London Regional Transfusion Committee

London & South East Trauma & Haematology Group

Friday 24th April 2020
MS Teams

Attendees

Name	Hospital	Name	Hospital
Fatts Chowdhury (FC)	NHSBT/SMH(Chair)	Julie Cole (JC)	BSUH
Denise McKeown (DM)	SMH	Gary Wareham (GW)	KSS
Emily Carpenter (EC)	KCH (minutes)	Selma Turkovic (ST)	NHSBT
Ahlam Ali (AA)	KCH (minutes)	Kate Maynard (KM)	NHSBT
Kenneth Amenyah (KA)	KCH	Richard Whitmore (RW)	NHSBT
Laura Green (LG)	NHSBT/RLH	Al Hunter (AH)	NHSBT
James Uprichard (JU)	SGH	Anwen Davies (AD)	NHSBT
Kelly Feane (KF)	SGH	Linda Chapple (LC)	CXH (guest)
Julie Staves (JS)	OUH		
Claire Newsam (CN)	CUH		

Apologies

Name	Hospital	Name	Hospital
David Johnson	SMH	Nikki Curry	OUH
Shubha Allard	NHSBT/RLH	Michaela Lewin	CUH
Gemma Fawke	NHSBT	Sue Hemmatopour	OUH
Helen New	NHSBT (Paeds)		

Introduction

Due to the Covid-19 outbreak, this meeting was held virtually using MS Teams.
FC welcomed the group and led introductions.
Previous minutes were agreed with minor corrections.

Action update

It is likely that the Trauma Education Day provisionally planned for November 2020 will have to be delayed due to Covid-19, the group will revise this once lockdown ends.

ACTION EC:
Build template for Major Trauma Updates by next meeting.

ACTION EC:
Send KCH transfusion data format to FC to discuss if could be useful for the group. Condensed version previously used for peer review so likely similar to the data all MTCs are regularly collecting.

Updates from MTCs

SGH – KF

SGH has seen a drop in numbers of code reds. Continuing with CRYOSTAT-2 trial however due to Covid-19 a lot of staff have been deployed which may mean reduced enrollment.

KCH- EC

Structural staff changes in BTL have been implemented to allow for improved social distancing and reduced risk of mass infection. A month of data extraction from March until April for all Code Red (not just trauma) has not seen much differences in comparison to last few months however, a small decrease in trauma code reds has been noted.

CUH- CN

Working from Home has been implemented by Cambridge transfusion team to protect staff. The Cryostat and RePHILL trial have been suspended**.**

BSUH – JC

BSUH have also seen a general tail off in code red activations.

OUH – JS

OUH has seen a 50% drop in blood demand and MHP is 60% reduced. There are still GI bleeds, RTAs etc. As the emergency cars were taken off the road, less blood was required for blood-on-board (BOB), but one car is due to be reinstated next week. The helicopter remained active with blood on board (BOB). Stock level will continued to be monitored, along with wastage, but noted that wastage had dramatically decreased one week before lockdown.

Tried to implement splitting the laboratory into two streams however unable to maintain A and B streams.

SMH – FC & DM

SMH has also seen a reduction in activity, and code reds have dropped. They have had additional complications because two blood fridges were delivered just before lockdown; one for theatre and one for ED. Due to Covid-19, the fridge installation has been slowed but it is hoped they will go live within the next four weeks. The ED fridge is now in a Covid-19 red zone area, so this has created some problems regarding access to that area. ED fridge stock has been reduced to prevent wastage. The emergency ED stock has been reduced to 4 O D Neg and 4 O D Pos. No problem has been seen with the reduction. There were some delays to the trauma team accessing in the fridge in the red

zone, when deep cleaning was required to be completed before area open for access.

The group then discussed whether the MTCs were accepting blood components back if they had been in a Covid-19 red zone. JS reminded us of the recent NBTC's Lab Manager's Group FAQ Part 2 doc, which stated that, "*Blood components can be returned safely from clinical areas who have COVID19 infected patients with no special precautions. Please discuss with local infection control teams to confirm policies. There is no evidence that SARSCoV-2 can permeate the blood bag*".

NHSBT – RW

All the PBMP and customer service teams are continuing to monitor stock ordering. Demand across the board has seen a decrease however the demand for O D Neg has not fallen as steeply. Not seeing as much wastage data coming through, this may because submitting wastage data is low priority, and may be entered late.

ACTION ALL – Share code red data since the lockdown has been applied (2-3-month period) and compare to following 2 to 3 months' worth of code red data.

Update on Convalescent Plasma – Al Hunter

There is lots of information in the Hospital and Science website: https://hospital.blood.co.uk/ about this trial.

NHSBT are undertaking a program of collecting convalescent plasma (CP) of people who have recovered from Covid-19. As this contains neutralizing antibodies against the virus and is believed (not yet fully proven) that transfusing them to unwell patients can boost their immune response may help them recover sooner. It has been used in the treatment of Ebola and MERS.

The administration for this product has been done in two clinical trials; REMAP-CAP and RECOVERY. REMAP-CAP is for patients that have been treated in ITU and RECOVERY is for people who have been treated as a hospital inpatient. REMAP-CAP has ethics approval for CP however approval it is still pending for RECOVERY.

NHSBT has 5 work streams now to detect separate working areas: blood donation, testing, donor contact, manufacturing, logistics and treatment. They are targeting 10 000 CP donations a week. This has required a lot of background work to look at the infrastructure in terms of donation but also in terms of safety measures and logistics such as OBOS. OBOS has been set up to only show CP if the hospital is enrolling in the trial.

Patients entered in REMAP-CAP trail will be given 2 CP doses at least 12 hours apart but within 48 hours, and patients will be sampled according the trial regime before CP is given and on the scheduled days until day 28. Group and Save samples will be required for issuing the CP as they will have to be ABO compatible. CP product label is still in development. Initial stock supply of 2 A

and 2 O units to BTL, other groups and subsequent units will need to be ordered through OBOS with trial numbers. Each dose will be 1 unit (approx. 250 +/-75ml). The first hospitals expect to go live next week.

Transfusion reactions including TRALI, TACO and febrile reactions should be reported via SHOT/SABRE.

CP will be available for trials only. It may become standard treatment if it proven to be successful. Trial will review safety data for the first 100 patients.

NBTC Transfusion triage tool: Guidance and triage tool for the rationing of blood for massively bleeding patients during a severe national blood shortage – FC

This document has been published on JPAC https://www.transfusionguidelines.org/uk-transfusion-committees/national-blood-transfusion-committee/responses-and-recommendations

It is a national document written so that the same standard across all the major trauma centers can be used. It is based on a similar document used in Canada. The group commented on the usefulness of the document, and discussed plans to forward to clinical teams in ED etc if not already done so.

Noted the NBTC Red Cell Shortage Plan was also updated in March.

Cryostat and Platelet Depleted Whole Blood Update – FC updated on behalf of LG

As LG was unable to dial in on time, she kindly emailed over an update on these topics which were presented by FC.

Trials

- Recruitment to trials only if clinical teams can during pandemic
- Trial recruitment will stop if NHSBT triggers the emergency blood action plan
- Helicopters will continue carrying blood on board unless there is a shortage – as per emergency blood shortage plan

General

- Sample labelling from infectious patients?
    - Some hospitals are introducing a buddy system - the buddy labels the sample in a 'clean' area, other hospitals are requesting samples taken in a COVID area are dropped into a clean bag before being sent to the lab)
    - Barts & Royal London handling samples in the usual way using gloves, which is normal practice.
- Update on transfusion requirement at Nightingale

- The ITU consultants are using the same criteria as they would for non-COVID 19 patients

Subsequent Topics Discussed:

Clinical staff in Oxford seal their badges in plastic bags which seems to have worked well when using the electronic bedside system. If a PDA needs to be fixed somebody from the clinical staff brings it out of the COVID-19 area and it gets disinfected before being fixed by the TP team and return to ward.

KCH are photocopying ID badges (with PDA barcodes) and use the disposable photocopied badges into the red zone however not many staff have adopted this method meaning they are reverting to double manual checks which use more staff and is less safe. They use a similar method to repair PDAs to OUH but are finding it less effective as staff are slower to report faults and it is not always easy to get the PDA out of the red zone safely.

GW updated the group regarding Kent Surrey Sussex Air Ambulance (KSS). Although trauma calls are down, the trauma calls that do get activated are serious cases and they have seen number of pre-transfusions in the last few weeks. They been in touch with their main supplying hospital to discuss what would happen should a shortage occur. According to their data calculations about 20% of transfused patients are receiving all 4 units at scene.

FC suggested we investigate the WBIT rates since the lockdown to review if samples have been labelled appropriately, as staff have been deployed from different areas.

Selma Turkovic (ST) gave us a quick update of transfusion requirements at Nightingale which is governed by Barts Health. They have now collected some data regarding transfusion so far:

- Currently 32 inpatients, an additional 7 patients have been discharged, 5 patients have died.
- 19 components have been administrated in total which are:
  - 16 RBC
  - 1 Platelets
  - 2 Human Albumin Solution.
- Staff required extra training on the two sample rules and correct sampling practice for GS sample for Barts.
- Patient specific red cells are being sent over from Royal London on request
- If the unable to wait, then they will use the blood that is available on site; 6 O positive and 6 O negative and 4 pre-thawed FFP
- Fibrinogen concentrate is being used in place of Cryo if required.
- Medical Students from Oxford University working alongside specimen reception MLAs to make sure that someone is there all the time.
- Operating a hatch system for blood collection to minimise infection risk.
- Traceability is either completed by phone confirmation or return of paperwork.

Another Other Business:

The group discussed the preliminary work being led by Mike Murphy regarding ECMO. Data is being collecting to find out how much blood they are using in Trusts which have an NHSBT consultant associated with them.

JU queried if the blood compliance reports would include convalescent plasma or if this would be including in clinical trials data.

JU also asked if anyone else had noted an Increase in febrile transfusion reaction in Covid-19 patients. No one else had noticed this so far, except for Charing Cross Hospital that noted some Covid-19 patients have a weak DAT positive. The group noted that as Covid-19 patients are having regular temperature spikes, it's tricky to correlate to transfusion.

Date of Next Meeting:

Post meeting, it was discussed that a further meeting in July 2020 would be organised.