SABM Position:
Patient Blood Management During the 2020 COVID-19 Pandemic

Many of us are hearing of potential shortages of blood components and the call from blood centers for volunteers to donate during the COVID-19 pandemic. The Society for the Advancement of Blood Management recognizes the altruistic spirit and commitment to community that voluntary blood donors exhibit. Surprising to most people, though, is that after both natural and man-made disasters the use of transfused blood either stays the same or even declines.

Previous pandemic/epidemic situations, e.g. H1N1, have had a significant negative impact on the blood supply, as donors who fear possible exposure to the virus at a medical facility or donor station stay away. In addition, banked blood, while medically indicated for some patients, is a perishable commodity, and even in “normal” times it is overused by the medical community. This inappropriate use of blood stresses the blood supply and puts patients at risk. However, the early years of HIV/HCV contamination of the donor blood supply showed us that clinicians absolutely have the ability to control overused and inappropriate transfusions while still administering necessary care to patients.

Today, with the COVID-19 pandemic upon us, and as we would expect, the blood supply is dwindling as donors stay away and existing donated blood expires. However, calls from blood centers for more blood donors will not alleviate this problem, and unless we open ourselves to better solutions, we are bound for disaster.

To preserve the progressing decline in the blood supply, the United States and other governments, as well as the WHO, have endorsed Patient Blood Management and its impact. In times when we face a global disaster such as the COVID-19 pandemic, all efforts must be implemented.

Rather than deprive people of needed surgical procedures as a result of blood shortages, we believe implementing some key Patient Blood Management strategies would allow necessary care to continue. These include:

1. Identify and treat anemia
2. Identify and address coagulation issues prior to surgery
3. Use all known and effective blood conservation methods during and after a procedure, including eliminating excessive blood testing
4. Carefully monitor patients’ condition after surgery, quickly intervening for unexpected bleeding
5. Support patients postoperatively with therapies to support blood production
6. Thoroughly educate patients letting them know they are part of a global effort.

SABM wishes to remind our members, hospital affiliates, all healthcare providers and the public, that evidence-based PBM principles are applicable and necessary in everyday practice and perhaps even more so during this difficult time. SABM as the leader in PBM, continues to provide resources for medical communities, facilities, healthcare providers and the lay public to maximize PBM strategies and processes.