

## Emergency Blood Stock Management Procedure Version 5

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## VERSION CONTROL SUMMARY

Version:	Page or section:	Description of change:	Date approved:	Date published:
2007 Version 1		Original document	September 2007	September 2007
2010 Version 2		Planned review – no revisions.	September 2010	September 2010
2013 Version 3		Formatted into new trust style for procedural documents. Clinical directorates incorporated. Checklists added for implementation of plan.	16/01/2014	12/2/2014
2017 Version 4		Combined procedure for NWA	10/7/20218	11/7/2018
2021 Version 5		Added table for platelet transfusion categories. Added flow chart for triage of patients needing massive transfusion while in red alert level.	7/10/2021	11/10/2021

### Summary of key points in this document

The Emergency Blood Management plan:

- Provides guidance for clinicians to ensure that any national shortage of red cells or platelets is managed efficiently.
- Ensures that transfusion support remains available to patients who most need it.
- Although the plan is designed to operate at all times, even when there are no shortages (Green phase), it also outlines the procedure for dealing with severe and prolonged blood shortages (Amber and Red phases).

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# Emergency Blood Stock Management Procedure

## 1. INTRODUCTION

The ready availability of blood components for transfusion has made possible many of the most important medical and surgical advances of recent decades. While the NHS Blood and Transplant Service (NHSBT) continues to meet the demand for blood components, risks have been identified which may lead to a potential reduction in blood supplies in the UK. With this in mind, all hospitals have a responsibility to develop contingency plans for times of shortage.

These plans will be enacted whether the shortage is for a relatively short period, for example during a flu epidemic or terrorist incident, or there is a longer reduction in supplies.

The effects of a blood shortage could range from reducing orders for anaemic patients, through to cancelling routine surgery and support of emergency bleeding patients only.

## 2. PURPOSE

To ensure that any shortage of red cells or platelets is managed efficiently.

To ensure that transfusion support remains available to patients who most need it.

The Emergency Blood Stock Management Procedure is designed to operate at all times, even when there is no shortage of blood (Green phase), and also outlines the procedure for dealing with severe and prolonged blood shortages (Amber and Red phases).

## 3. SCOPE

All members of staff who may be responsible for ordering, requesting or administering transfusion of blood or blood components.

## 4. DEFINITIONS

EBMP – Emergency Blood stock Management Procedure – procedure for responding to national shortages of red cells or platelets.

EBMG – Emergency Blood Management Group. This group should develop arrangements to manage the use of blood in each operational phase; Green, Amber and Red. Please refer to Appendix 3.

NHSBT – NHS Blood and Transplant.

## 5. PROCESS

The management of any shortage of red cells or platelets ensuring that transfusion support remains available to patients who most need it.

## 6. EMERGENCY MANAGEMENT PLAN FOR RED CELLS

### Phases of the plan

The plan will operate on three phases:-

- **GREEN** – Stocks held by the blood banks within the Trust are at **normal levels** – supply meets demand.
- **AMBER** – **Stock levels reduced** to 67% of the normal stock level.
- **RED** – **Emergency stock only** being held in the blood bank – 40% of normal stock level.

**6.1 Stock of red cell units available held in the Peterborough City Hospital blood bank in the above phases (number of units)**

Status	O Pos	O Neg	A Pos	A Neg	B Pos	B Neg	AB Pos	AB Neg
<b>GREEN</b>	<b>36</b>	<b>14</b>	<b>36</b>	<b>14</b>	<b>8</b>	<b>4</b>	<b>6</b>	<b>0</b>
<b>AMBER</b>	<b>24</b>	<b>9</b>	<b>24</b>	<b>9</b>	<b>5</b>	<b>3</b>	<b>4</b>	<b>0</b>
<b>RED</b>	<b>14</b>	<b>6</b>	<b>14</b>	<b>4</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>0</b>

**6.2. Stock of red cell units held in the Hinchingsbrooke Hospital blood bank in the above phases (number of units)**

Status	O Pos	O Neg	A Pos	A Neg	B Pos	B Neg	AB Pos	AB Neg
<b>GREEN</b>	<b>20</b>	<b>8</b>	<b>15</b>	<b>8</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>0</b>
<b>AMBER</b>	<b>14</b>	<b>6</b>	<b>12</b>	<b>6</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>
<b>RED</b>	<b>8</b>	<b>6</b>	<b>8</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**6.3 Actions to be taken GREEN Phase – Red cell Stock levels normal**

Work at this level may help to preserve stocks and alleviate any potential shortages. During the green phase NHSBT may issue a precautionary notification to hospitals informing them of potential supply chain issues and asking hospitals to take appropriate action to protect the supply chain. This action is intended to prevent the requirement to move to Amber phase.

Transfusion to patients in category **1, 2 and 3** (see Appendix 1).

Work continues towards implementing best practice in patient blood management including:

- Monitoring of stock use and wastage figures via participation in the Blood Stock Management Scheme.
- Implementation of agreed transfusion policies / transfusion thresholds.
- The use of intra and post-operative cell salvage for suitable surgical procedures as appropriate.

- Consideration of pharmacological blood-sparing interventions, e.g. use of antifibrinolytics such as Tranexamic acid, I.V. iron therapy and use of erythropoietin for agreed indications.
- Pre-operative assessment of patients, and action to correct anaemia and defects in haemostasis, including adjustment of anticoagulant treatment prior to surgery.
- Advance notification to transfusion of any waiting list initiatives that could impact on the blood supply.
- 24-hour reservation periods for blood products.
- A review of blood usage figures for surgical procedures to advise which elective surgical procedures can be undertaken at amber and red shortage levels, and that blood is used according to agreed guidelines.
- Regular meetings of transfusion management teams, such as the Hospital Transfusion Team and Transfusion Operational Management Team.
- The establishment of an Emergency Blood Management Group (EBMG) (Appendix 3) to develop and review the arrangements for Green, Amber and Red phases.

#### 6.4 Actions to be taken at the **AMBER Phase** – Red cell stock levels reduced

Transfusion to patients in category **1** and **2** (see Appendix 1).

To implement the amber phase, NHSBT inform the Trust in several ways including email and/or telephone, and messaging boards on the Online Blood Ordering System, where appropriate. The information from NHSBT will include the nature of the shortage and any actions to take.

Email information will be sent to the:

- Lead Consultant Haematologist for transfusion
- Transfusion Laboratory Managers/Senior BMS's in transfusion at both Peterborough City Hospital and Hinchingsbrooke Hospital.
- Transfusion Practitioners
- Hospital Transfusion Committee Chair

The Transfusion Laboratory Managers/Senior BMS's in transfusion will liaise to ensure a copy of the NHSBT correspondence is sent to the Chief Executive, Chief Medical Officer and Chief Nurse (or their deputies).

The Lead Consultant Haematologist for transfusion (or Consultant Haematologist on call if they are absent) will authorise implementation of the Trust's amber action plan.

The EBMG group will meet and implement the plan.

The EBMG will inform the:

- Chief Executive.
- Chief Medical Officer
- Chief Nurse
- Site Senior Managers for Hinchingsbrooke, Peterborough City and Stamford Hospitals.
- Divisional Directors for each Operational Division.
- Divisional General Managers for each Operational Division.
- Head of Resilience and Emergency Preparedness

or their deputies, that the amber plan has now been implemented.

The EBMG will ensure that the information that the amber alert has been implemented is cascaded to medical and nursing staff at all sites, by contacting the communications team and requesting that an alert is posted on the trust intranet.

Blood transfusion laboratory stock levels will be reduced to the amber levels agreed in advance with the NHSBT. This lower level will be supported by upgraded transport availability from NHSBT. It will be the responsibility of the senior staff in transfusion to continually monitor stock levels and inform the EBMG of any significant changes.

#### **Pre-operative Planning in AMBER phase:**

Theatre lists must be co-ordinated and will rely on the availability of red cells and must take into account shortage of particular blood group. Consideration will be given to category of patient (see Appendix 1).

#### **Appropriate Transfusion in AMBER phase**

All red cell transfusions must strictly comply with Trust guidelines, and any requests falling outside the guidelines will be queried by the transfusion laboratory staff and must be authorised by a Consultant Haematologist. All non-urgent requests for red cells will be reviewed.

#### **Major haemorrhage in AMBER phase**

- The Consultant in charge of the patient must be informed immediately.
- Red cells will be available for all patients with major haemorrhage. The trust policy for management of major haemorrhage must be followed.
- The transfusion laboratory must be contacted and the case will be discussed with a Consultant Haematologist, to discuss coagulation support and other measures e.g. rVIIa.

#### **AMBER Phase Stand Down:**

- These actions will continue until NHSBT indicates that stocks are recovering nationally and the Hospital will be able to return to normal operations.
- NHSBT will notify the Laboratory Managers by facsimile and telephone that we may '**Stand Down**'.
- The EBMG will inform the Chief Medical Officer, Chief Nurse, Chief Executive, Divisional Directors, Divisional General Managers, Site Senior Managers (or their deputies) and Head of Resilience and Emergency Preparedness that we may stand down. This information will then be cascaded to Medical and nursing staff and all sites by the stand down status being posted on the Trust intranet.

If the situation deteriorates we will progress to the **RED Phase**.

### **6.5 Actions to be taken in the RED Phase – Emergency Stock of red cells**

Transfusion to patients in category 1 (see Appendix 1).

To implement the red phase, NHSBT inform the Trust in several ways including email and/or telephone, and messaging boards on the Online Blood Ordering System, where appropriate.

The information from NHSBT will include the nature of the shortage and any actions to take.

Email information will be sent to the:

- Lead Consultant Haematologist for transfusion
- Transfusion Laboratory Managers/Senior BMS's in transfusion at both Peterborough City Hospital and Hinchingsbrooke Hospital
- Transfusion Practitioners
- Hospital Transfusion Committee chair

The Consultant Haematologist (or Consultant Haematologist on call if they are absent) will authorise implementation of the Trust's red phase.

The EBMG will meet to implement the red phase.

The EBMG will inform the:

- Chief Executive
- Chief Medical Officer
- Chief Nurse.
- Site Senior Managers for Hinchingsbrooke, Peterborough City and Stamford Hospitals.
- Divisional Directors for each Operational Division.
- Divisional General Managers for each Operational Division.
- Head of Resilience and Emergency Preparedness

or their deputies that the red phase has now been implemented.

The EBMG group will meet and implement the plan.

The EBMG will ensure that the information that the red alert has been implemented is cascaded to medical and nursing staff on all sites by contacting the communications team and requesting that an alert is posted on the Trust intranet.

Blood Stock Levels will be reduced to the red level agreed in advance with NHSBT. This will mean holding emergency stock only. Blood will be ordered as required from the NHSBT who will provide increased rapid, free transport with agreed delivery times. Advance notification will be required, where possible, to provide phenotyped blood for immunised patients.

Emergency O negative blood issued to satellite fridges may be retrieved and held in the main blood stock fridge.

#### **Preoperative Planning during the red phase**

- Theatre lists will be reviewed daily by the EBMG.
- The decision to operate will depend on blood group stock levels, and consideration must be given to category of patient (see Appendix 1).
- The reservation time of red cells will be reduced to cover duration of operation only.

#### **Appropriate Transfusion during the red phase.**

Blood use will be restricted to **essential** transfusions only (see Appendix 1). All requests for red cells will require approval by a Consultant Haematologist.



All hospital requests for red cells will be discussed with an NHSBT Medical Officer.

If a major haemorrhage occurs during the red phase:

- The Consultant in charge of the patient must be informed immediately.
- Red cells will be available for all patients with major haemorrhage. However in **severe** shortages the NBTC have produced a triage tool for the rationing of blood for massively bleeding patients during a severe national blood shortage (appendix 6) . It will only need to be considered where demand for blood greatly exceeds supply, and where all measures to manage supply and demand have been exhausted.
- Each case will be discussed with a Consultant Haematologist, to discuss coagulation support and other measures e.g. rVlla.
- Only women of childbearing potential will receive D Negative blood to conserve stock levels.

#### **RED phase Stand Down:**

- The plan will continue to be implemented until NHSBT indicates that stocks are recovering nationally and the Hospital will be able to return to normal operations.
- NHSBT will notify the Laboratory Manager by facsimile and telephone that we may '**Stand Down**'. This is likely to be introduced gradually as National stock levels improve.
- The EBMG will inform the Chief Executive, Chief Medical Officer , Chief Nurse, Divisional Directors, General Managers, Site Senior Managers and Head of Resilience and Emergency Preparedness or their deputies, that we may stand down. This information will then be cascaded to medical and nursing staff on all sites and the stand down status posted on the trust intranet.

## **7. EMERGENCY MANAGEMENT PLAN FOR PLATELETS**

### **7.1 Phases of the plan**

The plan will operate on three phases:

- **GREEN** – Stocks are at **normal levels** – supply meets demand.
- **AMBER** – **Stock levels reduced.**
- **RED** - **Severe shortage.**

In contrast to red cells, there are no stocks of platelets held at the Trust. Platelets are requested for individual patients as required. The emergency blood management plan for platelets will focus on minimising the need for platelets in times of shortage.

Communications during the shortage will be managed as per the guidance for red cells above. The overall responsibility for the plan rests with the EBMG.

### **7.2 Actions to be taken GREEN Phase – Platelet Stock levels normal**

Platelet Transfusion to patients in category **1, 2** and **3** (see Appendix 2).

Platelet transfusion will be requested, transfused and audited according to Trust guidelines. Requests outside the recognised indications will continue to be challenged by the Biomedical Scientists and if necessary a Haematology Consultant.

### 7.3 Actions to be taken **AMBER Phase** – Platelet Stock levels reduced

Platelet transfusion to patients in category **1 and 2 only** (see Appendix 2)

The use of available platelets will be maximised by:

- Not requesting long-dated platelets.
- Accepting platelets of a different ABO group (in line with British Society for Haematology guidelines).
- Accepting leucodepleted instead of CMV seronegative platelets.
- Accepting D positive platelets if D negative platelets are unavailable (and administering anti-D where applicable).

Possible alternatives to platelet transfusion will be considered.

### 7.4 Actions to be taken in the **RED Phase** – Emergency Stock only

Platelet transfusion to patients in category **1 only** (see Appendix 2).

Any request for platelets must be reviewed by a Consultant Haematologist.

The use of available platelets will be maximised by:

- Not requesting long-dated platelets.
- Accepting platelets of a different ABO group (in line with British Society for Haematology guidelines).
- Accepting leucodepleted instead of CMV seronegative platelets.
- Accepting D positive platelets if D negative platelets are unavailable (and administering anti-D where applicable).
- Possible alternatives to platelet transfusion will be considered.

## 8. RATIFICATION

This procedure will be approved by the Hospital Transfusion Committee & ratified by the Quality Governance Operational Committee.

## 9. DISTRIBUTION

This procedure will be available on SharePoint. Staff will be made aware of the procedure during induction and clinical update sessions.

## 10. REFERENCES

National Blood Transfusion Committee. Emergency Preparedness, Resilience and Response guidance for UK Hospital Transfusion Teams (2020) Available: <https://www.transfusionguidelines.org/document-library/documents/eepr-final-2020-pdf/download-file/EEPR%20final%202020.pdf>  
[Accessed 25/08/2021]

National Blood Transfusion Committee. A Plan for NHS Blood and Transplant and Hospitals to Address Red Cell Shortages. Updated Version March 2020. Available:

<https://www.transfusionguidelines.org/document-library/documents/nbtc-red-cell-shortage-plan-march-2020-pdf/download-file/NBTC%20Red%20cell%20shortage%20plan%20March%202020.pdf>  
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National Blood Transfusion Committee. A Plan for NHS Blood and Transplant and Hospitals to address Platelet Shortages. Updated version November 2020. Available: <https://www.transfusionguidelines.org/document-library/documents/nbtc-platelet-shortage-plan-november-2020-pdf/download-file/NBTC%20Platelet%20shortage%20plan%20November%202020.pdf>  
[Accessed 25/08/2021]

National Blood Transfusion Committee. Guidance and triage tool for massive haemorrhage in severe blood shortage July 2021 Available: <https://www.transfusionguidelines.org/document-library/documents/nbtc-guidance-and-triage-tool-for-massive-haemorrhage-in-severe-blood-shortage-2021-pdf/download-file/NBTC%20guidance%20and%20triage%20tool%20for%20massive%20haemorrhage%20in%20severe%20blood%20shortage%202021.pdf>  
[Accessed 25/08/2021]

## APPENDIX 1: PATIENT CLASSIFICATION BY TRANSFUSION REQUIREMENT – RED CELLS

### Patient classification by transfusion requirement – red cells

In times of shortage it may be necessary to restrict transfusion to those groups of patients in most need. In order to simplify the management of this, it is suggested that patients be divided into three broad categories.

Category 1	Category 2	Category 3
<b>These patients will remain highest priority of transfusion</b>	<b>These patients will be transfused in the Amber but not the Red phase</b>	<b>These patients will not be transfused in the Amber or Red phase</b>
<b>Resuscitation</b> Resuscitation of life-threatening/on-going blood loss including trauma and PPH. (please refer to triage tool in appendix 6)		
<b>Surgical Support</b> Emergency surgery* including cardiac and vascular surgery**, and organ transplantation. Cancer surgery with the intention of cure	<b>Surgery/Obstetrics</b> Cancer surgery (palliative). Symptomatic but not lifethreatening post-operative or post-partum anaemia. Urgent*** surgery.	<b>Surgery</b> Elective surgery which is likely to require donor blood support..
<b>Non-Surgical Anaemia</b> Life threatening anaemia including patients requiring in-utero support and high dependency care/SCBU. Stem cell transplantation, or chemotherapy **** Severe bone marrow failure. Transfusion-dependent anaemias including thalassaemia and myelodysplasia. Sickle cell disease (SCD) patients on regular transfusion programmes for prevention of complications of SCD. Organ transplant	<b>Non-Surgical Anaemia</b> Symptomatic but not life-threatening anaemia.	

\* Emergency – patient likely to die within 24 hours without surgery.

\*\* With the exception of poor risk aortic aneurysm patients who rarely survive but who may require large volumes of blood.

\*\*\* Urgent – patient likely to have major morbidity if surgery not carried out.

\*\*\*\* Planned stem cell transplant or chemotherapy may be deferred if possible.

## APPENDIX 2: PATIENT CLASSIFICATION BY TRANSFUSION REQUIREMENT - PLATELETS

The following table provides general guidance for the use of platelet transfusions in the context of reduced availability of all platelet groups. Category 1 patients are those with the greatest clinical need for platelet support and therefore should be given priority in red phase when considering allocation of platelets. In Amber phase, if reduction in usage is required, restrict to using in category 1 & 2 patients. Category 3 patients should be given lowest priority.

The use of platelets should be considered as one element in the overall management of these patients. Use should be guided by the clinical condition of the patient and laboratory/near patient testing

Category 1	Category 2	Category 3
<p><b>Massive haemorrhage &amp; Critical care</b> Massive transfusion for any condition including obstetrics, emergency surgery and trauma, with on-going bleeding, maintain <math>&gt;50 \times 10^9/L</math>. Aim for <math>&gt;100 \times 10^9/L</math> if multiple trauma or CNS trauma. Bleeding in the presence of sepsis/acute DIC, maintain <math>&gt;50 \times 10^9/L</math></p>	<p><b>Critical care Patients</b> resuscitated following massive transfusion with no on-going active bleeding, maintain <math>&gt;50 \times 10^9/L</math> <b>Surgery</b> Urgent but not emergency surgery for a patient requiring platelet support <b>Transfusion triggers for invasive procedures</b> According to BSH guidelines</p>	<p><b>Surgery</b> Elective, non-urgent surgery likely to require platelet support for thrombocytopenia or congenital/acquired platelet defects</p>
<p><b>Bone marrow failure</b> Active bleeding associated with severe thrombocytopenia or functional platelet defects <b>Immune thrombocytopenia</b> if serious/life-threatening bleeding</p>	<p><b>Bone marrow failure</b> All other indications except those in category 1 or 3</p>	<p><b>*Bone marrow failure</b> Prophylactic transfusion of stable patients following autologous stem cell transplant.</p>
<p><b>Neonates</b> For preterm neonates with very severe thrombocytopenia (platelet count below <math>25 \times 10^9/L</math>) platelet transfusions should be administered in addition to treating the underlying cause of the thrombocytopenia. Suggested threshold counts for platelet transfusions in other situations are given in the BSH guidelines.</p>		

\*prophylactic transfusion category should include WHO grade 1 bleeding (as in TOPPS trial). Exclusions – previous WHO > grade 3 bleed, inherited haemostatic or thrombotic disorder, requirement for therapeutic doses of anticoagulation, acute promyelocytic leukaemia, prior to surgery/invasive procedure

## APPENDIX 3: EMERGENCY BLOOD MANAGEMENT GROUP (EBMG)

### Emergency Blood Management Group (EBMG).

This group should develop arrangements to manage the use of blood in each operational phase; Green, Amber and Red.

<b>Emergency Blood Management Group</b>
The Haematologist responsible for Transfusion (or consultant on call if they are absent)
Chair of the Hospital Transfusion Committee
Blood Transfusion Laboratory Manager and /or Senior BMS for transfusion (Hinchingsbrooke and Peterborough)
Transfusion Practitioners

## APPENDIX 4: FLOWCHART FOR IMPLEMENTATION OF AMBER PHASE

### Flowchart for implementation of Amber phase

Email/ fax received from NHSBT that national stocks have reduced to the level where the trust should initiate the amber phase of the plan.

The Transfusion Laboratory Managers / Senior BMS from the Hinchingbrooke and the Peterborough Transfusion laboratories will liaise to ensure a copy of this NHSBT correspondence is sent to the **Hospital Transfusion Committee Chairs**  **Chief Medical Officer**   
**Chief Executive**  **Chief Nurse**   
or their deputies, and make arrangements for the Emergency Blood Management Group to meet

The Consultant Haematologist will authorise the initiation of the amber phase of the plan.  
The Emergency Blood Management Group will meet and implement the plan.

The EBMG will inform the following (or their deputies) that the amber phase has been implemented:-

**Chief Executive**

**Chief Medical Officer**

**Chief Nurse**

**Site Senior Managers** PCH  Hinchingbrooke

**Divisional Directors:-**

Emergency & Medicine  Surgery  Family and Integrated Support Services

**Divisional General Managers**

Emergency & Medicine  Surgery  Family and Integrated Support Services

**Head of Resilience and Emergency Preparedness**

EBMG will email the Communications Dept and request that an alert is posted on the trust intranet.  
***"Due to a national blood stock shortage, the AMBER phase of the Emergency Blood Management plan has been implemented – refer to the policy on the intranet for further information"***

If the 'Stand Down' message is received from NHSBT the EBMG will inform

**Chief Executive**

**Chief Medical Officer**

**Chief Nurse**

**Site Senior Managers** PCH  Hinchingbrooke

**Divisional Directors:-**

Emergency & Medicine  Surgery  Family and Integrated Support Services

**Divisional General Managers**

Emergency & Medicine  Surgery  Family and Integrated Support Services

**Head of Resilience and Emergency Preparedness**

(or their deputies) that we may stand down

The EBMG will email the Communications Dept and ask them to post an alert on the trust intranet.  
***'National blood stocks have recovered to normal levels- amber alert no longer in effect'***



## APPENDIX 5: FLOWCHART FOR IMPLEMENTATION OF AMBER PHASE

### Flowchart for implementation of **Red Phase**

Email/ fax / phone call received from NHSBT that national stocks have reduced to the level where the trust should initiate the red phase of the plan.

The Transfusion Laboratory Managers / Senior BMS from the Hinchingbrooke and the Peterborough transfusion laboratories will liaise to ensure a copy of this NHSBT correspondence is sent to the **Hospital Transfusion Committee Chair**  **Chief Medical Officer**   
**Chief Executive**  **Chief Nurse**   
or their deputies, and make arrangements for the Emergency Blood Management Group to meet

The Consultant Haematologist will authorise the implementation of the red phase of the plan.  
The Emergency Blood Management Group will meet and implement the plan

The EBMG will inform the following (or their deputies) that the red phase has been initiated  
**Chief Executive**   
**Chief Medical Officer**   
**Chief Nurse**   
**Site Senior Managers** PCH  Hinchingbrooke   
**Divisional Directors:-**  
Emergency & Medicine  Surgery  Family and Integrated Support Services   
**Divisional General Managers**  
Emergency & Medicine  Surgery  Family and Integrated Support Services   
**Head of Resilience and Emergency Preparedness**

EBMG will email the Communications Dept and ask them to post an alert on the trust intranet.  
***“Due to continuing national blood stock shortages, the RED phase of the Emergency Blood Management plan has been implemented – refer to the policy on the intranet for further information”***

Once the ‘Stand Down’ message is received from NHSBT  
The EBMG will inform  
**Chief Executive**   
**Chief Medical Officer**   
**Chief Nurse**   
**Site Senior Managers** PCH  Hinchingbrooke   
**Divisional Directors:-**  
Emergency & Medicine  Surgery  Family and Integrated Support Services   
**Divisional General Managers**  
Emergency & Medicine  Surgery  Family and Integrated Support Services   
**Head of Resilience and Emergency Preparedness**   
(or their deputies) that we may stand down

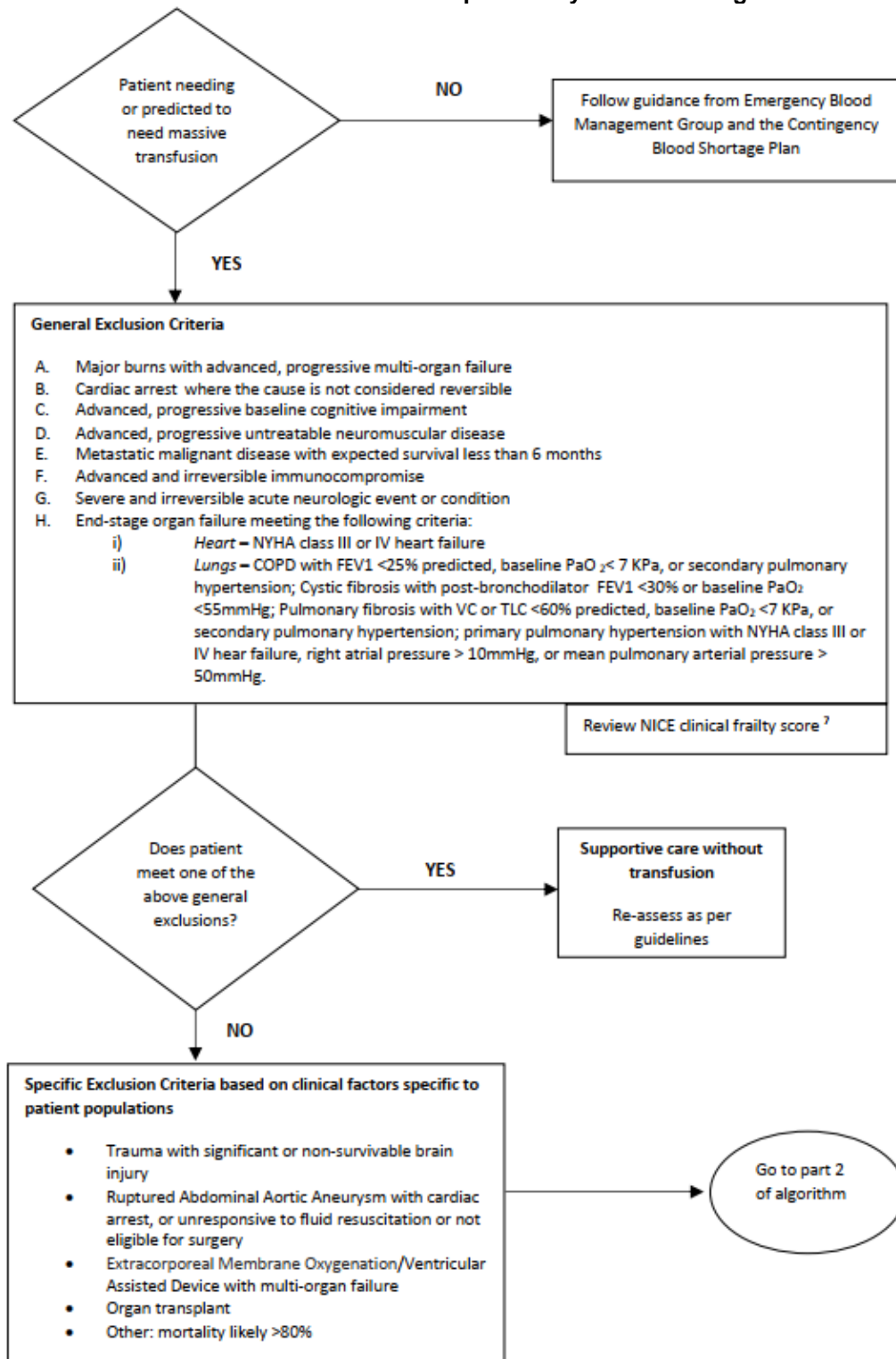
The EBMG will ask Communications Dept to post an alert on the trust intranet.  
***‘National blood stocks have recovered to normal levels- red alert no longer in effect’***



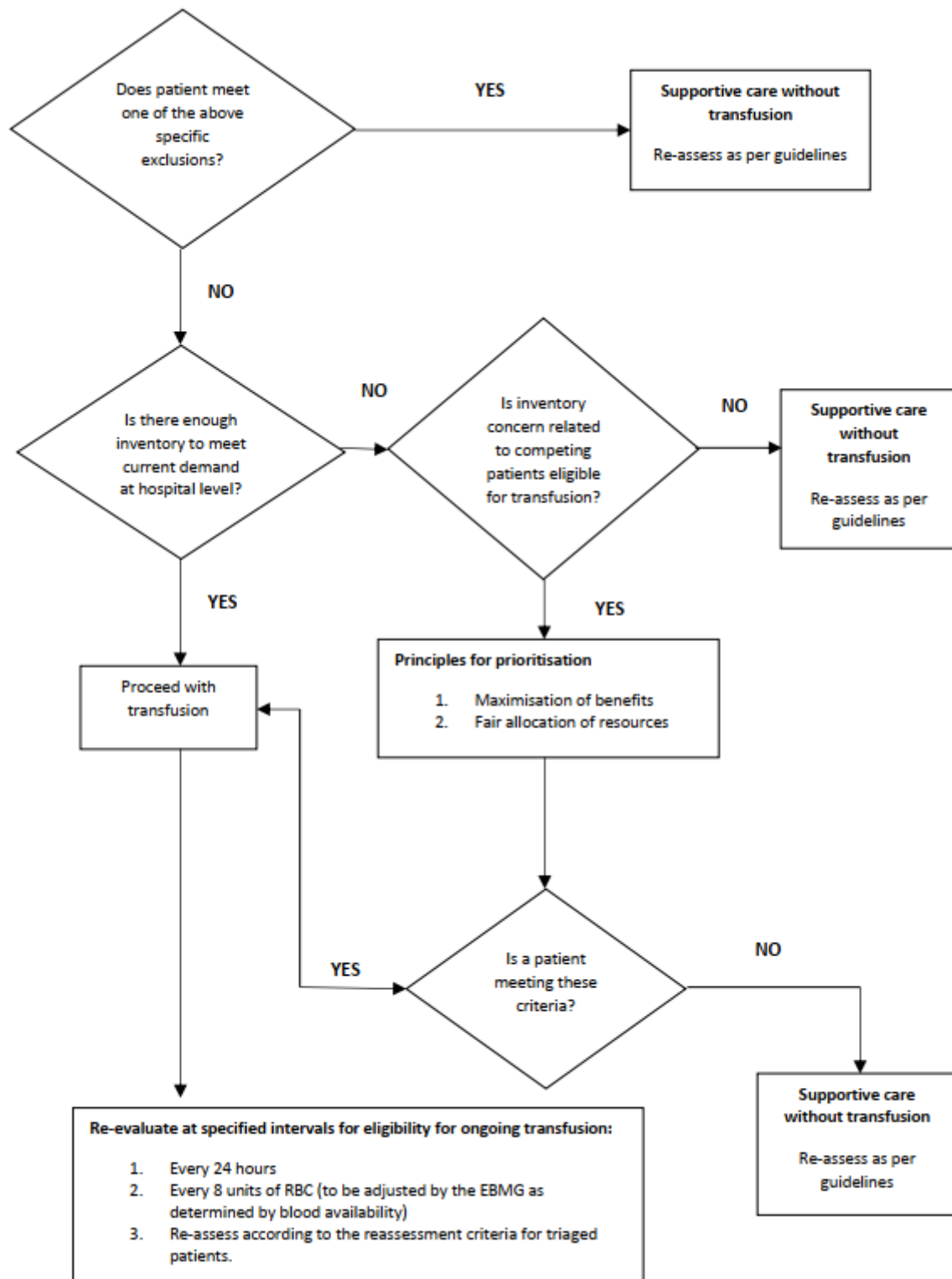
## APPENDIX 6:

### Appendix 6 Emergency Framework for Blood Rationing in the context of severe national shortage- Algorithm for Triage Team (Part 1)

This document is for guidance only, it is intended to aid Consultants on site to make decisions during severe national shortage of blood. The framework and algorithm provided do not indicate an exclusive course of action. They do not replace the need for application of clinical judgement, consideration of individual factors and local practices. The treatment decisions are the responsibility of the treating clinician.



**Emergency Framework for Blood Rationing in the context of severe national shortage- Algorithm for Triage Team (Part 2)**



This document is for guidance only, it is intended to aid Consultants on site to make decisions during severe national shortage of blood. The framework and algorithm provided do not indicate an exclusive course of action. They do not replace the need for application of clinical judgement, consideration of individual factors and local practices. The treatment decisions are the responsibility of the treating clinician.

## APPENDIX 7: QUALITY ASSURANCE CHECKLIST

		Y/N/ n/a	COMMENTS (to author for amendments)
<b>1</b>	<b>Title of document</b> Emergency Blood stock management procedure(C0186)		
	Is the title clear and unambiguous	Y	
<b>2</b>	<b>Type of document (e.g. procedure, guidance)</b>	<b>Procedure</b>	
	Is it clear whether the document is a procedure, guideline, standard operating procedure?	Y	
<b>3</b>	<b>Introduction</b>		
	Are reasons for the development of the document clearly stated?	Y	
<b>4</b>	<b>Content</b>		
	Is the standard model template used?	Y	
	Is the document in the correct format?	Y	
	• Paragraphs numbered consecutively	Y	
	• Headers: only on front page to contain logo	Y	
	• Footers: on every page except front page	Y	
	Are the Version Control numbers correct in the panel and the footer	Y	
	Are the objectives/aims clearly stated?	Y	
Does this document concern the handling, moving or storage of personal identifiable or commercially sensitive information? If yes, has a Summary Privacy Impact Assessment been completed?			
<b>5</b>	<b>Evidence Base</b>		
	Is the type of evidence to support the document explicitly identified?		
	Are associated documents referenced?		
<b>6</b>	<b>Approval Route</b>		
	Does the document identify which committee/group will approve it?	Y	
<b>7</b>	<b>Review Date</b>		
	Is the review date identified?		

**If answers to any of the above questions is 'no', then this document is not ready for approval, it needs further review.**

### COMPLIANCE TEAM:

1.	Date Comments returned to author by Compliance Lead	8/9/2021
2.	Date of Compliance Team approval	8/9/2021
3.	Name of Compliance Lead	Stanley Balachander, Policies and Compliance Officer

**FIRST-LEVEL APPROVAL: Hospital Transfusion Committee**

If the committee/group is happy to approve this document would the chair please sign below and send the document and the minutes from the approval committee to the author. To aid distribution all documentation should be sent electronically wherever possible.

<b>Name</b>	Dr Lynda Menadue	<b>Date</b>	16/09/2021
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<b>Signature</b>			
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**SECOND-LEVEL APPROVAL COMMITTEE: Quality Governance Operational Committee**

If the committee/group is happy to approve this document would the chair please sign below and send the document and the minutes from the approval committee to the author. To aid distribution all documentation should be sent electronically wherever possible.

<b>Name</b>	Suzanne Hamilton	<b>Date</b>	07/10/2021
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<b>Signature</b>			
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