

Tableau 1

Résultats de l'évaluation des pratiques de prescription des établissements de santé (ES) (sur une période de 3 mois avant et après la publication des recommandations de l'HAS) sur les 2 sites de délivrance EFS du Berry (Bourges (BO) et Châteauroux (CX)).

	Avant	Après	P( $\chi^2$ )
<i>Sexe : H/F</i>	1074/940	1108/1007	NS
<i>Âge</i>	73 (1–100)	73,1 (1–104)	NS
<i>Service</i>			
Médecine	976	986	NS
Chirurgie	419	477	NS
Autres	619	652	NS
<i>Degré d'urgence</i>			
UVI	51	47	NS
UV	101	99	NS
UR	1034	1111	NS
Aucun	828	858	NS
<i>PSL</i>			
CGR	1791	1888	NS
Plaquettes	120	100	NS
Plasma	51	51	NS
CGR/Plaquettes	10	33	NS
CGR/plasma	38	42	NS
CGR/plaquettes/plasma	2	1	NS
<i>Renseignements cliniques (oui/non)</i>	1361/653	1371/744	NS
<i>Indication transfusionnelle présente (oui/non)</i>	1917/97	2065/50	NS
<i>Conseil transfusionnel adapté par l'EFS (oui/non)</i>	134/1880	250/1865	NS
<i>Protocole transfusionnel existant</i>			
<i>Dans le logiciel (oui/non)</i>	112/1902	177/1938	NS
<i>Suivi par le prescripteur (oui/non)</i>	60/112 : 53 %	93/177 : 52 %	NS
	93 % sur BO	81 % sur BO	
	11 % sur CX	10 % sur CX	

P : test Khi<sup>2</sup>.

## 5. Conclusion

Il n'y a pas eu de modification des pratiques de prescription des ES du Berry avec la mise en place des nouvelles recommandations transfusionnelles des CGR. Afin d'avoir un conseil transfusionnel adapté aux patients, une nouvelle démarche va être entreprise pour sensibiliser les prescripteurs à mieux prendre en compte les protocoles des patients.

## Déclaration de liens d'intérêts

Les auteurs déclarent ne pas avoir de liens d'intérêts.

## Références

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## Exceptional blood collection at the Armed Forces Blood Institute after the attacks of Paris



*Collecte de sang exceptionnelle au Centre de transfusion sanguine des armées au lendemain des attentats de Paris*

**Keywords:** Paris attacks; Blood collection; Centre de transfusion sanguine des armées

**Mots clés :** Attentats de Paris ; Collecte de sang ; Centre de transfusion sanguine des armées

## 1. Introduction

On November 13, 2015, Paris and Saint-Denis were attacked by a wave of six simultaneous terrorist attacks claimed by Daesh/ISIS, killing 129 persons and injuring 350 persons with dozens critically injured.

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In an emergency, the *Centre de transfusion sanguine des armées* (CTSA) which is the Armed Forces Blood Institute, located in Clamart, adjacent to Percy military medical center, supplied blood components to both Parisian military hospitals for an optimal management of 52 war-wounded patients [1–4].

During the following hours, many volunteers showed up to donate blood at the Clamart collection center in order to increase the blood supplies.

On Saturday November 14, the blood collection service received a massive influx of donors and calls. This spirit of public altruism continued during several days and helped keeping a high level of blood product during Christmas celebrations when usually there is a lack of donors.

There are only a few data about such events [5–7].

It seems useful to share our experience and describe the impact of this kind of catastrophe on blood donor management during this exceptional blood collection and during the following weeks.

## 2. The military blood collection site located in Clamart

The primary mission of CTSA is the blood supply of military operations in overseas. CTSA also ensures the supply of blood products to military hospitals in the Paris area and Toulon. Consequently, there are two facilities: one in Toulon and one in Clamart (near Paris). Both donor centers represent only a few part of our blood collections. The main part of French military blood supply comes from blood drives organized in military sites all over the country by the CTSA. Collection targets for Clamart and Toulon are 450 RBC units per week. The specificity of the CTSA is the manufacture of French lyophilised plasma. Usually, Clamart's facility is able to manage up to 40 blood donors or 12 to 16 apheresis donors per day. This facility is usually closed on Saturday and Sunday. On a regular basis, 50% of donors are regular donors (at least one blood donation during the last two years), 30% are first-time donors and 20% are occasional donors. Among the donors, 77.8% are male, the mean age is 35.5 and the rate of medical deferral is 7.8%.

## 3. Blood bank activity during the first weekend

Half an hour after the attacks, the heads of the two military hospitals in Paris activated the white plan. Ninety-four blood products were issued during the first night (including ten lots of massive transfusion, containing each one four red blood cells (O+), and four freeze-dried plasma compared to one blood product delivered usually on Friday night (Table 1).

During the weekend, 79 blood products were transfused. The number of blood products delivered during the week that followed represented 1.34 times the number during a regular week.

## 4. Blood collection on November the 14th, 2015

On Saturday November 14, one of the immediate response of the people of Paris was to spontaneously offer to donate blood. The director of CTSA decided to organize an exceptional blood collection on Clamart facility, to ensure a sufficient inventory of

Table 1

Total activity of the blood bank during the weekend post attacks of Paris.

Becoming	RBC		Plasma		PLT	
	I	R	I	R	I	R
J0	49	21	43	14	2	0
J1	20	0	6	0	0	0
J2	23	0	6	0	9	1
Total weekend	92	21	12	14	11	1
UWA	24	0	1	0	11	0

RBC: red blood cells, PLT: platelets, I: PSL issued, R: blood product returned to blood bank; J0: Friday November 13, from 0:00 to 8:00 am, UWA: usual weekend average; J1: Saturday November 14, from 8:00 am to Sunday November 15, 8:00 am; J2: Sunday November 15, from 8:00 am to Monday November 15, 8:00 am.

blood components in case of additional attacks and to respond to donor's expectations. The goal was to collect at least 150 RBC units in one day. Active military stationed at CTSA and Percy hospital (six physicians including one reservist, twelve nurses, four secretaries, three drivers, one reserve officer and two computer scientists) came up spontaneously to offer help and to participate. Other staff members have been kept on alert and were ready at any time in order to ensure a rotation of the staff, if necessary.

### 4.1. Phone calls management

The Clamart facility usually receives 15 calls on a regular day. On November 14th, two secretaries answered more than 200 phone calls. A data collection sheet was created to put all administrative data and phone numbers of callers wanting to donate. The increase in calls continued all over the weekend. The secretaries explained the need for ongoing supplies for the month that follow this kind of event with encouragement to register and book future appointment to donate. The National Blood Service used the same call control strategy after London bombings in 2005 [4]. Even if they could donate later, many volunteers preferred to wait several hours with our team and other donors to avoid facing this tragedy alone and feeling powerless. One hundred eighty-nine pledges to donate were recorded on November the 14th and 240 on November the 15th, which allowed the recall of volunteer donors during the following month to maintain an adequate and constant supply of blood components.

### 4.2. Management of the massive influx of blood donors who spontaneously came to the Clamart facility

At 9:30 am, the people of Paris mobilized by the media and social networking went in droves to the CTSA facility. The collection on site was organized according to the plan for a blood drive but adapted to a majority of new donors presenting without flux regulation:

- a large waiting area for donors was defined with staff explaining information before donation;
- a questionnaire filling area;
- a secretarial desk;

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