

Manchester Bombing: A Blood Transfusion Lab Perspective



Salford Royal **NHS**
NHS Foundation Trust
University Teaching Hospital

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Salford Royal Major Incident Procedure



- Major Incident planning at Salford includes the use of **Action Cards** specific to all departments within the trust
- Staff go to their **Major Incident Folder** and follow the instructions on their **Specific Action Cards**
- These clearly allocate roles, responsibilities and procedures to follow during a major incident.

Socrates

- In light of a series of Terror attacks in France
- Socrates was a **real time simulation event held on 29.03.17** involving the emergency services for the whole Greater Manchester region
- At Salford we were all in one room throughout the event no one contacted Blood Bank despite multiple MHP activations!



Lessons learned from Major Incident Simulations

- Our call out procedure for contacting staff was difficult to follow.
- This is where the idea that if we were a visible presence in ED it would remove barriers to communication.

What did we change as a result:

- The organisation of the call out chart so it flowed better.
- Included reviewing staff to call in but taking into account annual leave and the current rota.
- Implemented a system for checking staff contact details.

The time for planning was over!



The Manchester Arena Attack

- On 22 May 2017 at 22:35 there was an explosion in the foyer of Manchester Arena
- A terrorist attack by a suicide bomber
- 1 attacker
- 22 people killed
- Over 500 injured



Major Incident Call

- The lab manager, Debbie, had heard about the incident from her niece who was at the concert!
- Debbie called switch “hands-free” as she was driving in and notified them we could be alerted to a Major Incident. The command team were then informed of the potential Major Incident
- As Debbie walked into the Lab at **23:00**, the BMS had just received the Major Incident call.
- The **Haematology Major Incident procedure** was then activated.



What actions followed

23.05

- The BMS on duty called in the on call BMS.
- MLA instructed to count all available blood product stock.
- Gold command contacted Debbie to discuss the intel so far.

23.10

- using the new system we activated the call out procedure
Considerations: Who is on leave/sick, ensuring adequate staffing for the forthcoming day/night shifts.

23.15

- NHSBT contacted and additional products ordered.

Haematology Major Incident Procedure

- On duty: 1x band 6 BMS and 1x MLA
- Debbie, Band 8b department Manager calls in further staff of a full skill mix:

1x *Band 7 blood bank Line Manager*

1x *band 6 BMS*

2x *band 5 BMS'*

1x *band 4 AP*



Modifications to Protocol

Based on lessons learned from Socrates, Debbie made some decisions on the night to modify our protocol:-

- **23:15** Non-required blood products brought back to stock
- **23:35** On-call BMS arrives, and is instructed to prepare an additional units of Emergency O NEG blood
- **23:35** AP was instructed to defrost 3 doses Group A FFP plus one set of AB Octaplas suitable for those born post 1996.
- **23:45** The additional staff had arrived on site.
- **23:45** Extra blood & FFP was taken to ED
- **23:50** Additional blood stock arrived from NHSBT

Caution!!

If you are on lockdown you will need special arrangements for the access of NHSBT drivers!



Blood Transfusion Role in ED

- **Support:** Emergency blood products were taken and managed in A&E by us.
- **Communication:** Liaise with ED staff and communicate requirements to blood bank ourselves.
- **Traceability:** Patient wrist band and products all in one bag.



What went well?

- All patients **survived**
- Smooth coherent **team work**
- Two managers to take **Leadership**.
- Fast and calculating **decision making** thanks to Socrates simulations
- Effective **communication** of requirements between AE and blood bank
- Close **monitoring** of the usage of emergency products in AE
- **No delays** in getting blood products to the patients



Blood Product Usage

Between 23:00 - 04:30am:

- 27 RED CELLS
- 2 LITRES OF FFP
- 2 LITRES OCTAPLAS
- 3 DOSES PLATELETS
- 6 ANTI-TETANUS



A photograph of the Manchester Arena at dusk. The arena's curved, glass-clad facade is illuminated from within, reflecting the pink and orange hues of the sunset sky. A tall security camera pole stands to the left. In the foreground, a city street is visible with traffic lights, street signs, and a billboard. A large, semi-transparent grey box with a black border is centered over the image, containing the title text.

MANCHESTER ARENA EXPLOSION: WHAT HAPPENS NEXT?

Improvements Required

- Clear guidance for minimum stock levels
- 2 new action cards: Blood stock co-ordinator and ED Blood Transfusion support.
- improvement needed for traceability in ED
 - source dedicated bag for units and paperwork.
- Establish a minimum stock level for Anti-Tetanus.
- **Communication:** We have identified we need our own wireless phone whilst in ED
- **Visibility:** We require a tabard so Blood Bank staff are clearly identifiable whilst in ED.
- **Stand down:** As a trust this happened too soon it didn't take into account patients going back to theatre for multiple surgeries i.e. the theatre list for Wednesday wasn't cancelled.



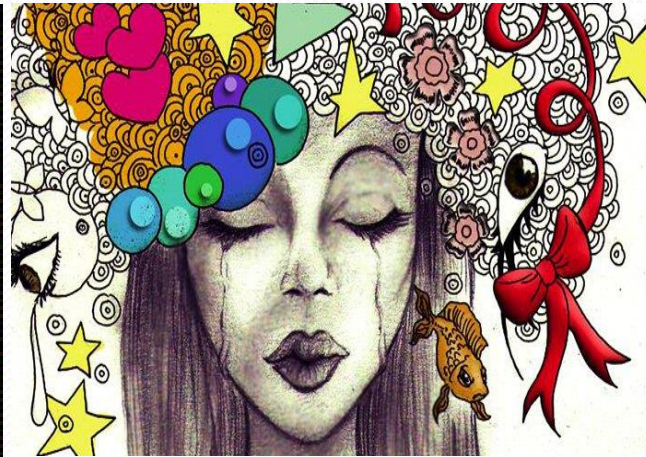
Recommendations

- **Practice! Practice! Practice!**
- Attend simulations and work in a real time way so you can identify weaknesses.
- Develop connections with the Major Trauma team
 - be part of planning, resilience and preparedness.
- Ensure you have a system for checking your callout procedure and staff contact details.



After the events...

Physically
Mentally
Emotionally
Tired.



Wide-
Awake



A note about Manchester...



Whatever is thrown at us,
we stick together!!



thank you!

Any Questions?