



Guidance for Blood Collection Facilities Preparing for the 2026 FIFA World Cup

A preparedness and response guide for U.S. blood centers supporting World Cup host regions

Executive Summary

This guidance document translates the Operations Handbook of the AABB Interorganizational Task Force on Domestic Disasters and Acts of Terrorism (Task Force) into operational plans to consider in preparation for the 2026 FIFA World Cup. This guidance focuses on practical steps blood collection facilities can take before, during and after match days to ensure continuity of operations, coordinated information flow, safe and adequate blood inventories, and resilient logistics necessary to meet patient needs. This guidance is intended to provide considerations that complement local and state emergency management plans and should be exercised with local and regional hospital coalitions and the Task Force.

1. Purpose and Scope

Purpose: To help U.S. blood centers prepare for, and respond to, risks associated with mass-gatherings, specifically risks associated with the World Cup, using the all-hazards principles and tools.

Scope: This guidance applies to blood collection and distribution activities that support host city and adjacent regions, and should be implemented in coordination with hospitals, vendors, transport partners, EMS agencies conducting prehospital blood transfusion programs and government liaisons.

2. 2026 FIFA World Cup Background

- The 2026 FIFA World Cup will be the largest tournament in the event's history, featuring 48 national teams competing from June 11 to July 19, 2026. It will be jointly hosted by 16 cities across the United States, Canada and Mexico.
- The U.S. will host matches in 11 major metropolitan areas: Atlanta, Boston (Foxborough), Dallas (Arlington), Houston, Kansas City, Los Angeles (Inglewood), Miami (Miami Gardens), New York/New Jersey (East Rutherford), Philadelphia, San Francisco Bay Area (Santa Clara) and Seattle. The tournament's opening match is scheduled for

June 11; the final is scheduled for July 19, 2026, at MetLife Stadium in East Rutherford, NJ.

3. Background: AABB Interorganizational Task Force on Domestic Disasters and Acts of Terrorism (Task Force)

- The [Task Force](#) coordinates the national blood community's response to disasters and major emergencies. Formed in 2002, the Task Force ensures that, during an emergency, blood collection and distribution efforts are managed effectively, and that clear, consistent communication and public messaging supports the stability of the U.S. blood supply. The Task Force convenes U.S. blood collection services, professional associations, commercial partners and federal liaisons to help maintain safe and adequate blood inventories at all times. AABB serves as the coordinating body for the Task Force.
- Immediately upon notification of an emergency, AABB convenes the Task Force. Local blood collection facilities and hospital partners assess medical needs, evaluate available supply and communicate situational updates to support coordinated decisions on collections, transportation and critical national resource sharing, such as through AABB's National Blood Exchange and other organizations.

4. Governance, Roles, and Coordination

4.1 AABB Interorganizational Task Force on Domestic Disasters and Acts of Terrorism

The Task Force maintains contact information and activation criteria to ensure it is readily available to be incorporated into emergency operations plans of every blood collection facility and their hospital partners. When an incident threatens supply or distribution, the affected blood collector communicates all needs through the Task Force; Task Force members assess national blood supply levels, recommend and coordinate shipments and establish synchronized national communication.

4.2 Blood Collection Facility Management of an Incident

Once an emergency has been declared, the affected blood collection facilities should adopt an Incident Command System (ICS)-style structure for incident operations. An incident Commander (IC) should be designated and leads should be identified for each of the following operational areas: donation operations, logistics, planning, finance/administration and public information. Facilities should put in place established alternates and succession plans, and define triggers for activation (e.g., major transport disruptions, stadium incidents, cyber outage, donor surge, heat events). In addition, facilities should maintain communications with the ICS-structure of the local host city medical planning leadership for pre-planning activities and incident response issues.

5. Planning Assumptions and Risk Profile

Mass-gathering risks include trauma surges, heat-related illness, transportation corridor closures, cyber incidents, severe weather and resulting spontaneous donor influx. Planning should anticipate distribution challenges as the primary risk driver and pre-arrange mutual aid for rapid inter-regional movement of blood products.

5.1 Expected Product Demand by Phase

- First 24 hours: Emphasis on immediate needs for red blood cells (group O), plasma and, potentially, other blood products.
- Days 1–10: Broader RBC types, and platelets as clinical demand stabilizes.
- Days 11–30: Continued need for RBCs/platelets; and with illness resulting from radiation exposure scenarios, services for stem cells/bone marrow should be coordinated, for treatment outside the impacted area(s).

5.2 Preparedness Inventory Posture

Local collectors and hospital partners should (1) target a combined seven-day supply across the service area ahead of peak match periods, with attention to adequate availability of group O red cells (Rh-positive and Rh-negative), plasma and platelets; and (2) Coordinate daily with hospital transfusion services for blood inventory status and utilization forecasts.

6. Preparedness Strategies (Pre-Event)

6.1 Continuity of Operations (COOP)

Consistent with established standard operational readiness procedures, proactively ensure:

- Redundant power for critical controlled temperature storage environments, revalidate operational readiness of all equipment, such as generator-run tests, and reconfirm fuel contracts.
- Review of downtime procedures with staff for collections, labeling, testing, distribution, and tracking and tracing of all blood components to support continued transfusion safety.
- Alternate processing/dispatch sites and mutual-aid partners identified and exercised.

6.2 Communications

Proactively prepare:

- A 24/7 duty phone tree covering leadership and key personnel, operations, transport, QA, IT, blood donor services and media.
- Primary/alternate channels (cell, landline, radio, encrypted messaging) and contact rosters for hospitals, EMS, EOCs (event and emergency management) and vendors.
- Pre-approved donor and public messaging templates to discourage unsolicited surge in donations unless requested.

6.3 Transportation & Logistics

- Pre-arranged carriers with 24/7 dispatch, stadium-day, and pre- and post-event spectator alternate routes, credentialing for access and contingency pick-up points.
- Validated packaging, temperature monitoring and distribution documentation to ensure tracking and tracing of all blood components from collection to transfusion.
- Standing MOUs for local and inter-regional shipments coordinated through the Task Force when needed.

6.4 Information Systems & Records

Consistent with established standard operational procedures, ensure readiness of:

- Daily offline backups and systems are tested for restoration of facilities' computer systems.
- Paper-based labels/pack sheets kits staged for downtime; validated, clear procedures for post-incident reconciliation.
- Alignment with FEMA-recommended cybersecurity defense measures.
- An appropriate number of credentialed remote access for key staff during disruptions.

6.5 Vendor & Supply Chain Resilience

Consistent with established standard operational readiness procedures, proactively ensure readiness of:

- Second-source/alternative suppliers for critical collection bags, reagents, testing kits and couriers.
- Supply minimum inventories aligned to seven-day inventory and expected surge.
- All documented contacts and escalation paths as exercised.

6.6 Safety, Security, and Facility Readiness

Consistent with established standard operational readiness procedures, proactively ensure readiness of:

- Access control plans for blood collection facilities near venues; coordination with local law enforcement and stadium security to ensure continuous accessibility.
- Evacuation/shelter-in-place procedures along with staff availability and accountability to report.
- Back-up inventory of PPE available and occupational health guidance for heat/smoke/air quality days to ensure staff safety.
- Coordinate with local law enforcement regarding blood center security measures.

6.7 Training & Exercises

Proactively ensure readiness by:

- Performing tabletop exercise with hospital coalition and EMS on match-day MCI, pre and post event MCI, and transport disruption.
- Practicing full-scale logistics drills moving blood between regions with real packaging and couriers.

- Creating staff role cards for ICS positions, perform competency checks for downtime and emergency labeling.

7. Activation and Match-Day Operations

7.1 Activation Triggers

Proactively identify actions for:

- Verified incident(s) at or near a venue (mass casualty, hazardous materials, structural or crowd event).
- Sustained transportation disruption affecting cold-chain timelines that are greater than 90 minutes.
- Information systems outage impacting labeling, testing or release.
- Rapid donor influx exceeding appointment and staff capacity.

7.2 Step-by-Step Response (At a Glance)

- Stand up the Incident Management Team and situation reporting (initial 30/60/120-minute rhythm).
- Confirm medical needs with hospitals and EMS; avoid over-collection; prioritize collection of group O red blood cells and manufacture of plasma to support transfusion needs, as indicated.
- Notify the Task Force to communicate the type and scope of the incident, current status of inventory, current transfusion needs and, as needed, request national coordination.
- Lock in courier timelines/routes; switch to alternates if stadium perimeters or closures are activated.
- Issue unified public messaging and suppress spontaneous drives unless requested; maintain appointment systems.
- Monitor inventory by component and ABO/Rh; publish internal dashboards for decision-making.

7.3 Communications and Public Information

- Use pre-approved statements to keep messages consistent with Task Force national communication strategy.
- Coordinate with JIC/EOC if activated. Route media to designated spokesperson and document all releases.

7.4 Regulatory and Quality Considerations

Consistent with established standard operating procedures:

- Document all deviations/nonconformances and maintain traceability during downtime.
- Engage quality assurance teams early on labeling, storage excursions and transport variances.
- Preserve records for after-action evaluation, reconciliation and regulatory reporting.

8. Recovery and After-Action

- Return to normal operations; reconcile downtime records; complete variance processes and corrective actions/preventive actions.
- Conduct after-action review within 14 days of the incident closure date and capture lessons learned to update plans.
- Thank donors and partners.
- Communicate inventory normalization and future needs to hospital partners and the public.

Appendix A: Pre-Event Readiness Checklist

- Seven-day combined inventory (with red cells (O-/O+), plasma and platelets priorities) confirmed with hospitals.
- Generator load test complete; fuel contracts checked; temperature alarms validated.
- Courier contracts and alternates verified; stadium-day route maps distributed.
- ICS roster with alternates posted; duty officer schedule published.
- The AABB Task Force contact and activation procedures posted and easily accessed.
- Downtime kits staged (labels, forms, instructions); daily backup verified restored.
- Public messaging templates reviewed with communications team.

Appendix B: Match-Day/Pre Event/Post Event Operations Checklist

- Situation report cadence established; liaison assigned to hospital coalition/EOC.
- Inventory monitoring by ABO/Rh and components at defined intervals, such as every 2–4 hours, to ensure availability for patient needs.
- Transportation status checked hourly with couriers with alternates on standby.
- Public messaging coordinated; donor appointments adjusted as needed.
- Quality assurance teams on-call engaged for any variances temperature excursions assessed and documented

Appendix C: Post-Event Recovery Checklist

- Downtime reconciliation completed; data integrity verified.
- All deviations and corrective actions logged; regulatory notifications made as required.
- After-action review conducted; improvement plan with owners and deadlines approved.

Appendix D: U.S. Host Cities and Local Emergency Management Contacts (World Cup 2026)

U.S. Host Cities and Local EMO Contacts

- **Atlanta** – Mercedes-Benz Stadium (GA)
Atlanta-Fulton County Emergency Management Agency (AFCEMA)
<https://fultoncountyga.gov/inside-fulton-county/fulton-county-departments/atlanta-fulton-emergency-management-agency>
- **Boston** - (Foxborough) — Gillette Stadium (MA)
Boston Office of Emergency Management
<https://www.boston.gov/departments/emergency-management>
- **Dallas** (Arlington) - AT&T Stadium (TX)
Dallas Office of Emergency Management
<https://dallascityhall.com/departments/officeemergencymanagement/Pages/default.aspx>
- **Houston** - NRG Stadium (TX)
Houston Office of Emergency Management
<https://houstonoem.org>
- **Kansas City** (MO) - Arrowhead Stadium
Kansas City Office of Emergency Management
<https://www.kcmo.gov/city-hall/departments/city-manager-s-office/office-of-emergency-management>
- **Los Angeles** (Inglewood) — SoFi Stadium (CA)
Los Angeles – LA Emergency Management Department
<https://emergency.lacity.gov>
- **Miami** (Miami Gardens) - Hard Rock Stadium (FL)
Miami-Dade Emergency Management Department
<https://www.miamidade.gov/global/emergency/home.page>
- **New York / New Jersey** (East Rutherford) — MetLife Stadium (Final venue)
New Jersey Office of Emergency Management
<https://nj.gov/njoem/>
- **Philadelphia** –Lincoln Financial Field (PA)
Philadelphia Office of Emergency Management
<https://www.phila.gov/departments/oem>
- **San Francisco Bay Area** (Santa Clara) — Levi’s Stadium (CA)
San Francisco – San Francisco Department of Emergency Management
<https://www.sf.gov/departments--department-emergency-management>
- **Seattle** - Lumen Field (WA)
Seattle – Seattle Office of Emergency Management
<https://www.seattle.gov/emergency-management>

Appendix E: Host City FIFA Medical Planning Leaders

Atlanta	Alex Isakov, MD	aisakov@emory.edu
Boston	Scott Goldberg, MD	sagoldberg@bwh.harvard.edu
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Santa Clara	Gregory Smith, MD	Gregory.m.smith@kp.org
Seattle	Michael Sayre, MD	sayrem@uw.edu

References

- AABB. Disaster Operations Handbook: Coordinating the Nation's Blood Supply During Disasters and Biological Events. Available at: <https://www.aabb.org/docs/default-source/default-document-library/about/disaster-operations-handbook.pdf>
- AABB. Disaster Response (AABB Interorganizational Task Force on Domestic Disasters and Acts of Terrorism). Available at: <https://www.aabb.org/about-aabb/disaster-response>