

London Regional Transfusion Committee Olympics 2012 Planning

Good Practice Guidance II – Clinical and Laboratory practice

Hospitals should consider the following clinical and laboratory good practice points in preparation for the forthcoming Olympics 2012 firstly to support routine work ('Business as Usual') and secondly as part of Emergency Planning. The linked document entitled Good Practice Guidance I refers to transfer of stocks between hospitals.

- The Hospital Transfusion Laboratory must be included in Trust Major Incident planning
Contingency Plans for Major Blood Shortages should be incorporated into Major Incident Plans. The following national integrated blood shortage plans include guidance for the clinical prioritisation of blood and platelet use
http://www.transfusionguidelines.org.uk/docs/pdfs/nbtc_red_cell_plan_09_10.pdf
http://www.transfusionguidelines.org.uk/docs/pdfs/nbtc_platelet_shortages_plan_09_10.pdf

- Guidelines for management of Major Haemorrhage should be incorporated in the Major Incident Plan to promote prompt and appropriate use of blood and blood components in this setting. This should also include guidance in relation to the following:

Group O RhD Neg red cells - see NHSBT guidelines at available at

http://www.transfusionguidelines.org.uk/docs/pdfs/nbtc_bbt_o_neg_red_cells_recs_09_04.pdf

Pending availability of blood group, Group O RhD neg should be used as a priority for women of child bearing age but consider use of Group ORhD Pos in males with major haemorrhage.

Alternatives available to plasma components in the event of shortages i.e.

Solvent detergent treated (SD) plasma in place of fresh frozen plasma if needed in adults or in place of Methylene Blue (MB) plasma in paediatrics.

Fibrinogen concentrate in place of cryoprecipitate if needed.

- Significant transport disruptions may occur during the course of the Olympics and this may impact on the prompt transfer of blood samples for specialist testing from hospitals to NHSBT departments in particular RCI and H&I followed by delivery of specialist components. Accordingly hospitals are urged to plan wherever possible with plentiful notice given when ordering components such as HLA matched platelets, washed cells, platelets in PAS, exchange transfusion units.
- The National Blood Transfusion Committee established an Emergency Planning Working Group to review the organisation of hospital transfusion services following the London bombings on 7th July 2005 and the key recommendations are available at

http://www.transfusionguidelines.org.uk/docs/pdfs/nbtc_emergency-planning-group-recommendations_v2.pdf

These include recommendations around various topics including the need for contingency arrangements in the event of communications failure, Major Incident patient numbering systems, organisation of pathology staff in a Major Incident and the need for key personnel to be aware of the availability of Antidote PODs for a chemical or biological incident.