

Guidelines for the Blood Transfusion Services

7.7.7: Platelets for Neonatal Use, Leucocyte Depleted

<http://aws-lon-jpac.targetservers.uk/red-book/chapter-7/7-7/7-7-7>

7.7.7: Platelets for Neonatal Use, Leucocyte Depleted

An apheresis platelet component for neonatal use that contains less than 1×10^6 leucocytes per starting component.

7.7.7.1: Technical information

- Section 7.7 provides general guidance on the requirements for components for use in neonates and infants under 1 year.
- The component should be free from clinically significant irregular blood group antibodies including high-titre anti-A and anti-B and should be negative for antibodies to CMV.
- The component may be prepared by splitting Platelets, Apheresis, Leucocyte Depleted (see section 7.4.2) using a closed system.
- The component should contain $>40 \times 10^9$ platelets in sufficient plasma to maintain the pH at ≥ 6.4 at the end of the shelf life of the component.
- The component may be leucodepleted as part of an apheresis process or by subsequent filtration of the platelet component.
- Screening of female donors for HLA/HNA antibodies should be considered as a TRALI risk reduction strategy. If platelets are to be issued as HPA-matched (e.g. HPA-1a or HPA-5b negative) then donors should be screened and found negative for all clinically significant HLA and HPA antibodies (as defined in Chapters 16 and 18). This screening can be done on an initial sample and does not need repeating at each donation unless the donor has been transfused or pregnant since the last antibody screen.
- A record which demonstrates that the donor has not been transfused since the initial negative screen for antibodies and in the case of female donors that the donor has not been pregnant since the initial negative screen for antibodies needs to be maintained.
- Platelets for Neonatal Use, Leucocyte Depleted should administered through a CE/UKCA/UKNI marked transfusion set.

7.7.7.2: Labelling

For general guidelines, see section 6.6.

The following shall be included on the label:

(* = in eye-readable and UKBTS approved barcode format)

- Platelets for Neonatal Use, Leucocyte Depleted* and volume
- the blood component producer's name*
- the donation number and, if divided, sub-batch number*
- the ABO group*
- the RhD group stated as positive or negative*
- the date of collection
- the expiry date*
- the temperature of storage and a comment that continuous gentle agitation throughout storage is recommended
- the blood pack lot number*
- the name, composition and volume of the anticoagulant or additive solution.

In addition, the following statements should be made:

INSTRUCTION

Always check patient/component compatibility/identity

Inspect pack and contents for signs of deterioration or damage

Risk of adverse reaction/infection, including vCJD

7.7.7.3: Storage

For general guidelines, see section 6.7.

- The component should be stored at a core temperature of $22 \pm 2^{\circ}\text{C}$ for up to 5 days. Appropriate pack and platelet concentration combinations may allow storage up to 7 days, but due to concerns over bacterial contamination would require either an assay to exclude bacterial contamination prior to transfusion or application of a licensed pathogen inactivation procedure.
- Platelets should be agitated during storage. If agitation is interrupted, for example due to equipment failure or prolonged transportation, the components are suitable for use, retaining the same shelf life, provided the interruption is for no longer than a total of 24 hours.

7.7.7.4: Testing

In addition to the mandatory and other tests required for blood donations described in Chapter 9, and leucocyte counting (see sections 6.3 and 7.1.1), the component shall be free from clinically significant irregular blood group antibodies and high-titre anti-A and/or anti-B, and antibodies to CMV. Furthermore, a minimum of 75% of those components tested for the other parameters shown in Table 7.7.7 shall meet the specified values.

Table 7.7.7 Platelets for Neonatal Use, Leucocyte Depleted – additional tests

Parameter	Frequency of test	Specification
Volume ¹	1% or as determined by statistical process control (if ≤ 10 components produced per month then test every available component)	Within locally defined range
Platelet count ²		$\geq 40 \times 10^9/\text{unit}$
pH at end of shelf life ^{3,4}		≥ 6.4
Leucocyte count ⁵	As per sections 6.3 and 7.1.1	$< 1 \times 10^6/\text{starting}$ component
¹ Units measured and found to be $< 30 \text{ mL}$ or $> 95 \text{ mL}$ should only be issued for transfusion under concessionary release		
² Units measured and found to have $< 40 \times 10^9/\text{unit}$, or more than the maximum recommended by the manufacturer of the storage pack where stated, should only be issued for transfusion under concessionary release		
³ If producing low numbers, use of most units is likely to make testing of outdated units impossible. In this situation periodic checks to ensure end-of-shelf-life quality should be undertaken with the combination of blood pack platelet concentration and storage conditions in routine use.		
⁴ A minimum of 90% of components tested shall meet the specified value		
⁵ Methods validated for counting low numbers of leucocytes must be used		

Note: Visual inspection of platelet components for the swirling phenomenon, clumping, excessive red cell contamination and abnormal volume is a useful pre-issue check.

7.7.7.5: Transportation

For general guidelines, see section 6.11.

- Containers for transporting platelets should be equilibrated at room temperature before use. During transportation the temperature of platelets must be kept as close as possible to the recommended storage temperature and, on receipt, unless intended for immediate therapeutic use, the component should be transferred to storage at a core temperature of 22°C with continuous gentle agitation.
- Plastic overwraps should be removed prior to storage.