DEPARTMENT OF THE NAVY
OFFICE OF THE CHIEF OF NAVAL OPERATIONS
2000 NAVY PENTAGON
WASHINGTON, D.C. 20350-2000

and

HEADQUARTERS UNITED STATES MARINE CORPS
3000 MARINE CORPS PENTAGON
WASHINGTON, DC 20350-3000

IN REPLY REFER TO

OPNAVINST 6530.2D
MCO 6530.1
BUMED-M3/CMC-MED
13 Aug 2007

OPNAV INSTRUCTION 6530.2D
MARINE CORPS ORDER 6530.1

From: Chief of Naval Operations
Commandant of the Marine Corps

Subj: DONOR SUPPORT FOR DEPARTMENT OF THE NAVY BLOOD PROGRAM

Ref: (a) DOD Directive 6000.12 of 29 Apr 96 (NOTAL)
(b) DOD Instruction 6480.4 of 5 Aug 96 (NOTAL)
(c) ASD(HA) Policy Memorandum 96-044 of 01 May 96
(d) NAVSUP Publication 486 of Jan 04

1. Purpose. To prescribe policies regarding donor support for the Navy and Armed Services Blood Programs(ASBP).

2. Cancellation. OPNAVINST 6530.2C.

3. Background

a. Reference (a) describes the ASBP and provides general guidance for the operation and interface of the blood programs of the three services. Reference (b) implements reference (a), assigns responsibilities, and prescribes procedures under reference (a) to carry on the responsibilities of the ASBP during peacetime, contingency, and wartime operations. Included in the guidance provided by references (a) and (b) are the following general responsibilities:

(1) Maintain a rapid expansion capability to collect, process, and ship blood products for the support of operating military forces during mobilization or contingency periods.

(2) Meet the overall blood product requirements of all patients receiving medical care in military treatment facilities (MTF).

b. The responsibilities listed in paragraphs 3a(1) and 3a(2) drive the continuing requirements for all levels of all elements of the Navy and Marine Corps to maintain an awareness of the altruistic life-saving and life-sustaining importance of donating blood.

4. Donor Priorities. In view of the frequently conflicting demands made for donors, the following priorities of donor availability are established:

a. Requirements for donors to meet Navy assigned quotas for contingency or other situations shall receive first priority.

b. Requirements for donors to support day-to-day operations of Naval health care facilities shall receive second priority.

c. Requirements for support of other ASBP MTFs shall receive third priority.

d. Requirements for support of other government blood banking facilities shall receive fourth priority.

e. Requests for donors by nonprofit civilian blood banking facilities in the local community shall receive fifth priority. Particular emphasis within this priority shall be given to supporting American Association of Blood Banks (AABB) affiliates, American Red Cross (ARC), and other local blood banks which have reciprocal support agreements with Naval Health Care facilities. In all instances where donor support of civilian institutions conflicts with fulfillment of Naval or ASBP blood needs, on-base access of blood drawing teams from such institutions shall be limited or denied.

f. All other requests for donors shall receive sixth priority.

5. Donor Availability

a. Department of the Navy Blood Program

(1) A command responsibility is to provide donors of requested blood groups and types, at the frequency, and in the quantities necessary to enable Naval Blood Donor Centers (BDC) to maintain contingency quotas and an adequate supply of blood in the appropriate groups and types for day-to-day patient care and other blood requirements. Interruptions in working and training schedules will be inevitable as donors should normally be made available during regular working hours and should not engage in stressful activity for approximately four hours after donation. However, close coordination and cooperation between

the providing command and the BDC can minimize donor work-hour losses. Naval health care facilities are responsible for establishing a reasonable schedule for blood collection dates at each Navy and Marine Corps installation within its area of medical responsibility where an ASBP BDC conducts blood donor operations. Naval health care facilities that provide principal health care support for Army and Air Force installations must seek to utilize these potential donor populations. Likewise, where an Army or Air Force health care facility provides the principal health care support for a Navy or Marine Corps installation, the command must make donors available to such health care facilities.

(2) Whenever possible, Commands must develop and maintain, in current status, listings by blood group and type of all potentially available blood donors. Naval BDCs must utilize such listings to ensure that blood is drawn in the specific numbers, groups, and types required to meet demonstrated or predicted needs. Such listings can be particularly important when extraordinary demands for a specific blood type are incurred by a blood bank. In these situations, collecting blood from donors with random blood types can result in uneconomical blood excesses in non-critical blood types and unnecessary time losses to commands providing blood donors in response to the shortage. The donor motivation and education program required by subparagraph 5a(3) must include education of donors as to the necessity of obtaining only the amounts, groups, and types of blood required at the time of donor drawing.

(3) Commands must maintain a program of donor motivation and education. DOD specific donor motivational, educational, and recruitment information (i.e., Life Force) can be obtained from the nearest ASBP BDC. The most important consideration in motivating donors is a forthright appeal to the humanitarian feelings of Navy and Marine Corps men and women. Particular emphasis should be placed on the fact that the Sea Services "take care of their own." Closely related to this type of motivation is an information campaign in which all personnel are made aware of the need for blood and what is involved in donating. Some individuals are reluctant to donate because they fear pain or some adverse effect on their own health. These psychological barriers to enthusiastic donor response can generally be dispelled by a vigorous blood donor information program. Commands are also encouraged to provide specific

incentives. These incentives may include the following: personal recognition by presentation of citations for donors achieving gallon (eight donations) increments of blood donated; listing of donors in station and ship newspapers; special meals; special liberty; etc.

b. Local Civilian Community Blood Programs. Since volunteer military personnel provide the basic blood supply for Naval health care facilities and contingency requirements, their availability as donors for local, non-profit civilian community blood programs must necessarily be subordinate to military requirements. Civilian employees of the Navy and Marine Corps may support local civilian programs without restriction on their availability. Commanding Officers may grant access to their activities on a periodic basis to blood drawing teams from non-profit civilian programs according to the local situation. Appropriate physical accommodations should be made available for civilian drawing teams and on-base publicity or appeals should be coordinated with appropriate command officials. Commands shall not provide incentives to encourage donor response to civilian programs, but command interest in providing reasonable support for these programs is necessary. Commands will exercise full control over on-base military blood donations to nonprofit civilian community blood programs and a Memorandum of Understanding (MOU) must be developed with any civilian blood collection agency. Per reference (c), the following applies:

(1) Commanders and Commanding Officers will inform local civilian blood collection agencies that:

(a) Blood collection on military installations/ activities/ships is not permitted without prior approval of, and scheduling with, the command's blood program coordinator and local Armed Services blood donor center.

(b) The total number of units of blood drawn after each day of collection must be promptly reported (broken down into active duty and civilian) to the command's blood program coordinator and local Armed Services blood donor center.

(c) Permission to come on base may be suspended at any time for failure to comply with the requirements described above or with the contents and terms of their current MOU. Suspension may also apply for military contingency or wartime

requirements, or if it is determined that the overall or local peacetime Armed Services Blood Program blood quotas for medical readiness requirements are not being met due to the competition by the civilian blood agency(ies).

(2) Since blood is a community and national medical resource, commanders and commanding officers must ensure that all civilian blood collection agencies are afforded equal access, provided the overall or local peacetime Armed Services Blood Program blood requirements are being met. Civilian blood collection agencies will not be allowed to compete with the local Armed Services blood donor center(s) to the detriment of the Armed Services Blood Program.

c. Commercial Blood Banks. It is Department of Navy policy to encourage the voluntary donation of blood as a humanitarian act. On-base access to donors by commercial blood banks and plasma pheresis centers (those operated for profit or which offer monetary pay to donors) or on-base publicity in their behalf is not authorized. However, individuals who desire to donate to commercial enterprises off-base during non-duty hours may do so.

6. Donor Nourishment. It is recommended that commands at which blood is drawn provide a full meal at, or near, the site of blood donations as a dietary supplement to blood donors. Donor nourishments are both medically indicated and a major incentive for blood donations, and are properly chargeable against operating funds of the MTF drawing the blood. They should not be charged against activity ration allowances. The charge for meals will be per the rates prescribed in reference (d). The actual cost of supplementary nourishment will not exceed the charge of the dinner meal per person.

7. Organizational Relationships. Each activity providing or drawing blood donors must designate within the command structure a point of contact for matters relative to the Department of the Navy Blood Program. Functions to be performed by the organizational element so designated must include liaison with the local MTF having donor blood collection capability regarding military and civilian collection schedules, MOU and credits, and the numbers of units collected. Additional functions include conducting a blood donor education and motivation program, arranging for the provision of donors, coordinating the

provision of physical facilities for mobile blood drawing teams, and arranging for donor nourishment.

8. Blood Program Support. Addressees at all levels of command must ensure vigorous support of the Department of the Navy Blood Program because of its importance to the welfare of Navy and Marine Corps personnel and their families.

R. S. KRAMLICH
Director, Marine Corps Staff

D. C. ARTHUR
Surgeon General of the Navy

Distribution:
Electronic only, via Department of the Navy Issuances Web site
http://neds.daps.dla.mil