Transfusion-Transmitted Infections (TTI) - Previous Recommendations

Year first made	Action	Recommendation
2010	**Hospital microbiology laboratories**	Attention should be paid to the sampling and storage of implicated units or their residues to avoid sampling or environmental contamination of the pack
2010	**HTTs, clinicians**	Even if TTI is excluded in a case of ATR, the case should still be reported to SHOT as an ATR
2010	**Clinicians, UK Blood Services**	Clinicians investigating suspected viral TTIs should explore all possible risk exposures in parallel with the Blood Service investigations, in order to determine the patient's most likely source of infection. This includes checking records and testing samples taken prior to the implicated transfusion(s) to check that the recipient was not infected prior to transfusion.
2009	**HTTs**	Staff should maintain a high index of suspicion for bacterial causes when managing acute transfusion reactions. Symptoms may appear to be related to the patient's underlying condition, and temperature rises may be small or absent altogether. A BCSH guideline on the management of acute transfusion reactions is currently in preparation.
2009	**HTTs, UK Blood Services**	Processing and issues teams at the UK blood services and hospital transfusion teams should be vigilant to any abnormalities or clumps present in packs prior to transfusion, as highlighted by the Near Miss case in 2009.
2009	**HTTs, UK blood services**	Cleaning protocols for cold rooms and processing and storage areas should be reviewed regularly. Compliance with these should be audited.
2009	**Clinicians, UK Blood Services**	Clinicians investigating suspected viral TTIs should explore all possible risk exposures in parallel with the blood service investigations, in order to determine the patient's most likely source of infection.
2008	**Hospital transfusion teams**	Staff must maintain a high index of suspicion of bacterial causes when managing acute transfusion reactions. Symptoms may appear to be allergic in nature, but cultures must still be performed whenever bacterial contamination is a possibility.

2005, 2008, 2009	**Hospital transfusion teams, UK blood services**	Where bacterial contamination is suspected, staff should report the incident to the blood services as soon as possible in order to facilitate the return of implicated packs and the recall of any associated units. Attention should be paid to the sampling and storage of implicated units or their residues to avoid environmental contamination of the pack.
2003, 2008	**UK blood services, SaBTO, blood collection teams, hospital transfusion laboratories, staff undertaking pre-transfusion bedside checking**	Strategies to reduce bacterial contamination of blood components should continually be reviewed. These include: - Diversion of the first 20–30 mL of the donation (likely to contain any organisms entering the collection needle from the venepuncture site) - Enhanced donor arm cleansing using chlorhexidene - Consideration of bacterial screening interventions and/or pathogen inactivation - Adherence to BCSH guidelines (2009) with regard to the visual inspection of blood components for any irregular appearance immediately prior to transfusion