



## URGENT: IMMEDIATE ACTION REQUIRED

To: ALL HOSPITAL SITES  
From: National Emergency Blood Management Committee\*  
Subject: GREEN PHASE ADVISORY

### National Inventory Advisory

Date and time of issue	2022-12-30 1500 (ET)
Inventory Availability Phase	GREEN PHASE ADVISORY
Product(s)	Red blood cells and Platelets
Description	<p>The inventory and supply situation continues to improve and is being monitored closely.</p> <p>The pace of recovery is forecasted to be gradual, and some regional variation may continue over the next few weeks and Provincial Emergency Blood Management Committees (PEBMC) should convene if necessary.</p> <p>Given the situation, it is important to continue to monitor inventory levels at Canadian Blood Services and hospitals collectively. <b>The Green Phase Advisory will remain in effect until at least January 3, 2023. The next update/notice will be circulated late afternoon Jan 3<sup>rd</sup>.</b></p> <p>The NEBMC acknowledges and appreciates the extra effort and diligence of hospitals to fulfill inventory reporting requirements. These comprehensive data are reviewed each day and help inform decision making at the national level.</p>
Impact on hospitals	<p><b><u>Action Required:</u></b></p> <p><b>All hospitals must continue to provide inventory levels for all RBC blood groups:</b></p> <p>Dec 31 – report inventory levels by 12 noon ET Jan 1 – not required Jan 2 - report inventory levels by 12 noon ET Jan 3 - report inventory levels by 12 noon ET</p> <p>Hospital inventory is to be reported via the Canadian Blood Services <a href="https://b2clogin.com">Hospital Portal Login (b2clogin.com)</a>, or in accordance with usual provincial practices (British Columbia and Manitoba).</p> <p><b>It is recommended that hospitals follow best practice and appropriate use recommendations as follows:</b></p> <p><b>O negative RBC:</b> Hospitals are asked to ensure the utilization of O negative red blood cells continue to follow best practice at all times as outlined in the <i>National Advisory Committee on Blood and Blood</i></p>

	<p>Products statement for the: <a href="#">Utilization and inventory management of Grp O RH(D)-negative red cells.</a></p> <p><b>All Rh negative RBC:</b> Additionally, the NEBMC recommends the following best practices for <b>all RhD-negative red blood cells</b>, which are particularly important for B negative red blood cells due to current low inventory levels.</p> <p><b>Recommendations for appropriate use of RhD negative RBCs for ALL BLOOD GROUPS</b></p> <table><tr><td><b>Mandatory indications: RhD negative RBCs should always be used for these indications</b></td></tr><tr><td><ul style="list-style-type: none"><li>• RhD negative individuals of child-bearing potential (45 years of age and younger)</li><li>• Individuals with allogeneic anti-D</li></ul></td></tr><tr><td><b>Highly recommended indications. When possible, RhD negative RBCs should likely be used for these indications</b></td></tr><tr><td><ul style="list-style-type: none"><li>• RhD negative individuals (any age) who are expected to receive chronic RBC transfusions (for example, individuals with hemoglobinopathies or with chronic transfusion requirement)</li></ul></td></tr><tr><td><b>Generally acceptable indications. The use of RhD negative RBCs may be considered acceptable for these indications, but RhD positive RBCs should especially be considered when supply is severely constrained</b></td></tr><tr><td><ul style="list-style-type: none"><li>• RhD negative individuals with no child-bearing potential requiring non-massive transfusion</li></ul></td></tr><tr><td><b>Likely unacceptable indications. The use of RhD negative RBCs is likely unacceptable for these indications when supply constrained.</b></td></tr><tr><td><ul style="list-style-type: none"><li>• Any RhD negative individuals without allo anti-D and no childbearing potential requiring a large volume transfusion (defined as greater than 4-6 units)</li></ul></td></tr></table>	<b>Mandatory indications: RhD negative RBCs should always be used for these indications</b>	<ul style="list-style-type: none"><li>• RhD negative individuals of child-bearing potential (45 years of age and younger)</li><li>• Individuals with allogeneic anti-D</li></ul>	<b>Highly recommended indications. When possible, RhD negative RBCs should likely be used for these indications</b>	<ul style="list-style-type: none"><li>• RhD negative individuals (any age) who are expected to receive chronic RBC transfusions (for example, individuals with hemoglobinopathies or with chronic transfusion requirement)</li></ul>	<b>Generally acceptable indications. The use of RhD negative RBCs may be considered acceptable for these indications, but RhD positive RBCs should especially be considered when supply is severely constrained</b>	<ul style="list-style-type: none"><li>• RhD negative individuals with no child-bearing potential requiring non-massive transfusion</li></ul>	<b>Likely unacceptable indications. The use of RhD negative RBCs is likely unacceptable for these indications when supply constrained.</b>	<ul style="list-style-type: none"><li>• Any RhD negative individuals without allo anti-D and no childbearing potential requiring a large volume transfusion (defined as greater than 4-6 units)</li></ul>
<b>Mandatory indications: RhD negative RBCs should always be used for these indications</b>									
<ul style="list-style-type: none"><li>• RhD negative individuals of child-bearing potential (45 years of age and younger)</li><li>• Individuals with allogeneic anti-D</li></ul>									
<b>Highly recommended indications. When possible, RhD negative RBCs should likely be used for these indications</b>									
<ul style="list-style-type: none"><li>• RhD negative individuals (any age) who are expected to receive chronic RBC transfusions (for example, individuals with hemoglobinopathies or with chronic transfusion requirement)</li></ul>									
<b>Generally acceptable indications. The use of RhD negative RBCs may be considered acceptable for these indications, but RhD positive RBCs should especially be considered when supply is severely constrained</b>									
<ul style="list-style-type: none"><li>• RhD negative individuals with no child-bearing potential requiring non-massive transfusion</li></ul>									
<b>Likely unacceptable indications. The use of RhD negative RBCs is likely unacceptable for these indications when supply constrained.</b>									
<ul style="list-style-type: none"><li>• Any RhD negative individuals without allo anti-D and no childbearing potential requiring a large volume transfusion (defined as greater than 4-6 units)</li></ul>									
<b>For more information</b>	<p>For additional info, contact:</p> <ol style="list-style-type: none"><li>1. Your Hospital Liaison Specialist, Canadian Blood Services</li><li>2. Your representative to the Provincial Emergency Blood Management Committee</li><li>3. Your representative to your Hospital Emergency Blood Management Committee</li></ol>								

\*The National Emergency Blood Management Committee is comprised of the National Advisory Committee on Blood and Blood Products, Provincial Territorial Blood Liaison representatives and key Canadian Blood Services personnel. This group will develop recommendations and provide advice to the P/T Ministries of Health, hospitals and regional health authorities, and Canadian Blood Services to support a consistent and coordinated response to critical blood shortages in Canada.

*For information about the National Blood Shortages Plan, please see: [Blood Shortage | National Advisory Committee on Blood and Blood Products \(NAC\) \(nacblood.ca\)](#). If you require this advisory in an accessible format, please contact your local Canadian Blood Services Hospital Liaison Specialist.*