

1. Introduction

The COVID19 pandemic poses unprecedented stress on the health care system including programs performing allogeneic and autologous hematopoietic cell transplantation (HCT) and cellular therapy such as with CAR T cells. The FACT-JACIE standards require disaster planning within the clinical, collection (apheresis and bone marrow) and processing sections*.

Modifications to usual care should be considered within the broader organization and controlled by ongoing quality management systems and other JACIE accreditation requirements.

This self-check offers HSCT programmes a framework within which to assess and adapt their critical process and services to minimise the risk of transmission among staff, donors and patients.

The checklist will **not** be assessed by JACIE but the submissions can be made available for future inspections to assess crisis management and how centres responded. JACIE may use the survey data to perform analysis of how centres are managing their processes. Any data used will be anonymised.

The self-check is part of the EBMT's response to the COVID19 pandemic.^
More information and resources can be found at www.ebmt.org/covid-19-and-bmt.

*Wingard JR, Leahigh AK, Confer D, Edwards J, Billups RL, van den Brink M, et al. Preparing for the unthinkable: emergency preparedness for the hematopoietic cell transplant program. Biol Blood Marrow Transpl. 2006;12:1229–38.

^Ljungman, P., Mikulska, M., de la Camara, R. et al. The challenge of COVID-19 and hematopoietic cell transplantation; EBMT recommendations for management of hematopoietic cell transplant recipients, their donors, and patients undergoing CAR T-cell therapy. Bone Marrow Transplant (2020). https://doi.org/10.1038/s41409-020-0919-0

1. Hospital					
Name Hospital					
Address					
Address 2					
City/Town					
Country					
Email Address of person completing the self-check					
* 2. EBMT CIC numb	er				
* 3. Areas/Activit	ies in you	ır transp	olantation progra	amme	е
Clincal auto A	dults	Cli	nical allo Paeds		Apheresis
Clinical allo A	dults		mune Effector Cel	.ls	Bone Marrow Harvest
Clinical auto F	Paeds	Ad	ults		Cell processing
			mune Effector Cel eds	ls	



2. Updated SOPs for core and support services with COVID-minimised pathways

Use the boxes for each question to describe the measures taken, being taken or planned. This will be useful for internal purposes and can also serve as a record for internal or external assessors in the future.

Remember that this self-check is primarily for your internal use so use the "Explain..." boxes to enter useful information that is relevant to your centre. You can do this in your own language.

Under the "Measures taken?" column, the possible answers are as follows:

Yes = policy/procedure has been revised
In progress = In preparation e.g. being revised but not completed yet
No = policy/procedure has not been revised
Not applicable = an activity that we do not perform

TIP - to complete the survey, instead of using your mouse, users may find it faster to use the TAB keyto move from question to question and to type "Y" for "Yes, "N" for "No", "NN" to show "Not applicable" and "I" for "In progress". The survey will present the option starting with that first letter for selection.

4. Cryopreservation/Storage incl quarantine policy (including where this service is provided by an external organisation)

	Measures taken?
Cell processing	\$
Explain briefly what is being/has been done	

organisation)	ı (including where this so	ervice is	provided by	an external
	Apheresis Measures take	n?	Bone Marrow	Harvest Measures taken?
Cell collection	\$			\$
Explain briefly wha	at is being/has been done			
6. Intensive care	unit (ICU) / intensive un	nit (ITU)	/ Critical ca	re unit (CCU
		Measure	s taken?	
Clinical adults			\$	
Clinical paeds			\$	
Immune Effector Cells administration			\$	
Explain briefly wha	at is being/has been done			
7 Mahiliaatian o				
7. Mobilisation s	trategies in the autologo	ous settii Measure		mise risk to patient
7. Mobilisation s Clinical adults	trategies in the autologo			mise risk to patient
	trategies in the autologo			mise risk to patient
Clinical adults	trategies in the autologo			mise risk to patient
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Clinical adults Clinical paeds Immune Effector Cells administration				mise risk to patient

	Measures taken?	
Clinical adults	₹	
Clinical paeds	\$	
Immune Effector Cells administration	\$	
Explain briefly what is being/has been done		
9. Bronchoscopy/BAL		
	Measures taken?	
Clinical adults	\$	
Clinical paeds	\$	
Immune Effector Cells administration	\$	
Explain briefly what is being/has been done		
O. Vascular access	Marana talan	
Clinical adults	Measures taken?	
Clinical paeds	<u>*</u>	
Immune Effector Cells administration	*	
Explain briefly what is being/has been done		

	Measures taken?
Clinical adults	₹
Clinical paeds	\$
Immune Effector Cells administration	\$
Explain briefly what is being/has be	en done
2. Ambulatory care pathways (if applicable)
	Measures taken?
Clinical adults	\$
Clinical paeds	\$
Immune Effector Cells administration	\$
Explain briefly what is being/has be	en done
3. Shared care SOPs and Servic	e Level Agreements (if applicable)
Clinical adults	\$
Clinical paeds	\$
Immune Effector Cells administration	\$
Cell collection	\$
Cell processing	\$
Explain briefly what is being/has be	en done

14.	COVID)19 Te	esting	and	scree	ning
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	Measures taken?
Clinical adults	\$
Clinical paeds	\$
Immune Effector Cells administration	\$
Cell collection	\$
Cell processing	\$

Explain briefly what is being/has been done

15. Staff, patient and donor testing – timing of testing, implications of positive results, or unknown results, and alternatives in the case of donors, including treatments for COVID

	Staff Testing Measures taken?	Patient Testing Measures taken?	Donor Testing Measures taken?
Clinical adults	\$	\$	\$
Clinical paeds	\$	\$	\$
Immune Effector Cells administration	‡	‡	\$
Cell collection	\$	\$	\$
Cell processing	\$	\$	\$

	Measures taken?	
Clinical adults	\$	
Clinical paeds	\$	
mmune Effector Cells administration	\$	
xplain briefly what is being/has been done		



3. Advice to patients

17. Self-isolation advice before and after HSCT

	Measures taken?
Clinical adults	\$
Clinical paeds	\$
Immune Effector Cells administration	\$



- 4. Service Capacity (could be hospital-level policies)
- 18. Ward capacity/isolation facilities available to meet demand

	Measures taken?
Clinical adults	‡
Clinical paeds	\$
Immune Effector Cells administration	‡

Explain briefly what is being/has been done

19. Staffing available to meet demand (including where services are provided by an external organisation(s))

	Measures taken?
Clinical adults	\$
Clinical paeds	\$
Immune Effector Cells administration	\$
Cell collection	\$
Cell processing	‡

20. Staffing for supporting services available to meet demand. Supporting
services include pharmacy, dietary, social services, psychology, physical
therapy, data management

	Measures taken?
Clinical adults	\$
Clinical paeds	\$
Immune Effector Cells administration	\$
Cell collection	\$
Cell processing	\$



5. System Commitment (could be hospital-level policies)

21. Disaster/re-surge plan

	Measures taken?
Clinical adults	\$
Clinical paeds	\$
Immune Effector Cells administration	\$
Cell collection	\$
Cell processing	\$

Explain briefly what is being/has been done

22. Lines of responsibility - updated organigramme / organisational chart

	Measures taken?
Clinical adults	\$
Clinical paeds	‡
Immune Effector Cells administration	‡
Cell collection	\$
Cell processing	‡

