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The Importance of ensuring business continuity for Blood Establishments (BE's).

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Safe blood for Europe



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European Blood Alliance (EBA).

An Overview

EBA is an association with 26 members in the European Union and EFTA (Switzerland and Norway). EBA represents not-for-profit blood establishments (BE).

Its mission is to:

1. Contribute to the availability, quality, safety and cost-effectiveness of the blood and tissue supply for the citizens of Europe by developing and maintaining efficient and strong collaboration amongst European blood, cells and tissue services
2. Increase public and professional awareness of voluntary and non-remunerated donation of blood and blood components as an indispensable therapeutic means of helping patients
3. Assist European blood establishments to continuously improve their performance, based on scientific and ethical principles for the benefit of patients
4. Facilitate networking among European blood, cells and tissue services

EBA- Contingency Planning Working Group.

Objectives

- To share and leverage the knowledge of EBA members so all can move toward best practice (e.g. ISO 22301)
- To share experience, documentation, risk and other relevant materials and identify common training needs and opportunities.
- To identify opportunities for mutual aid in business continuity and emergency planning processes, consumables and the provision of services and product and develop these into agreed heads of agreement in bilateral or multilateral mutual aid arrangements.
- To create routes and mechanisms of communication on business continuity and emergency planning issues between EBA members, and to maintain a forum for discussion on these matters (e.g. EBA newsletter, EBAsE , multiple working groups).
- To engage in and lead the conversation on business continuity and emergency planning with the European Commission and Competent Authorities to ensure a workable and consistent approach across EBA member states.

Business Continuity – An introduction

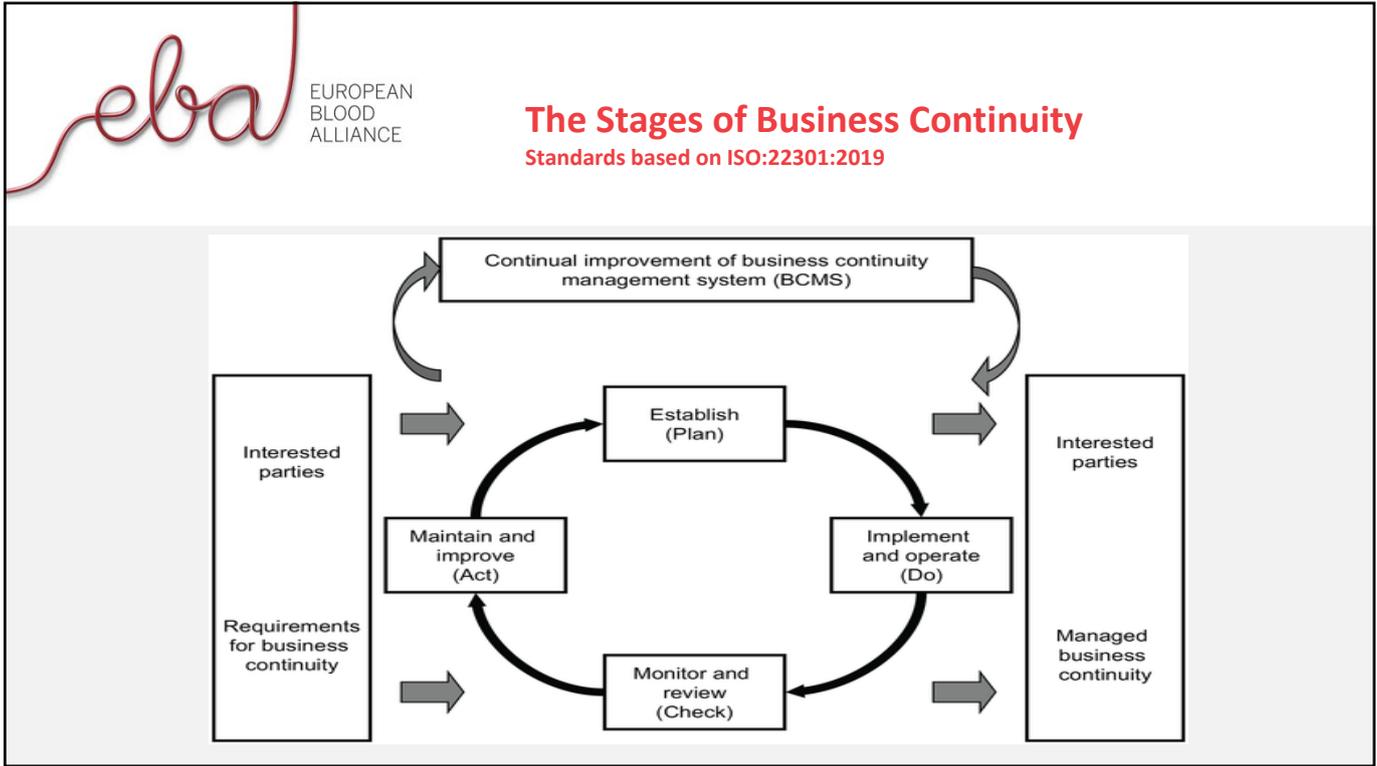
- **What is Business Continuity?**

“The capability of the organisation to continue delivery of products or services at acceptable predefined levels following disruptive incident.”

(ISO 22301:2012)

- **Business Continuity Vs. Emergency Planning**

Business Continuity is keeping a service going during a crisis e.g. fire, flood, etc... Emergency planning is preparing to responding to an emergency e.g. Mass casualty event

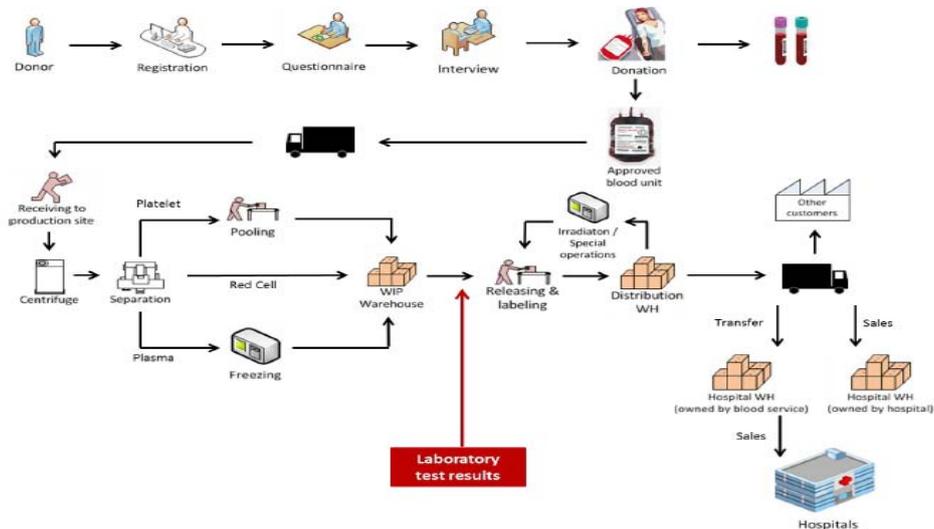


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Business Continuity planning in action – IBTS case study

- **Irish Blood Transfusion Service- Background**
 - Responsible for the safe and secure supply of blood products for the Republic of Ireland.
 - Operates on a single site processing and testing model.
 - Two dispatch sites in Dublin and Cork (Issues 117k RBC and 22.5 Platelets per year Nil Plasma).
 - Contingency processing site in Cork and a number of contingency plans with other BE.
 - Dedicated Risk & Resilience manager who manages the IBTS business continuity system.

The process 'Vein to Vein'



Business Continuity planning in action – IBTS case study

- The BCMS in the IBTS is based on ISO 22301 and over a yearly cycle we carry out the following.
- Conducting BIAs with all departments to identify critical services & processes
- Review Recovery Time Objectives (RTO's) and Maximum Tolerable Periods of Disruption (MTPD)
- Review and update departmental business continuity plans based on the outcomes of the BIA
- Conduct a number of tests over the year. This is a mixture of live and table top contingency testing.
- Collect and review learning's from all exercises (and any live events) and update plans accordingly.
- Internal Audit / HPRa and Agenda item on EMT /Audit and Compliance / The Board

Top Risks																
Risk Description & Consequence	Primary Risk Category	Inherent Likelihood	Inherent Impact	Inherent Risk Rating	Residual Likelihood	Residual Impact	Residual Risk Rating	Owner	Mitigation Type	Mitigation	Planned Actions	Action Review date	Previous Risk Rating		Trending	Comments
													Inherent	Residual		
Disruption to critical operations of the IBTS due to Covid-19	Business	4	5	20	4	4	16	RRM	Reduction	Contingency plans activated across the organisation, social distancing measures in place. WHF arrangements in place where possible.	Review on going as public health and Gov advice is updated. Careful monitoring of staffing levels in critical business areas.	Nov-20	-	-		May 2020: Risk added in March 2020 due to Covid-19 pandemic. August 2020: General consensus that the risk score has not changed. Mitigation work carried out to date is being counter balanced by upcoming unprecedented winter season.
Shortage of blood Components	Business	5	5	25	4	5	20	Operations	Reduction	Daily monitoring and blood group management. Targeted recruitment of Donors. Risk increased due to BaoT testing 12hr hold.	NTAG Plan. requires testing. Request made by OpsD for more resources for Operations Department to be discussed at EMT. Union discussions taking place regarding BaoT testing hold.	Sep-20	25	-		July 2020: This risk was previously R22. Risk increased due to BaoT testing 12hr hold. August 2020: Mitigations updated to reflect. Work on BaoT testing hold taking place. Actions added. Requirement for testing NTAG Plan, request for additional resources for Ops Dept. heading into winter, and Union discussions regarding BaoT. Decision made not to increase residual risk, but this is based on planned actions being carried out.
Lack of adequate testing of the business continuity and IT disaster recovery plans	Business	4	4	16	4	4	16	IT	Acceptance	Discussion to be held with EMT to decide plan	Discussion to be held with EMT to decide plan	Nov-20	16	16		May 2020: Discussions have taken place about testing the DR site. This is high risk. Further discussions needed and review into DR also required



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Business Continuity planning in action – IBTS case study

- **Contingency arrangement Within the IBTS**
- Testing arrangements with SNBTS & NHSBT
- Processing contingency in Cork Site / Hot Site
- Importation contingency with NHSBT and the NIBTS
- Contingency plans in place with key suppliers to minimise any potential supply chain disruption.
- NTAG – Emergency Action plan – Traffic Lights system Hospitals / DO MORE WITH LESS

EBA Response to Covid-19

- **As the Covid-19 pandemic took hold across Europe the EBA reacted by:**

- Conducting surveys, meetings and regular communications with its members to collect and share data on actions being taken and why.
- Set up a dedicated space on the EBA intranet to share information amongst members to assist with planning and responding to the crisis.
- EBA liaised with international colleagues to share information and lessons learned.
- Promoted (in conjunction with other International Blood Agencies e.g. AABB) virtual conferences to share (global) learning's and experiences.

Measures put in place by EBA members to maintain or increase the supply of blood products in times of COVID-19

- **Planning - organisation**
- Donation only possible with prior appointment
- Donor questionnaire available prior to the appointment (online, or PDF sent by email)
- Review deferral rules with health authority, in particular for travellers and former COVID-19 patients
- Be part of the Emergency /preparadness teams: at hospital and governmental levels
- **Staff arrangement**
- Staff working week-ends or late evenings, paid as over-time
- Offer PCR tests and immediate results to avoid contact-quarantine
- **Communication and marketing**
- Appeal to donors/donations through press, social media, television, institution's website.
- However, risk of seeing a sudden flow of donors who could not be accommodated for lack of staff or donation centre capacity.
- Communication on the possibility to still donate blood products, despite COVID-19 related restrictions
- **Other incentives (e.g with employers)** CSR free up employees' time to donate during clinic hours

Measures put in place by EBA members to maintain or increase the supply of blood products in times of COVID-19

- **Collection centres**
 - Larger donation centres to accommodate more people at the same time, with physical distancing
 - Multiply the number of collection centres available
 - Extending opening hours: weekdays and week-ends / Extending mobile collections
 - Reducing mobile collections for fixed sites
 - Set-up plasma-only centres / Set-up temporary collection centres in newly available venues
- **Donor management**
 - Recruitment strategy of new donors
 - Retention strategy of existing donors
 - Conversion of CCP donor into WB or standard plasma donors
 - Target specific blood groups and dedicate donation sessions to donors with this group
 - Target specific professions (e.g civil servants) and dedicate sessions to them





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Top risk from Covid-19

- **Through data gathering with members the EBA identified Continuing a sufficient supply of blood products as a high risk.**
 - Risk of staff shortages to run clinics
 - Lockdowns in countries preventing donors from traveling to clinics
 - Reduced capacity at donation centres due to social distancing
 - Reduced availability of donation sites (Schools, Gyms, sports venues etc..)



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Thank You and Questions ?