**Notification Table – Contact List (example)**

CBS Notification Phase: \_ Amber \_ Red \_ Recovery

Blood Component: Date notification of blood shortage received from CBS:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Position** | **Name** | **Phone** | **Pager/alternate** | **Date/time notified** | **Responsible person to complete notification** | **Initial** |
| Laboratory manager designate |  |  |  |  | Receiver of initial fax / call |  |
| TM MD or designate |  |  |  |  | Receiver of initial fax / call |  |
| Chief Medical Affairs |  |  |  |  | TM Med Director |  |
| Chair HTC |  |  |  |  | TM Med Director |  |
| Chair HEBMC |  |  |  |  | TM Med Director |  |
| Triage officer(s) |  |  |  |  | Chair HEBMC |  |
| HEBMC members |  |  |  |  | Chair HEBMC |  |
| Emergency Officer |  |  |  |  | Chief Medical Affairs |  |
| TM Staff |  |  |  |  | Lab Manager |  |
| Chief Nursing Officer |  |  |  |  | Lab Manager |  |
| CEO |  |  |  |  | Chief Medical Affairs |  |
| Medical staff |  |  |  |  | Chief Medical Affairs |  |
| Nursing staff |  |  |  |  | Chief Nursing Officer |  |

TM MD Transfusion Medicine Medical Director HTC Hospital Transfusion Committee

HEBMC Hospital Emergency Blood Management Committee CEO Chief Executive Officer

**Checklist to Record Action Taken in Response to a Blood Shortage Notification Received from Canadian Blood Services**

 Staff member receiving fax/phone call:

Date/Time: \_ Amber Phase \_ Red Phase \_Recovery Phase

Blood Component affected:

\_ Red cells \_Platelets \_Other

 Notification of key personnel completed

 Internal hospital fax memos or email prepared

 Fax memos or email issued Date/time:

 Hospital inventory reported to CBS Date/time: