INTERIM GUIDANCE FOR BLOOD MANAGEMENT INTRACOVID-19

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MINISTRY OF HEALTH,
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FOREWORD

The COVID-19 pandemic has reduced the supply of blood and blood components and adversely affected blood system activities in many countries.

Blood services therefore need to take steps to assess, plan, and respond appropriately and proportionately throughout the blood value chain including blood donation, testing, distribution and transfusion.

This guidance is intended to:

i) provide the public with information regarding the safety of blood donation and transfusion given the widespread community transmission and thus enhance blood collections in the system

ii) provide guidance to all health care workers in the blood chain across the public and private sectors on measures that must be taken to ensure safety of blood and blood products in the context of COVID-19.

This document is developed by the National Blood Transfusion Service informed by a series of consultations with stakeholders and experts in epidemiology, haematology and laboratory sciences from November 2020 to January 2021. It adapts the WHO Guidance for National Blood Services on Protecting the Blood Supply during Infectious Disease Outbreaks and risk assessment publications on COVID-19 from regional networks/institutions.
The guidance will continue to be updated as the Ministry of Health and World Health Organization (WHO) updates relevant guidance documents.

The partners and individuals who participated in the deliberations that have resulted in this guidance are appreciated.

Dr. Patrick Amoth, EBS

Ag. Director General for Health
BACKGROUND

The COVID-19 virus outbreak is primarily transmitted by the respiratory route. Globally, the respiratory viruses have not been reported to be transmitted through blood or blood components. Thus, there is no known risk of transmission of COVID-19 disease by transfusion of blood collected from asymptomatic individuals to patients.

With specific reference to SARS-CoV-2, there are no reported cases of COVID-19 disease acquired through transfusion of blood and components globally and the risk of transmission of SARS-CoV-2 through blood transfusion is not demonstrated.

However, COVID-19 has had a significant impact on blood supplies through reduced blood donation affecting blood availability in Kenya in various ways. There has been reduced blood supply with fewer people turning up to donate blood during the COVID-19 period as learning institutions, which are traditionally relied on for blood collections, were closed.
GENERAL CONSIDERATIONS

The Kenya National Blood Transfusion Services is taking steps to assess, plan, and respond appropriately and proportionately to COVID-19 informed by science. General considerations made by the KNBTS in this guidance for all health providers in the blood ecosystem include:

i) reviewing the considerations required for promoting safe blood donation activities, testing, transfusion

ii) enhancing public and stakeholder confidence in blood management including safety and efficaciousness of blood. Messaging and actions shall be proportionate, evidence-based and consistent with overall national emergency response messaging.

iii) ensuring that health care providers and the public are properly informed, understand and adhere to procedures for COVID-19 prevention in the blood chain.

Effective and accurate data-driven risk assessment will need to be continuously undertaken to determine the most appropriate and proportionate action, taking into consideration:

i) The extent of COVID-19 spread in the country

ii) Local epidemiology in different parts of Kenya

iii) Laboratory services available

iv) Blood needs
v) Cost effectiveness of blood safety interventions

The following sections review blood management processes against COVID-19 prevention and treatment requirements and provide guidance.

BLOOD DONOR MOBILISATION AND DONATION

This guideline identifies two areas of COVID-19 prevention efforts during blood donor mobilization and donation activities. The first relates to donor screening that will include adherence to interim guidance for health & safety in workplace, interim guidance for public use of face mask guidelines on COVID-19 to screen for potentially infected persons. The second relates to Infection Prevention and Control (IPC) during blood donation and collection exercises.

DONOR SCREENING DURING DONATION EVENTS

1. All potential blood donors shall have their temperatures monitored before being allowed into the donation area

2. Those with the temperature of above 37.5º Celsius shall not be allowed to donate blood.

3. Potential donors shall be educated about:

   a. the need to self-defer based on risk factors for COVID-19 or feeling unwell or having direct exposure to COVID-19 from a confirmed case for at least 28 days.
b. The importance to inform the blood centre immediately if they develop a respiratory illness within 28 days of donation. Blood donors will be provided with contacts to report post-donation illness consistent with COVID-19 or contact with a case that is confirmed post-donation.

c. Symptomatic individuals who are unwell or with signs and symptoms of fever and respiratory disease (such as cough or breathlessness) shall be excluded from donation.

4. During screening and registration for donation, the updated screening tool (annex 1) shall be applied and those with risk exposure may be deferred by self, or mandatorily from the health provider¹.

5. Since the procedure of phlebotomy requires close contact with the donor, staff must have appropriate masks during triage (donor evaluation) and while performing phlebotomy.

6. If COVID-19 is confirmed in a blood donor or staff, the management of donor activities shall immediately initiate MOH guidelines and protocols on COVID-19 management.

INFECTION PREVENTION AND CONTROL DURING BLOOD COLLECTION

1. All donation events and blood collection activities shall adhere to the Ministry of Health COVID-19 guidelines and regulations², including but not limited to:

¹ The screening tool and donor education materials shall be regularly updated to align with various COVID-19 guidelines offered by the Ministry of Health.
² MINISTRY OF HEALTH – REPUBLIC OF KENYA
2. It is important to note that an infected donor or staff member during donation activities who is asymptomatic, pre-symptomatic, or has very mild symptoms may infect other donors and staff. Thus, MOH Infection Prevention and Control recommendations must be strictly adhered to.

3. Technical staff handling blood donors shall adhere to PPE guidance including masks that do not have ventilators in-order to assure the blood donors safety.

4. Organisation of donation procedures to minimise contagion between donors must be practised including, but not limited to:

   a. Physical distancing while assuring proper flow of work.

   b. Regular cleaning of surfaces and high touch parts e.g. door handles etc with 0.5% hypochlorite should be undertaken

   c. Religiously practice 5 moments of hand hygiene while handling every individual donor

   d. Blood donor chairs shall be disinfected periodically after every procedure

   e. Gloves, wash stations and hand sanitizers shall be sufficient to protect the staff and blood donors in line with existing guidelines
5. Staff should never carry lab coats to wash at home – all laundry should be done at the centre/facility.

6. Places to store carryon items should be designated to reduce their movement during the donation activities to reduce exposure and contact.

7. Staff who feel unwell or may have been exposed should be advised to report to their supervisors and may not be assigned functions that include direct contact with donors and staff. Blood donation activities shall consider measures such as putting staff on a rotation basis.

BLOOD TESTING & COMPONENT PREPARATIONS

1. The technical staff shall adhere to Infection Prevention and Control Recommendations for COVID-19 at all times in the laboratories during all procedures.

2. Testing of collected blood for COVID-19 is not recommended in the absence of evidence of transfusion transmission or demonstrated infectivity of the COVID-19 virus in blood collected from asymptomatic persons.

3. Within the laboratory’s, Standard laboratory biorisk practices, based on national or international guidelines, shall be followed in all circumstances.

4. Pathogen reduction technologies (PRTs) in plasma and platelets may be used for SARS-CoV and MERS-CoV where possible.

MANAGEMENT OF RISK OF TRANSMISSION THROUGH BLOOD

Precautionary measures Options include;
1. Persons who have fully recovered from confirmed COVID-19 shall be allowed to donate after 28 days.

2. The hemovigilance data forms shall be updated to capture any possible cases of transmission through blood and components. Haemovigilance is invaluable in helping to understand the risk from blood and components and the overall effectiveness of the measures taken by the blood service.

MANAGEMENT OF COMMODITIES AND REAGENTS

1. The Kenya National Blood Transfusion Service must maintain the pipeline for commodities and reagents supplies for blood collection, testing and distribution, in view of interrupted global supply chains.

Enquiries and Feedback direct all correspondence to:

Director General for Health
Ministry of Health
P. O. Box 30016-00100 Nairobi.
Email: dghealth2019@gmail.com with copy to: infor@nbtskenya.or.ke
Web site: www.health.go.ke