SA Blood Supply Contingency Plan

Government of South Australia
SA Health

Contents

ACRONYMS

AHP	Approved Health Providers (Health Service Organisations & Pathology Providers)
AHPPC	Australian Health Protection Principal Committee
BOT	Blood, Organ and Tissue Programs
CPHO	Chief Public Health Officer
CMO	Chief Medical Officer
DHW	Department for Health and Wellbeing
DMB	Disaster Management Branch
EBMP	Emergency Blood Management Plan
HSO	Health Service Organisations
JBC	Jurisdictional Blood Committee
Lifeblood	Australian Red Cross Lifeblood.
LHN	Local Health Network
MO	Medical Officer
NBA	National Blood Authority
NBSCP	National Blood Supply Contingency Plan (July 2019)
NIT	National Inventory Template
MCI	Mass Casualty Incident
SAAS	South Australian Ambulance Service
SABMC	South Australian Blood Management Council
SABSCP	South Australian Blood Supply Contingency Plan
SCC-H	State Control Centre-Health

REFERENCES

National Blood Supply Contingency Plan

SA Health Disaster Management

- SA Health Disaster Resilience Policy Directive
- Emergency Management Framework
- Emergency Management Act 2004

SA Health Blood Supply Stewardship Policy Directive

National Safety and Quality Health Service Standards - Blood Management Standard

Part 1: STRUCTURE AND GOVERNANCE

1.1 Purpose

The purpose of the South Australian Blood Supply Contingency Plan (SABSCP) is to provide a state-wide framework for blood and blood product supply emergencies and shortages in South Australia. Blood and blood product shortages could arise from various supply failures and/or demand surges, for example:

Demand surges could arise from:

- Mass Casualty Incident (MCI) e.g., natural disaster, terrorist attack, railroad incident etc.
- the response to the threat of a supply failure

Supply failures could arise from:

- significant decrease in the volume or quality of fresh blood components, or plasma-derived or recombinant products available for immediate distribution;
- manufacturer unable to produce a significant amount of product;
- significant delay or loss of product through a quality, storage, or distribution issue
- batch failure or batch recall; or
- contamination, or suspected contamination of products.

Lifeblood has a distribution centre in Adelaide which maintains an inventory of blood and blood products for supply across South Australia. The location of the processing centre in Melbourne has been identified as a risk factor and should be taken into consideration when developing emergency blood management plans.

The effective planning, management and coordination of a jurisdictional response is vital in ensuring optimum patient outcomes in blood and blood product supply restrictions. In South Australia, the provision of blood and blood components is managed by the National Blood Authority (NBA), Lifeblood and a network of public and private pathology laboratories.

The SABSCP is designed to align with both the National Blood Supply Contingency Plan (NBSCP) as well as Emergency Blood Management Plans (EBMP) developed by Approved Health Providers (AHP) (refer to section 1.3 for inclusions in this group). Hospitals under each Local Health Network (LHN) will have access to an EBMP outlining their roles and responsibilities in conjunction with an EBMP developed by their relevant pathology provider. An exemplar EBMP developed by Blood, Organ and Tissue (BOT) Programs is available for AHP's to utilise to ensure consistency in plans across South Australia.

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The SABSCP outlines the roles and responsibilities of key stakeholders, including BOT, Department for Health and Wellbeing (DHW), in the event of a disruption in the supply of, or surge in demand for blood and blood products to South Australia

AHP's should have a range of operational and governance mechanisms in place to guide best practice management of blood and blood products, as per the National Safety and Quality Health Service Standards - Blood Management Standard. These mechanisms should be responsive to the specific circumstances of the institution and maintain a high level of consciousness of the scarcity and cost of blood and blood products.

There are two sections to the state-wide plan; State-wide Inventory Restrictions, which outlines the response by the BOT and AHP's if restrictions are placed on ordering capacity in South Australia, including MCI's and a section outlining the actions required if activation of the NBSCP occurs.

1.2 Governance

The NBA is responsible for ensuring a secure supply of blood and blood products to all states and territories and establishing national risk and contingency management arrangements.

The need for a state-wide contingency plan has been identified by the NBA as part of the wider plan aimed at ensuring that actions taken at the state-wide level will be swift and effective enough to enable a national pool of blood and blood products to be available for all essential transfusions to all patients equally across the country, should the need arise.

The NBA has contingency and risk mitigation measures in place to ensure continuity of the supply of blood and blood-related products and services, including the National Blood Supply Contingency Plan (NBSCP). The NBSCP provides a national framework for a rapid, coordinated response by the NBA to manage the consequences of a demand surge or supply failure in the blood supply.

The role of BOT Programs in the DHW is to maintain, implement and coordinate the SA Blood Supply Contingency Plan. BOT Programs is responsible for working with the NBA to facilitate implementation of national responses, in situations where the NBSCP has been activated. BOT Programs will also work with the Disaster Management Branch as required, in response to major incidents, emergencies, and disasters.

From within DHW, the Disaster Management Branch (DMB) provides strategic leadership and direction for SA Health in preparing for, responding to, and recovering from major incidents, emergencies and disasters that occur in South Australia as well as nationally or internationally. Refer to SA Health Disaster Management website for associated emergency response plans and arrangements.

The role of AHP's, including LHN's, pathology providers and SAAS/MedSTAR is to develop and maintain their own EBMP, as required under the SA Health Blood Supply Stewardship Policy Directive. The purpose of the Blood Stewardship Policy is to establish the basis for blood and blood product stewardship by promoting the safe, responsible, and appropriate use of blood and blood products with a view to optimising patient outcomes. It is expected that AHP's liaise with each other to ensure that roles and responsibilities are well defined and reflected in the EBMP. EBMPs should align with the NBSCP, South Australia's Emergency Management Framework and the SABSCP and they must be monitored and reviewed regularly.

To ensure SA Health's compliance with legislative responsibility, the SA Health Disaster Resilience Policy Directive, and its supporting Emergency Management Framework, are applicable to all emergency management activities across SA Health.

1.3 Participants/Stakeholders

For this plan the following applies, Approved Health Providers (AHP) include:

- **Health Service Organisations (HSO):**

1. Local Health Networks (LHN)
    - Central Adelaide LHN
    - Southern Adelaide LHN
    - Northern Adelaide LHN
    - Women's and Children's Health Network

2. Regional Support Service (supporting the six regional LHN's)
    - Barossa Hills Fleurieu LHN
    - Eyre & Far North LHN
    - Flinders & Upper North LHN
    - Limestone Coast LHN
    - Riverland Mallee Coorong LHN
    - Yorke & Northern LHN

3. Private Hospitals
4. Clinicians
5. South Australian Ambulance Service/MedSTAR

- **Pathology Providers**

1. SA Pathology
2. Clinpath (Private)
3. Australian Clinical Laboratories (Private)

BOT will review and update stakeholder contact list bi-annually and distribute when appropriate.

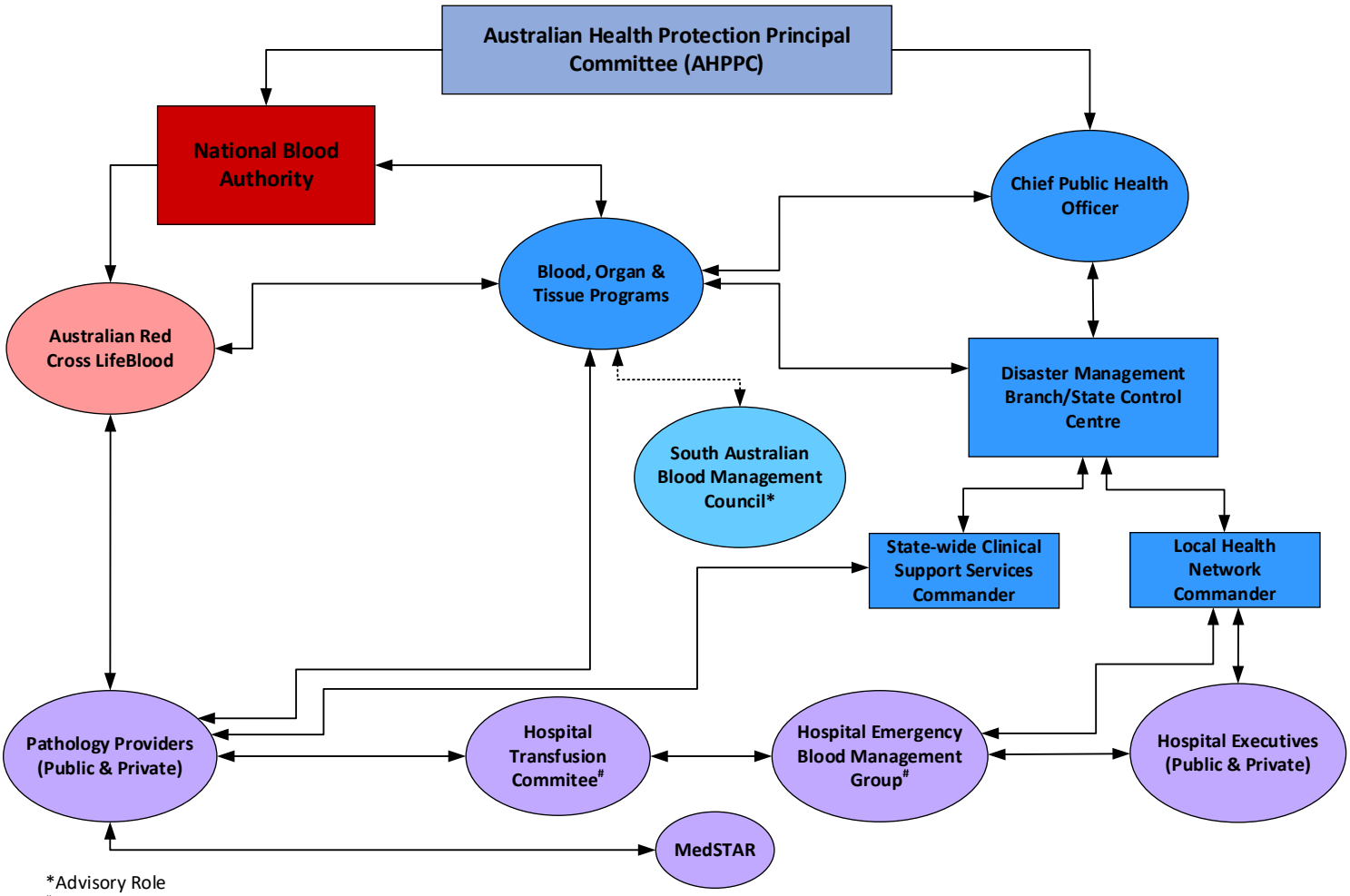
Part 2: COMMUNICATION

Upon activation of the NBSCP, any communications originating from NBA/AHPPC in relation to the situation including escalations, de-escalations and alterations in blood product access, will be communicated to BOT via DMB/State Control Centre (SCC-H) and the CPHO (see Figure 1). The NBA will also communicate and consult with appropriate stakeholders including Jurisdictional Blood Committee Members (JBC) members (in SA, this is the Director of BOT) and LifeBlood. BOT will play a centralised role in blood matters and will use various methods of communication to inform and provide assistance to pathology providers (both public and private), hospital and state-wide committees.

In the event of a local emergency that could result in an acute increase in demand, for example a Mass Casualty Incident, or sudden supply interruption, notification may originate externally through local Incident Management Teams (IMT's) to DMB/ SCC-H. BOT will work closely with DMB to ensure that appropriate action is taken and that relevant stakeholders are notified.

Refer to SA Health Emergency Management Framework for details on the notification and communication process from DMB/SCC-H through to LHN/Service Executives.

Figure 1- Communication Flow



*Advisory Role
communication to clinical users will be defined in each organisations EBMP

Part 3: SOUTH AUSTRALIAN INVENTORY RESTRICTIONS

This section applies when Lifeblood place restrictions on the ordering capacity for fresh blood products in South Australia in response to suboptimal inventory levels that could result from either a jurisdictional or national issue.

3.1 Inventory Communication Reports

This section outlines the various sources of information provided by the NBA and Lifeblood that give a snapshot of the state's fresh blood product inventory levels held in the Adelaide Lifeblood distribution centre and pathology providers, including private laboratories.

These reports are reviewed on a regular basis by BOT and are used in conjunction with other communications to determine if further action is required, as outlined in Table 1- SA Inventory Restriction Responses. Refer to Appendix 2 for examples of each report.

National Health Provider Inventory Level Report – SA (NBA)

The National Health Provider Inventory Level report is sent to BOT from the NBA daily. This report includes all AHP sites that have placed stock orders and/or have reported their inventory levels. It is a requirement that all sites maintaining an inventory of fresh blood products ensure that their current levels are reported through BloodNet daily.

The purpose of the National Health Provider Inventory Level Report is to identify both the nominated maximum inventory levels for each component and blood group as well as inventory available for issue (also known as Stock on Hand) held by AHP's.

Blood Service National Inventory Template - SA (Lifeblood)

Lifeblood provides a daily report which is designed to provide a snapshot of Lifeblood's inventory status and any restrictions on supply that may currently be in place (fresh blood products only).

This report is based on the National Inventory Template (NIT), and the figures within the NIT are provided by the NBA and are based on SA Lifeblood inventory levels and inventory levels of AHP's who have reported them through BloodNet. The prioritisation status provides an indication of whether orders placed to Lifeblood by AHP's will be filled in full, refer to appendix 2 for example and prioritisation key.

Lifeblood Inventory Restrictions Email

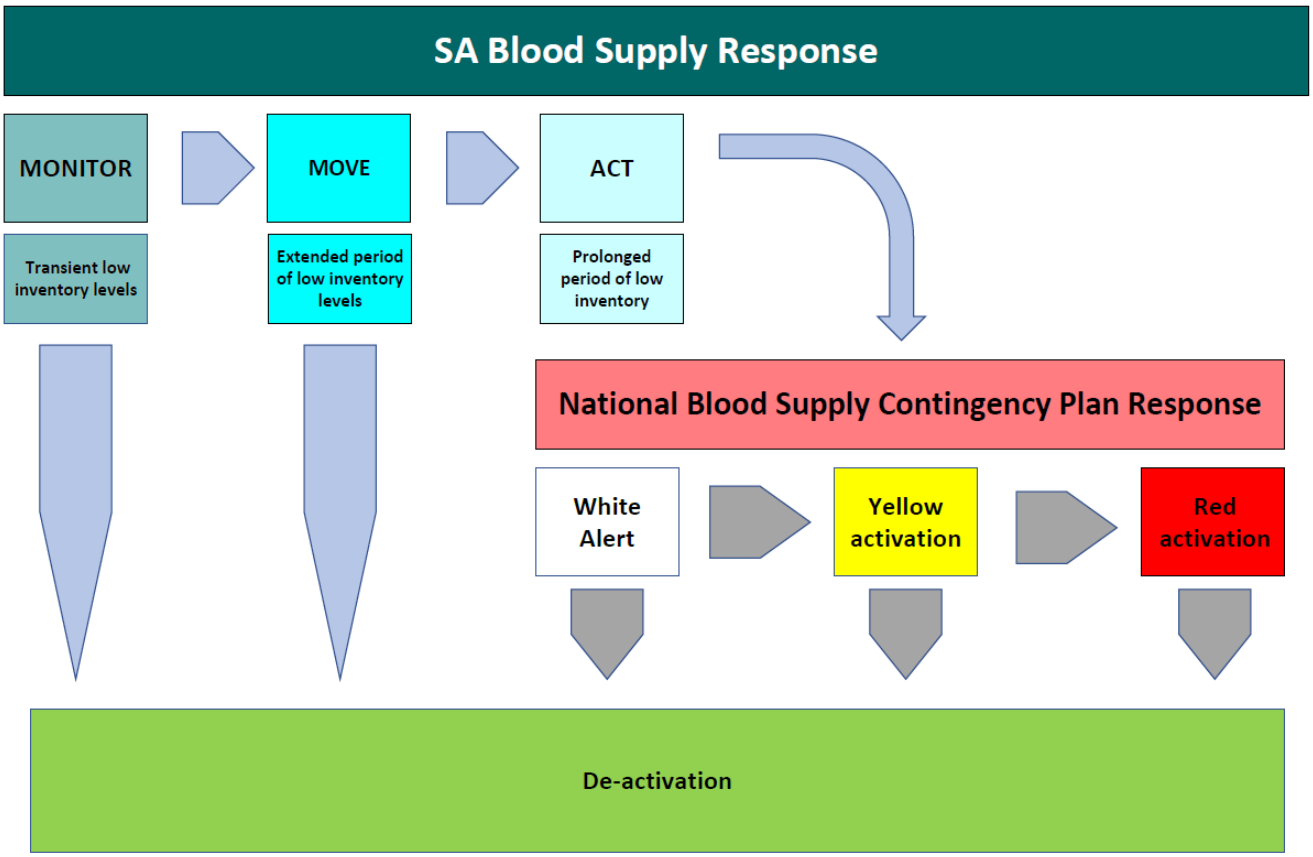
If there are restrictions that may impact the fulfilment of orders placed by AHP's, (e.g. if a product enters the Amber or Red restriction status) an email will be forwarded to the parties defined by the Customer Service Delivery Department at Lifeblood.

This email will contain further information in relation to the restriction including product type, blood group and the forecasted period the restriction will apply

3.2 SA Inventory Restrictions – Response Plan

The SA Blood Supply Response incorporates a local response to inventory restrictions, as demonstrated in Figure 2, which then aligns with activation of the national response, should it occur.

Figure 2 - SA Blood Supply Response Phases



The targeted responses shown in Table1 have been developed by BOT and will escalate through phases based on information received from a variety of sources such as current inventory restrictions, current or expected fresh blood product usage, state blood supply holdings, and future donor bookings.

BOT will send email communications and/or make verbal contact with relevant stakeholders, refer to section 1.3, outlining escalation and de-escalation of the SA Blood Supply Response Phases.

These response phases have been developed to ensure that the appropriate actions are taken during a local supply issue, and to prepare for a state-wide response in the case the national plan is activated

Table 1. SA Inventory Restrictions – Response

Phase	Initiator [1]	Aim to achieve	Response		
			Blood, Organ & Tissue Programs	**Pathology Providers**	**Health Service Organisation**
SA Blood Supply **'MONITOR'**	Transient low inventory levels	Increased Awareness of supply issues	• Assess duration and impact via contact with Lifeblood and confirm response • Liaise with SA Pathology Blood Bank, Head of Transfusion	• Monitor inventory stock levels & follow advice provided by Lifeblood	No Action
SA Blood Supply **'MOVE'**	Extended period of low inventory levels	Redistribution of stock as advised	• Reassess duration and impact, consulting with both Lifeblood and pathology providers to confirm response • Review stakeholders contact list to ensure currency & distribute if required • Release email communication to relevant stakeholders and notify Disaster Management Branch of escalating situation.	As above plus: • Assess &/or move inventory as advised	• Review Emergency Blood Management Plans to ensure currency
SA Blood Supply **'ACT'** &/or National White	Prolonged period of low inventory levels &/or Activation of NBSCP (White)	Reduction of use & preparation for broader system response	• Assess magnitude and engage with relevant stakeholders • Confirm response • Release email communication to relevant stakeholders	As above plus: • Engage with Hospital Transfusion Committees & Regional Blood Management Committee	• Engage with hospital laboratory in relation to ordering/vetting process • Consider application of 'Priority Access Category 3' (*See Appendix 1*)
NBSCP **(Yellow/Red)**	At this level, there has been activation and subsequent escalation of the NBSCP. Refer to Part 4: NATIONAL BLOOD SUPPLY CONTINGENCY PLAN ACTIVATION for state-wide response.				
SA Blood Supply **'DE-ACTIVATION'**	De-activation of SA Blood Supply Phase 'Move' & 'Act' will be communicated to all relevant stakeholders by Blood, Organ and Tissue Programs				

[1] Initiator- Inventory projections from current usage and holdings, donor bookings etc, determined by BOT.

Part 4: NATIONAL BLOOD SUPPLY CONTINGENCY PLAN ACTIVATION

This section outlines a state-wide response to the activation of NBSCP, which is to be applied in coordination with locally developed EBMP's. Activation of this Plan happens in consultation with the NBA and suppliers in response to an actual or forecast national shortage of blood / blood components. Shortages of manufactured blood products will be communicated to the DHW by the NBA.

4.1 Activation Levels

The NBA is responsible for the activation, escalation and de-escalation between alert levels and deactivation of the NBSCP. In most instances, this will be in consultation with key stakeholders, including the AHPPC, JBC, Commonwealth Department of Health, jurisdictional governments, and suppliers (refer to NBSCP for more detail).

The NBSCP response framework is based on four escalating alert or activation levels:

- WHITE Alert (aligned with SA Blood Supply Response 'Act', Section 3.2)
- YELLOW Activate
- RED Activate
- GREEN De-Activate

The normal operational daily communication channels will underpin communication with governments, Lifeblood, suppliers, health service organisations and pathology providers on activation of the NBSCP.

4.2 Actions

The following tables (Table 2, Table 3 & Table 4) show the minimum required actions for each of the alert levels by the Department for Health and Wellbeing (DHW), Health Service Organisations (HSO) and pathology providers, based on the current NBSCP. Contact BOT for a copy of appropriate table for addition into local Emergency Blood Management Plan.

Table 2 outlines required actions by the DHW/BOT in response to the four alert/activation levels in the NBSCP. The response may vary in detail depending on the products in short supply and/or the intensity of the supply crisis.

Table 3 is a template for the minimum actions required by HSO's, in response to the four alert/activation levels of the NBSCP, that should be included in local EBMP's.

Table 4 is a template for the minimum actions required by Pathology Providers, in response to the four alert/activation levels of the NBSCP, that should be included in local EBMP's.

For a copy of the templates below, please contact BOT.

Table 2. Department for Health and Wellbeing/Blood, Organ and Tissue Programs NBSCP Alert Level Response

Department for Health & Wellbeing/Blood, Organ and Tissue Programs			
NBSCP Level	**Actions**	**Communication Strategy**	**Responsibility**
WHITE ALERT	Ensure communication channels available between State Incident Room and HSO's, including clinicians, pathology providers & Lifeblood.	Email/Telephone/Face to face	BOT Director or nominee
	Alert Chief Medical Officer/Chief Public Health Officer, State Incident Room & the chair of South Australian Blood Management Committee of NBSCP alert	Email/Telephone	BOT Director or nominee
	Support the National Blood Authority (NBA) in the analysis of jurisdictional information	Email/Telephone	BOT Director or nominee
	Monitor state inventory levels, NBA, and Lifeblood updates	Inventory Reports/Email	BOT Team
YELLOW ACTIVATION **Continue actions from White Alert, plus:**	Provide support and work with HSO's and clinicians as per Emergency Blood Management Plans	Email/Telephone	BOT Team
	Maintain regular communication with HSO's, NBA, Lifeblood and pathology providers on stock levels	Email/Telephone	BOT Team
	Support planning for the mobilisation of blood stocks between pathology	Email/Telephone	BOT Team
	Participate in regular communication to determine timing and nature of decisions to ensure an understanding of the impact on supply or demand or in the case of deactivation	Email/Telephone/Face to face	BOT Director or nominee
RED ACTIVATION **Continue actions from Yellow Alert, plus:**	Advises Jurisdictional Health Ministers of product stock status	Email/Telephone/Face to face	BOT Director or nominee
	Support the NBA in developing strategy recommendations to JBC/AHPPC/Health Ministers		BOT Director or nominee
	Communicate mandatory changes in clinical practice such as cancellation of elective surgery requiring affected product to HSO's, including clinicians and Pathology Providers		BOT Director or nominee
GREEN DE-ACTIVATION	Inform HSO's, including clinicians and Pathology Providers	Email/ Telephone	BOT Director or nominee
	Consider policy and funding options for additional mitigation strategies, if appropriate	De-activation Meeting	BOT Team

Table 3. Health Service Organisations NBSCP Alert Level Response

Health Service Organisations- ***template to be completed by your organisation***			
NBSCP Level	**Actions**	**Communication Strategy**	**Responsibility**
WHITE ALERT	Activate Emergency Blood Management Plans	# refer to local Emergency Blood Management Plans for details	#
	Implement local blood conservation strategies	#	
	Minimise the use of affected product, where appropriate, in accordance to guidance provided in Blood Access Priority 3 (*see Appendix 1)*	#	
	Follow available guidelines around blood product usage such as Patient Blood Management guidelines, local and state-wide protocols and annexes contained within NBSCP	#	#
YELLOW ACTIVATION **Continue actions from White Alert, plus:**	Identify senior clinician to authorise product orders and inform clinical staff of implementation of centralised vetting process with orders to be placed through pathology providers for authorisation.	#	#
	Increase product minimisation strategies and treatment alternatives	#	#
	Consider prioritising surgery to minimise product use	#	#
	Minimise the use of affected product, where appropriate, in accordance to guidance provided in Blood Access Priority 2 (*see Appendix 1)*	#	#
RED ACTIVATION **Continue actions from Yellow Alert, plus:**	Work closely with pathology providers to ensure availability of blood products is known	#	#
	Implement national strategies as communicated by DHW, such as cancellation of elective surgery requiring affected product, as per NBSCP	#	#
GREEN **DE-ACTIVATION**	Organise internal debrief including blood governance groups, emergency management teams and pathology providers	#	#
	Review and evaluate local emergency blood management plans	#	#

This table should be developed in liaison with local pathology provider

Table 4. Pathology Providers NBSCP Alert Level Response

Pathology Providers- *template to be completed by your organisation*			
NBSCP Level	**Actions**	**Communication Strategy**	**Responsibility**
WHITE ALERT	Monitor and update inventory levels through BloodNet on a regular basis, or as requested by the National Blood Authority or Department for Health and Wellbeing	# refer to local Emergency Blood Management Plans for details	#
	Notify laboratory managers, site supervisors and regional manager of NBSCP alerts & escalations	#	#
	Engage with Hospital Transfusion Committee & Regional Blood Management Committee	This table should be developed in liaison with local HSO.	
	Prepare Inventory Report for LHN Executives and Hospital Transfusion Committee	#	#
	Assess all SA Pathology site inventory levels, in preparation to mobilise product if applicable	#	#
	Focus on optimal inventory management, e.g. regular review and return of crossmatched and/or reserved blood stocks, reduction in blood product reservation times	#	#
YELLOW ACTIVATION **Continue actions from White Alert, plus:**	Closely monitor order status of blood products via BloodNet	#	#
	Participate in HSO's Emergency Blood Management Plan (EBMP) arrangements	#	#
	In consultation with senior clinicians and hospital transfusion committee, implement and coordinate centralised vetting process,	#	#
	Arrange inter-hospital transfer of blood products to ensure equity of access	#	#
	Prepare to follow advice to allow product availability and dispatch outside of standard protocol e.g. extension of shelf life	#	#
	Ensure strategies are in place to respond to actual or potential blood loss	#	#
RED ACTIVATION **Continue actions from Yellow Alert, plus:**	All affected blood product requests are referred to a senior clinician/haematologist	#	#
GREEN **DE-ACTIVATION**	Organise and participate in internal debrief including other laboratories, emergency management teams and blood governance groups (e.g. Hospital Transfusion Committee, SA Blood Management Council)	#	#
	Review and address any issues and areas for improvement	#	#

4.3 De-Activation and Recovery

Once the status of the activation of the NBSCP has returned to green, a recovery process will commence.

A debrief across all stakeholders will be conducted to ensure strengths and weaknesses of an activation are captured in a timely manner. This will provide an opportunity to consider improvements to the NBSCP and the annexes, as well as the state-wide and local emergency blood management plans.

As the impact on the supply of blood or blood products may reduce, but not necessarily cease as a risk, a staged approach to returning the NBSCP to green may occur and may include a period of post return intensive product management rather than a complete de-escalation of the plan.

The NBA's plan requires AHPs to perform a detailed post incident analysis, which is vital to providing a context for future approaches to the management of incidents.

Information and experience gained through activations or simulations of the NBSCP will be used as the basis for future refinements and revisions to the NBSCP.

In re-establishing business as usual for DHW, HSOs' and pathology providers, arrangements should be in place to ensure:

- Continued patient support
- Restoration to normal blood supply levels
- Successful adaptation to new processes because of improvement planning.

Part 5. EVALUATION AND REVIEW

The Department for Health & Wellbeing, Health Service Organisations and pathology providers are to review their Emergency Blood Management Plans and response following:

- activation of a response
- internal or external organisational restructure
- identification of issues which may impact upon the implementation of the guideline, including any review of blood and/or blood product stock levels
- any emergency blood supply issues identified during the analysis of a sentinel event
- the introduction of new technology or services.

Each area should conduct a risk assessment and review after an emergency blood supply response.

Part 6: APPENDICES

Appendix 1. Priority Access Information – Red Cell & Platelet

This information is an excerpt from the NBSCP designed to support and assist clinicians and institutions with decisions around access to blood and blood products, which in descending order of urgency, classifies patients into Blood Access Priority levels 1-3, with patients in Blood Access Priority 1 having the highest priority for transfusion, noting these are suggested categories only and are not mandated. It is clearly the responsibility of the treating clinician and institution to determine the appropriate treatment of a patient based on available blood products.

NBSCP Guidance for prioritisation of red blood cell transfusions

Red Blood Cell Access Priority 1

Resuscitation

- Resuscitation from life threatening or ongoing blood loss from any cause, including major trauma and obstetric haemorrhage.

Surgical support

- Emergency surgery (defined as a patient likely to die within 24 hours without surgery), including cardiac and vascular procedures.
- Urgent surgery (defined as a patient likely to have major morbidity if surgery not carried out).
- Organ transplantation that cannot be deferred.

Nonsurgical anaemia

- Life threatening anaemia, including patients requiring in utero support or in neonatal intensive care.
- Support for stem cell transplantation or chemotherapy that cannot be delayed.
- Patients with severe bone marrow failure, haemoglobinopathies or other conditions who cannot tolerate any delay in transfusion.

Red Blood Cell Access Priority 2

Surgery and obstetrics

- Semi urgent surgery (defined as a patient likely to have minor morbidity if surgery is not carried out).
- Cancer surgery that cannot be deferred without risk to patient.
- Symptomatic, but non-life threatening, postoperative or postpartum anaemia.

Nonsurgical anaemia

- Symptomatic but non-life-threatening anaemia, (including postoperative) of any cause that cannot be managed by other means

Red Blood Cell Access Priority 3

Surgery

- Elective surgery requiring crossmatched red blood cell support of two or more units of homologous donor blood.

Nonsurgical anaemia

- Other non-urgent medical indications for transfusion.

Note: when considering priority of patients for transfusion, alternative actions may include:

- Transfusion alternatives e.g. erythropoietin, iron therapy, patient blood management
- Reduction in target post transfusion haemoglobin.

NBSCP Guidance for prioritisation of platelet transfusions

Platelet Access Priority 1

Patients with clinically significant bleeding

- Patients with clinically significant bleeding in whom thrombocytopenia or platelet dysfunction is thought to be a major contributory factor.
- Patients with critical bleeding requiring massive blood transfusion.
- Patients with clinically significant bleeding in the presence of acute Disseminated Intravascular Coagulopathy (DIC) and a platelet count <50x10^9/L.
- Patients requiring platelet support for immediate or urgent surgery
- Patients who require immediate or urgent surgery with a platelet count <50 x10^9/L or with functional platelet defects.
- Patients who require immediate or urgent neurosurgery, intraocular or neuroaxial surgery with a platelet count <100x10^9/L or with functional platelet defects.

Platelet Access Priority 2

Patients at high risk of critical bleeding

- Patients with head injury and a platelet count <100x10^9/L.
- Neonates with Neonatal Alloimmune Thrombocytopenia (NAIT) (platelet count <30x10^9/L).
- Neonates with severe thrombocytopenia (<25x10^9/L for term neonates and <30-50x10^9/L for preterm neonates).
- Patients requiring prophylactic platelet transfusion for prevention of bleeding
- Patients with severe thrombocytopenia undergoing chemotherapy and haematopoietic stem cell transplantation with a platelet count of <10x10^9/L in the absence of risk factors and at <20x10^9/L in the presence of risk factors (e.g. fever).
- Critically ill patients with a platelet count of <20x10^9/L.

Platelet Access Priority 3

During periods when platelet supply is constrained, the following patients have lowest priority for platelet transfusion:

- Patients requiring platelet support for expedited surgery or invasive procedures
- Patients who require expedited surgery with a platelet count <50x10^9/L or with functional platelet defects.
- Patients who require expedited neurosurgery, intraocular or neuroaxial surgery with a platelet count <100x10^9/L or with functional platelet defects.
- Patients requiring expedited invasive procedure or biopsy with a platelet count <50x10^9/L or with functional platelet defects.

Patients requiring platelet support for elective surgery

- Elective surgery in patients who may require platelet support for thrombocytopenia or functional platelet defects.

Appendix 2. Examples of Inventory Communication Reports

Blood Service National Inventory Template - SA (Received from Lifeblood)

Australian Red Cross Lifeblood®

Blood Service National Inventory Template - SA

SA Prioritisation and Days Coverage	17-Feb-2022 12:00 PM							
	O +	O -	A +	A -	B +	B -	AB +	AB -
Red Cells	1.6	2.0	2.5	2.2	3.1	3.2	7.1	5.2
Platelets	1.9	2.4	1.5	2.6	N/R	N/R	N/R	N/R

SA Prioritisation and Days Coverage	17-Feb-2022 12:00 PM			
	O	A	B	AB
Clinical FFP	11.7	11.1	7.7	18.4
Cryo-depleted	20.0	20.0	38.0	20.0
WB Cryoprecipitate	N/R	N/R	N/R	N/R
Apheresis Cryoprecipitate	10.4	11.8	22.2	11.3
Combined Cryoprecipitate	10.4	13.1	22.2	12.6

Please note the following enhancements to the National Inventory Template:
- The available inventory, in days coverage, is now shown instead of the status.
- Status is now indicated by colour only: green for "Full", yellow for "Half" and pink for "MO".
- Platelets prioritisations are now displayed by ABO and Rh.
- Cryoprecipitate prioritisations are now also displayed for Whole Blood and Apheresis.

Prioritisation Status
Full: Orders for stock and individual patient requests are met in full.
Half: Orders for stock are only supplied to 50% and individual patient requests are met in full.
MO: Both Laboratory (AHP) orders for stock and individual patient requests are referred to a Medical Officer.
N/R: Not required due to insufficient local demand.

Blood Service National Inventory Template - SA (Lifeblood)

BLOODNET

National Health Provider Inventory Level

Taken from routine components (or Lis data) ordered in the last 7 days

Stock Level Alerts (Inv % Max Stock) <70 <20

The purpose of the National Health Provider Inventory Level Report is to identify both the nominated maximum inventory levels for each component and blood group as well as the available inventory for issue (also known as Stock on Hand) by health providers. This report is intended for Pathology Services *only*.

SA

Red Cells

AHP Name	AHP Code	Last Updated	O+		O-		A+		A-		B+		B-		AB+		AB-		Total	
			Inv	Max	Inv	Max	Inv	Max	Inv	Max	Inv	Max	Inv	Max	Inv	Max	Inv	Max	Inv	Max
Abbott Pathology SA	51CABB																			
Australian Clinical Labs, Ashford Hospital Lab SA	51CGRA																			
Clinpath Pathology- Calvary Adelaide Laboratory SA	51ACCA																			
SA Pathology - Berri Laboratory SA	51ABER		13	15	6	8	18	15	5	8									42	46
SA Pathology - Flinders Medical Centre Site SA	51AFMC		64	72	35	24	63	54	16	16	15	17	10	10	4	5	4	4	211	202
SA Pathology - Lyell McEwin Hospital Site SA	51ALME		39	43	16	14	35	38	7	9	0	4	1	2					98	110
SA Pathology - Modbury Hospital SA	51CMOD		8	9	5	15	5	6	1	1			1	1					20	32
SA Pathology - Mount Gambier Laboratory SA	51AMTG		28	25	10	8	7	5	6	5									51	43
SA Pathology - Murray Bridge Laboratory SA	51AMBR		12	12	8	8	6	6	4	4									30	30
SA Pathology - Noarlunga Laboratory SA	51ANOR		10	12	9	12	7	6	4	4									30	34
SA Pathology - Port Augusta Laboratory SA	51APTA		10	12	6	6	6	6	3	4									25	28
SA Pathology - Port Lincoln Laboratory SA	51APLI		9	12	17	8	7	6	4	4									37	30
SA Pathology - Port Pirie Laboratory SA	51APTP		13	12	8	6	12	12	4	4									37	34
SA Pathology - The Queen Elizabeth Hospital Site SA	51AQEH		36	38	14	12	34	37	10	10	10	10	4	4	0	2	2	2	110	115
SA Pathology - Victor Harbor Laboratory SA	51AVIC		10	12	10	8	5	6	3	4									28	30
SA Pathology - Wallaroo Laboratory SA	51AWAL		9	8	8	8	8	8	4	4									29	28
SA Pathology - Whyalla Laboratory SA	51AWHY		11	13	5	6	14	12	2	4									32	35
SA Pathology, Gawler SA	51BGHS		5	6	9	8	6	6	4	4									24	24
SA Pathology, Royal Adelaide Hospital SA	51ARAH		74	83	36	36	78	83	31	31	26	26	9	10	6	6	5	4	265	279
SA Pathology, Women's & Children's Hospital SA	51AWCH		15	13	19	13	14	12	7	8	7	6	4	4					66	56
Total			**444**	**487**	**251**	**234**	**400**	**408**	**138**	**150**	**74**	**81**	**38**	**41**	**12**	**15**	**11**	**10**	**1368**	**1426**

Inventory Restrictions Notification

Dear Colleague

EXAMPLE ONLY

RE: Current Inventory Restrictions – please note corrected dates below – 28/01/2022 – 29/01/2022

Australian Red Cross Lifeblood South Australia wishes to advise you of the following inventory restrictions which may impact orders you are placing today.

Please note that when a restriction is classified as 'MO' – we need you to place named patient orders for that specific product during that time. These orders will be triaged and approved by a Lifeblood Transfusion Medicine Specialist.

We thank you for your support, and ask you please continue to place your orders in line with your current inventory needs to help us ensure equity of supply across the region.

Restriction	Blood Group	Modifier (if applicable)	Product	Effective from	Effective to
MO	O neg	n/a	Red Cells	28/01/2022 @ 1230pm	29/01/2022 @ 08:00am

Restriction	Stock Orders	Named Patient Orders
Half	Supplied to 50%	Met in Full
MO	N/A – Named Patient Orders only	Referred to Transfusion Medicine Specialist

Kind Regards,

Customer Service Delivery Supervisor
Manufacturing & Quality

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Part 6: DOCUMENT OWNERSHIP & HISTORY

Document developed by: Blood, Organ and Tissue Programs

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Next Review Due:

Approval Date	Version	Who approved New/Revised Version	Reason for Change
27/06/2022	1	Susan Ireland	