



## **The Role of Blood in Emergency Preparedness and Response**

The nation's blood supply is a critical aspect of emergency preparedness and response. Blood and blood products are an essential treatment in trauma and are also required to meet the needs of patients with chronic conditions. Unlike pharmaceuticals and biologics, blood cannot be manufactured to meet demand. Blood is collected from volunteer, non-remunerated donors and has a very short shelf life; 5-7 days for platelets and 21-42 days for red blood cells. Coupled with the 24-48 hours necessary for testing post-donation, blood must already be available on the shelf when an emergency occurs.

- **Blood is recognized as one of the Department of Health and Human Services' (HHS) identified safety and security components** within Emergency Support Function (ESF) #8 of the National Response Framework.
- **An industry task force representing all U.S. blood collectors and hospitals was developed after 9/11 to ensure a single voice and response to disasters.** The AABB Interorganizational Task Force for Domestic Disasters and Acts of Terrorism has been successfully responding to disasters and planning for major public events since 2002. Additional education for emergency officials, physicians, and the public is needed about the role of blood in emergency preparedness and response and when donations are needed. Blood supplies must be maintained at essential levels in hospital and resupplied from regional blood centers. While donating blood following a disaster may seem prudent, it is the blood on the shelf, donated days before these events, that saves lives. Proper messaging around this is critical.
- **The Pandemic and All-Hazards Preparedness & Advancing Innovation Act (PAHPAI, S. 2852 and H.R. 6378) includes important provisions that strengthen the U.S. blood system.**
  - **There is a cost to maintaining blood on the shelf for an emergency.** That cost, "the insurance factor," is borne completely by the blood centers. These costs are contributing to the continued sustained erosion of blood supply margins. PAHPAI includes blood centers in disaster readiness on a local/regional basis and ensures financial barriers do not impede the availability of safe blood ahead of and during response activities.
  - **Without sustained increases in younger donors, the U.S. blood supply is facing a future crisis.** The U.S. donor population is aging with a disproportionate support of the supply coming from World War II and baby boomers. PAHPAI will help to address these challenges by requiring HHS to investigate and prepare recommendations in a report to Congress on policy options to promote a safe and adequate blood supply.

**Action for Congress: Pass the PAHPAI with pro-blood provisions intact.**