

# Checklist: Emergency Blood Management Arrangements

This guidance has been developed in conjunction with the National Blood Transfusion Committee (NBTC) red cell, platelet and plasma shortage plans and aims to create a short and concise series of steps to follow in the case of shortage.

Click on the white boxes to tick each step

### Checklist for green

*This is the business as usual phase of the EBMA*

#### Clinical teams to ensure:

1. your EBMA plan is up to date
2. members of Emergency Blood Management (EBM) Group are aware of the plan
3. PBM strategies (anaemia treatment, cell salvage, adherence to national indication codes) are followed
4. familiarity with trust Emergency Preparedness Resilience and Response (EPRR) plans and command structures
5. communications are drafted for use if a move to amber/red is required
6. stock confirmation of Anti D, Tranexamic acid, Fibrinogen, Albumin, Lyoplas, Octoplas and Desmopressin - ensure process to order additional stocks is established
7. process agreed for the review of appropriateness of blood requests with haematology clinicians as needed
8. daily stock levels and wastage are entered into VANESA

### Checklist for pre-amber:

1. Ensure EBMA arrangements in place
2. Reduce stockholding (inc. remote fridges)
3. Enter daily stock levels and wastage into VANESA
4. Use the NBTC Blood component APP to ensure supporting PBM measures

### Checklist for amber

*NHSBT will inform transfusion team that amber alert declared.*

#### General:

1. Activate EBMA and convene EBM group
2. Prepare to report stock levels and decisions made by EBM group for escalation trust-wide
3. Arrange trust-wide communications (screensavers, emails, newsletters)
4. Review satellite fridge stock
5. Consider pharmaceutical alternatives in appropriate patients with EBM group and disseminate decision
6. Contact areas where transfusions may stop
7. Reprioritise prophylactic transfusions
8. Enter daily stock levels and wastage into VANESA

#### Red cells:

1. Consider, are all PBM methods being used, review scale up?

#### Platelets:

1. Use reduced dose platelets (if available) for non bleeding patients
2. Consider D positive platelets for D negative patients (cover with anti-D)

#### Plasma:

1. Consider conserving AB plasma for group AB patients

### Checklist for red

*The move to red phase will be communicated to trusts if there are severe shortages of either red cells, plasma or platelets.*

#### Complete all amber actions.

#### General:

1. Launch rota for senior haematology clinicians to support laboratory in vetting requests
2. Update communications to reflect change to red phase
3. Remove all stock from satellite fridges except emergency group O from acute areas e.g. ED and maternity
4. Contact clinical areas where transfusions will not take place.

### Recovery phase:

*NHSBT will inform the transfusion team of return to 'green' phase.*

1. Convene the EBM group
2. Ensure that change in clinical activity reflects blood stock levels
3. Use trust-wide communications to update staff

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