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CONTINGENCY PLAN OF A BLOOD TRANSFUSION SERVICE DURING THE SARS-CoV-2 PANDEMIC

A. ARGYROU, S. NIKOLOPOULOU, M. GEORGOPOULOU, C. PANAGIOTOPOULOU, A. GAFOU,
BLOOD TRANSFUSION SERVICE, "AGIOI ANARGIROI" GENERAL & ONCOLOGY HOSPITAL, ATHENS, GREECE



ΓΕΝΙΚΟ ΟΓΚΟΛΟΓΙΚΟ
ΝΟΣΟΚΟΜΕΙΟ ΚΗΦΙΣΙΑΣ
"ΟΙ ΑΓΙΟΙ ΑΝΑΡΓΥΡΟΙ"

BACKGROUND

During major disasters and pandemics such as the current SARS-CoV-2 pandemic, it is critical for Blood Transfusion Services to plan for fair and appropriate allocation of resources within a defined ethical and scientific framework for donors, patients and Blood Transfusion Services'-staff.

Following these principles, a **Contingency Plan** must be implemented to ensure safety and adequacy of blood-chain.



AIMS

To present the Contingency Plan in the Blood Transfusion Service of a "Agiou Anargiroi" General & Oncology Hospital regarding:

- blood donors' safety
- Blood Transfusion Service's personnel safety and
- continuity of blood supply, during the first phase of SARS-CoV-2 pandemic

* *"Agiou Anargiroi: is not a SARS-CoV-2 referral hospital*

METHODS

The study-period extends from 20/2/2020 (7 days prior to first confirmed SARS-CoV-2 case in Greece) to 31/5/2020 (recall of most of imposed social/medical restrictive measures).

Data about blood collection/use was obtained from electronic medical records of our Blood Transfusion Service.

2020

January	February	March	April
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May	June	July	August
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September	October	November	December
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RESULTS

The Contingency Plan was organized following directives of:

- International (World Health Organization)
- National (National Organization for Public Health, National Blood Transfusion Center)
- Local authorities and scientific committees (Hospital Committee for Infectious Diseases).

Measures taken regarding following procedures of our Blood Transfusion Service:

1. Blood samples processing,
2. Blood products processing
3. Reinforcing blood conservation strategies
4. Sustainability/safety of blood supply
5. Blood- donors' safety
6. Staff- safety

RESULTS

1. Blood samples processing

- No special marking on the suspected or confirmed SARS-CoV-2 samples -all samples were considered “possibly infectious”
- Delayed opening after centrifugation (protection from aerosol)
- Storage in closed container on a separate shelf of the refrigerator

2. Blood products processing

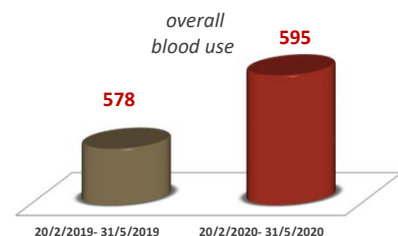
Repositioning of returned, not transfused components in the refrigerator after sanitizing them

RESULTS

3. Reinforcing blood conservation strategies

- Retraining of young doctors on Patients' Blood Management (RBM)-transfusion practices (single-unit policy, transfusion alternates, use of haematinic/haemostatic factors).

Although the overall blood use during the study period was not changed significantly comparing to the corresponding 2019 period (480/504 units respectively, t-test: $p=0.521$), substantial decrease was observed in the number of units transfused in surgical departments in the context of a system-wide decision for elective surgeries-postponement.

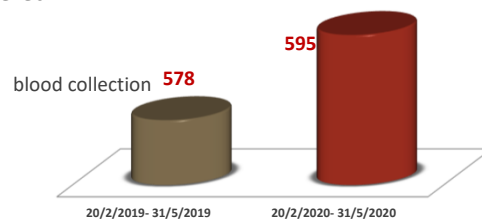


RESULTS

4. Sustainability/safety of blood supply

- Adjusting operating hours for blood collection.
- Re-scheduling of new bloodmobiles in order to overcome cancellation of others and ensure the long-term adequacy of the inventory.
- Implementing information campaigns (via personal phone-calls, text messages, emails, social media) targeting especially the donors who were registered in our Blood Transfusion Service.
- Extending storage of blood units up to >35 days.

The collected units during the study-period were slightly increased comparing to the number of units in the corresponding 2019-period (595/578 units).



RESULTS

5. Blood-donors' safety

- Remodeling access to Blood Transfusion Service through an exclusive, direct entrance.
- Spatial interventions in the reception, examination and blood collection rooms, to ensure safe presence of donors.
- Providing systematically protective masks and disinfectants to donors.

6. Staff safety

- Re-training Blood Transfusion Service's staff on correct hygiene practices (hand washing, use of surgical mask, gloves and alcohol-based hand sanitizers, surfaces disinfection techniques).
- Modifying work-timetable to avoid unnecessary contact of staff members.

SUMMARY/ CONCLUSIONS

As there was not pre-existing Contingency Plan for infectious agents in the Quality Management System of our Blood Transfusion Service, the **urgent need** for implementing a certain policy stood out as a **dynamic starting point** in our **ongoing efforts** to ensure the blood-donors' and staff safety, and provide sufficient level of health-care, with safe and adequate blood components for our patients.

Further optimization of this plan could help in efficient management of similar circumstances in the future.



...thank you!!!