

To Whom It May Concern,

Community Blood Center of Greater Kansas City (CBC) supplies blood products to over 60 hospitals throughout Missouri and Kansas.

In the event of a disaster or emergency situation, we have been designated by the federal Cybersecurity and Infrastructure Security Agency of the US Department of Homeland Security as a critical infrastructure industry and CBC employees are considered “Essential Critical Infrastructure Workers”.

As a member of the essential critical infrastructure workforce, CBC has a special responsibility in a disaster or emergency to continue operations and maintain our normal work schedule. **In order to continue normal operations it is imperative that volunteer blood donors be allowed to travel to and from blood collection locations.**

If you have questions regarding this person’s exemption, contact the Senior Executive Director of CBC.

Kim Peck, MA, MT(ASCP)SBB, O+
Senior Executive Director

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FEMA

March 19, 2020

Dear Emergency Management Agency,

I appreciate all that you and your team are doing to respond to the Coronavirus (COVID 19) pandemic. I am writing to make you aware of an important aspect of your emergency public health response. Many of the blood drives that are critical to ensuring an adequate supply of blood to treat patients in hospitals who need emergency surgery or trauma patients have been cancelled at workplaces and college campuses across the country. Your assistance is needed to ensure that your jurisdiction's emergency planning efforts appropriately prioritize the availability and accessibility of blood and blood products.

Blood and blood products are an essential treatment in trauma and are also required to meet the needs of patients with chronic conditions. During a time of crisis, patient access to blood and blood products is often critical. In the U.S., blood is typically collected, processed, and stored at regional non-profit blood centers and is distributed to hospitals on a daily or weekly basis. In some cases, a blood center may be located several hours away from the hospitals it supplies; thus, problems with the local infrastructure can create a set of logistical challenges that can impact the availability and accessibility of blood and blood products.

Blood supply is recognized by the Department of Health and Human Services (HHS) as essential and integral component of the Emergency Support Function (ESF) #8 of the National Response Framework. Under ESF#8, HHS monitors and coordinates the need for blood and blood products and related medical supplies in coordination with the American Association Blood Banks (AABB) Interorganizational Task Force on Domestic Disasters and Acts of Terrorism (AABB Disaster Task Force).

Despite the recognized importance of the safety and availability of blood in disasters, blood centers have encountered recent obstacles during disasters and emergencies. For example, in the aftermath of recent events, some blood centers encountered difficulties (1) obtaining fuel for generators that are needed to collect and maintain blood supplies and for vehicles (including staff vehicles); (2) accessing emergency transportation (helicopters and vehicles) to distribute blood and blood products with a limited shelf-life; (3) having utilities restored; (4) gaining re-entry access into affected areas; and/or (5) procuring reliable access to emergency communications and frequencies. These deficits represent significant vulnerabilities in our readiness, and place patients, including disaster survivors who may need blood and blood products for injuries, as well as patients with an ongoing need for transfusion-related therapies, at unwarranted risk.

I respectfully request your assistance in working with the community blood centers in your region to ensure that blood and blood products are available where and when they are needed in a disaster.

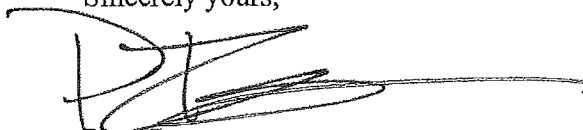
Donating blood is a safe process and people should not hesitate to give. It's important to note that blood drives have the highest standards of safety and infection control. We need your support to make sure healthy individuals in your community know that we need them to still donate blood as volunteer blood donors are the only source of blood for those in need. Just as the social distancing guidance recommends that it's okay for people to leave home for necessities like groceries, or a doctor's visit, or the pharmacy –donating blood is a necessity.

Longer term, this can be accomplished by integrating the community blood centers responsible for the collection and distribution of blood and blood products into your emergency management planning efforts, including the addition of blood-related scenarios in your drill and exercise programs. I also ask that your agency considers developing plans that ensure Food and Drug Administration (FDA) licensed or registered blood centers are appropriately prioritized for access to fuel, emergency communications equipment and frequencies, transportation during disasters, restoration of utilities, and re-entry access into affected disaster areas.

The AABB Disaster Task Force has encouraged all community blood centers to contact their emergency management agencies to participate in the emergency management planning process. The AABB Disaster Task Force also advocates the education of emergency management personnel on the unique needs of collecting and distribution blood and blood products to victims of a disaster while maintaining routine support for ongoing patient care. As you revise and exercise your ESF#8 plans, the blood collection facilities and the AABB Disaster Task Force should be an asset and considered essential partners in preparedness planning.

I appreciate your prompt attention to this important issue and thank you for your ongoing commitment to preparing for and protecting the public during disasters.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Pete Gaynor', with a long horizontal flourish extending to the right.

Pete Gaynor
Administrator

cc: AABB Disaster Task Force

HEALTHCARE / PUBLIC HEALTH

- Workers providing COVID-19 testing; Workers that perform critical clinical research needed for COVID-19 response
- Caregivers (e.g., physicians, dentists, psychologists, mid-level practitioners, nurses and assistants, infection control and quality assurance personnel, pharmacists, physical and occupational therapists and assistants, social workers, speech pathologists and diagnostic and therapeutic technicians and technologists)
- Hospital and laboratory personnel (including accounting, administrative, admitting and discharge, engineering, epidemiological, source plasma and blood donation, food service, housekeeping, medical records, information technology and operational technology, nutritionists, sanitarians, respiratory therapists, etc.)
- Workers in other medical facilities (including Ambulatory Health and Surgical, Blood Banks, Clinics, Community Mental Health, Comprehensive Outpatient rehabilitation, End Stage Renal Disease, Health Departments, Home Health care, Hospices, Hospitals, Long Term Care, Organ Pharmacies, Procurement Organizations, Psychiatric Residential, Rural Health Clinics and Federally Qualified Health Centers)
- Manufacturers, technicians, logistics and warehouse operators, and distributors of medical equipment, personal protective equipment (PPE), medical gases, pharmaceuticals, blood and blood products, vaccines, testing materials, laboratory supplies, cleaning, sanitizing, disinfecting or sterilization supplies, and tissue and paper towel products
- Public health / community health workers, including those who compile, model, analyze and communicate public health information
- • Blood and plasma donors and the employees of the organizations that operate and manage related activities
- Workers that manage health plans, billing, and health information, who cannot practically work remotely
- Workers who conduct community-based public health functions, conducting epidemiologic surveillance, compiling, analyzing and communicating public health information, who cannot practically work remotely
- Workers performing cybersecurity functions at healthcare and public health facilities, who cannot practically work remotely
- Workers conducting research critical to COVID-19 response
- Workers performing security, incident management, and emergency operations functions at or on behalf of healthcare entities including healthcare coalitions, who cannot practically work remotely
- Workers who support food, shelter, and social services, and other necessities of life for economically disadvantaged or otherwise needy individuals, such as those residing in shelters
- Pharmacy employees necessary for filling prescriptions
- Workers performing mortuary services, including funeral homes, crematoriums, and cemetery workers
- Workers who coordinate with other organizations to ensure the proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains and personal effects; certify cause of death; and facilitate access to mental/behavioral health services to the family members, responders, and survivors of an incident

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www.cisa.gov

For more information,
email CISA.CAT@cisa.dhs.gov



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