improvement, Commercial &amp; Customer Service, NHSBT</td>
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<tr>
<td>(SK) Sue Katic (Minutes)</td>
<td>Clinical services, NHSBT</td>
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**Apologies:**

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<tr>
<th>Name</th>
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<tr>
<td>(LB) Lydia Baxter</td>
<td>Transfusion Laboratory Manager, Salford Royal Foundation Trust</td>
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<tr>
<td>(EC) Emily Carpenter</td>
<td>Transfusion Practitioner, King’s College London (London TP Group &amp; National TP Network) (maternity leave)</td>
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<td>(TC) Tom Cowdrey</td>
<td>Head of Business Continuity, NHSBT</td>
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<tr>
<td>(HD) Heidi Doughty</td>
<td>Clinical services and emergency planning, NHSBT</td>
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<tr>
<td>(AJ) Ant Jackson</td>
<td>Transfusion Practitioner (representing BBTS)</td>
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<tr>
<td>(YS) Youssef Sorour</td>
<td>Consultant Haematologist, Barnsley Hospital NHS Foundation Trust</td>
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<tr>
<td>(JU) James Uprichard</td>
<td>Consultant Haematologist, St George’s University Hospitals NHS Foundation Trust and Chair of the London Trauma &amp; Haematology Group</td>
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## 2. Review of the actions from the previous call on 3 March 2020

The minutes from the 3 March meeting were agreed and have been uploaded to the JPAC website.
• NBTC guidance and triage tool for massive haemorrhage in severe blood shortage – HD has revised the document which was circulated to the group, feedback received from GSTT ethics committee and SHOT team. To be discussed later in the meeting.
• FC requested a Deputy Chair for the group. If interested let FC know.
• Paediatric Major Haemorrhage Protocols (MHP). GSTT neonatal and paediatric protocol had been circulated to the group. RM and JS will send their Trust protocols to SK to be circulated.
• Trauma and Haematology Groups. The Trauma Board has asked if similar groups could be set up in other regions, this was raised at PBM team meeting and is in consultation amongst other PBM consultants. FC has been asked to present a proposal to the NBTC.

3. Update on guidelines/communications/website – FC

No update to the numbers accessing the NBTC EP Working pages of the JPAC website.

*Action: Will update further at next meeting.*

NBTC guidance and triage tool for massive haemorrhage in severe blood shortage:

• FC thanked SR and SN for feedback from GSTT Ethics committee and SHOT team. GSTT Ethics committee sent comments on first version on age and ECMO, HD had revised.
• In second version commented on Appendix B, ‘Organ Transplantation’ - wanted clarification on whether routine or minor transfusion would still continue in a red phase and asked to consult with British Transplant Societies’ Ethics committee. HD fed back that Appendix B is causing a lot of problems for the specialities; we should consider removing Appendix B and leave to the specialised departments on what they would do on an individual patient basis. HD/FC felt it was more appropriate for the specific specialists to decide if transfusion in major haemorrhage appropriate in red phase. This was agreed by the group.
• Group looked at Appendix A to see whether needed changing if Appendix B was removed. Appendix B could be removed if wording in the bottom box of Appendix A was reworded so that stated decision should be based on senior consultant consideration.

*Action: FC will send the document with the Canadian paper to the group again and asked for comments/changes to be sent back to her regarding removal of Appendix B.*

4. SHOT Update for Emergency Planning - SN


SHOT symposium will be a virtual event taking place across two half days – 14 & 15 July. The Annual SHOT Report will be released on 14 July at the Symposium.
Transplant guidance document/checklist finalised and available. Agreed via NBTC, PBM, RCPPath to address issue of safe transfusion. Circulated to all transplant centres and on SHOT website. In discussion with BSH to see whether they will co-badge the document.

SN reported that SHOT has noticed a jump in the amount of transfusion delays, including in major haemorrhage settings. This will be coming out in messages in the SHOT report and also at the Symposium. There will be a debate session at the BBTS Conference in September to generate more discussion and see how to address these delays. May need clinicians from a non-transfusion/haematology background to be on the panel. SN will let people know if she needs help. Also in touch with patient safety teams and NHSIE.

**Action: SN will keep group updated of ongoing work.**

SN had raised as an agenda item at the NBTC Education Working Group, for a central collation of useful transfusion resources dedicated to UK wide transfusion education. Aiming to draw up a document to be reviewed yearly. Lise Estcourt leading on this.

**Action: SN will update further at the next meeting**

SN would like to hold a webinar in the latter part of the year regarding emergency preparedness from a transfusion point of view - SHOT and EPWG hosting together. Expect 300-500 people from countries across the world will join webinar.

5. **Reporting from the frontline – MS/AW**

AW has been asked to join a meeting with Laura Green and Julia Lancut at RLH about provision of blood for pre-hospital teams in London relating to major incidents. Looking at doing hot zone working with the police, other areas of the country might pick up on this during the next few months. Main concern raised is normally have 3 boxes of blood to cover shifts for two 12 hours HEMS teams (i.e. provision for 24 hours), in a major incident would need 6 boxes, all O Negative. Not ideal if taking all from one MTC, talking about whether supply should be from other MTCs not just RLH.

**Action: AW will feed back outcome of meeting.**

JB said that NHSBT stance was wouldn’t deliver directly to scene because of concerns around who would be involved in administration & traceability, especially with pre-hospital staff not routinely involved in transfusion and unlikely to have received training. Less concerns if HEMS clinicians involved as already giving transfusions regularly and receive appropriate training. JB will discuss with TC.

AW did not feel NHSBT would be required to deliver to scene. HEMS get all blood from RLH MTC as based there but in a major incident would be better to get from all four MTCs in London. AW would like all London MTCs to receive emergency stock in event of major incidents.

MS also having hot zone discussions in Manchester. Very early stages in work, will flag up any issues about blood transfusion as well. Salford provide blood for helicopter service. Share the same thoughts and challenges. SG involved with the project with MS around Hot Zone work and will discuss with him offline at some point regarding the areas relevant to transfusion.
JS logistical issue, HEMS boxes very different to boxes used in standard hospital setting. Might have to accept standard box, for a major incident wouldn’t need for as long as for the helicopter who have 72-hour boxes. In her Trust protocol it is stated that they would use a standard blood box validated for six hours. JS recommended this is considered when looking at provision of blood.

**Trauma Training**

FC informed group that recently St Mary’s MTC hosted NW London Trauma Network training. Virtual event held over 4-hours, 150 people from region registered for the event before the programme was published, this highlights the keenness for training. FC asked how often training is carried out in other MTC settings and has COVID impacted on the training programme.

MS stated before the COVID pandemic Manchester ran an annual conference day open to colleagues across the network, individual trauma centres run their own training sessions, usually on a monthly basis, some cross over into trauma units. Simulation training programme has continued through COVID, conference days have not. There has been a road show type of approach, run virtually to trauma units instead. MS was hoping to re-establish a more consistent programme moving forward. Liverpool and Leeds have a similar approach to trauma training.

AW stated RLH trauma training nearly back to normal now. Major incident training at induction, tabletop training every year and frequent live exercises. AW working with Nicola Batrick in pan-London incident group to try and share some of the work, aligning the four London MTCs. Work ongoing, most places will be looking for someone for transfusion to give talks so if interested, let AW know and she will pass on names.

*Post meeting note: FC volunteered to do major trauma training.*

6. **View from the centre: EPRR and Business Continuity update – JB**

**EU Exit Impacts**
- Pressure on testing consumables/tips due to global covid-19 testing activity
- Some disruption at borders affecting small number of Stem Cell movements whilst new paperwork requirements become established
- Continuity of Inbound Supply team significantly expanded to manage issues like those above and to ensure contingency stockholding of critical consumables
- All this has accelerated an agenda to better ‘systemise’ our supply chain governance, including the introduction of a supplier relationship management system.

**Covid-19 Update**
- Blood demand is up 5% on pre-Covid activity after dropping by 35% at the peak of the first wave.
- NHSBT is working hard to forecast blood demand over coming months, with particular interest in blood heavy surgery
- Collection performance remains strong
- Donor venues overlap with the vaccine programme but remain manageable
- Convalescent Plasma infrastructure (11 donor centres) are being redirected to stockpiling source plasma for medicines (to produce IV immunoglobulins).
- Future of NHSBT’s Plasma Collection still a little uncertain as NHSEI are leading the business case to appoint one or more fractionators
• There is a global supply shortage of IV immunoglobulins due to rising demand. Up until now, the UK has depended on imports of blood plasma from other countries – mainly the US
• This work has involved NHSBT securing 3rd party temperature-controlled storage, which has been of particular interest to the BC team

7. **Further tools/workplan/report to NBTC**

FC thanked all who had sent the Paediatric Major Haemorrhage Protocols (MHP) from their Trusts and asked for confirmation that they would be happy for these to be disseminated to other hospitals, Trauma Units, mainly DGHs which may not have their own protocol. Group recommend these protocols be published in an accessible website with most up to date version i.e. JPAC website. Will leave this as a standing agenda item for this meeting to check correct versions are on the website, each Trust could email FC/SK with any updates in between this.

*Action: FC/SK will check with everyone who has sent one to make sure latest version.*

RM: ISBT Poster / TP Talk

A formal action card/aide memoire based on the Transfusion Coordinator role, an informal role, was devised through this group, this is now on the Transfusion Guidelines website. RM keen to promote this resource.

RM submitted as poster to ISBT with FC/HD/EC, has been accepted as a pre-recorded PowerPoint poster presentation. SN asked if this could go on the NBTC website.

*Action: FC/SK to check if JPAC will support in this format.*

RM will give a talk at TP Day, role of the Transfusion Practitioner in major incidents. RM did a paper on this role with ISBT colleagues for the Vox Sanguinis Science Series some years ago. HD has also asked for a paper for Transfusion Medicine. RM giving a talk on this at BBTS conference.

JB was previously employed with the Yorkshire Ambulance Service. In his role there worked with NARU (National Ambulance Resilience Service) on their action cards for major incidents. He wondered whether any opportunity to hook into this with the hot zone work/transfusion coordinator role within ED. JB will get one of these cards and send to FC/SK for circulation to the group as all agreed there would be crossover with safe practices in hot zone work and how to manage blood.

8. **Any Other Business**

JS: Lessons Learned document on JPAC website was not well formatted.

*Action: JS will reformat document and ensure to forward to FC/SK to replace old version on JPAC website and SN for SHOT update.*

SN: Asked group to register for the SHOT Symposium and upload App.

14 June is World Blood Donor Day, message from WHO is Give Blood and Keep the World Beating. Fair changes will also be going live on this day, within NHSBT.

London RTC running a virtual education meeting to celebrate Word Donor Day at 2pm on 14 June. Let FC know if interested and she will send the link for registration.

**FC/SK**
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<td>Dates will be circulated (as doodle poll) for another virtual meeting early September.</td>
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NBTC Autumn meeting on 27 September, FC will write report for this with updates over the last 6 months and circulate to the group in August for comment as will need to submit one week before the meeting.

Draft circulated for review 16/06/2021
Minutes confirmed 30/07/2020