



Republic of the Philippines  
Department of Health  
**OFFICE OF THE SECRETARY**

**JAN 12 2010**

**DEPARTMENT CIRCULAR**  
**No. 2010- 0013**

**TO: ALL CENTERS FOR HEALTH DEVELOPMENT DIRECTORS,**  
**CHIEFS OF HOSPITALS, REGIONAL BLOOD COORDINATORS,**  
**BLOOD BANK HEADS, AND OTHERS CONCERNED**

**SUBJECT: Operational Guidelines for Blood Services Network in Support**  
**to the Implementation of the National Voluntary Blood Services**  
**Program for Blood Safety and Adequacy, Quality Care And**  
**Patient Safety**

**I. RATIONALE**

Pursuant to Administrative Order No. 2005-0002 dated January 10, 2005 re: Rules and Regulations for the Establishment of the Philippine National Blood Services Amending Pertinent Provisions of Administrative Order No. 9 s. 1995 (Rules and Regulations implementing R.A. 7719, otherwise known as the National Blood Services Act of 1994), the Blood Services Network (BSN) shall be established to provide for the blood needs of specific geographic areas in the Philippines through efficient distribution of voluntarily donated blood and ensuring its availability to all patients, maximizing utilization of available blood and avoiding its wastage.

This informal organization composed of all identified blood service facilities, government and private hospitals and non-hospital based health facilities performing transfusion, the National Reference Laboratory, LGUs and the community-based volunteer donors shall endeavor to address blood adequacy and safety while maintaining quality care for both volunteer donors and recipients.

Furthermore, it supports the centralization of testing and processing of blood and its components in the provision of adequate supply of safe blood. The high volume of testing and processing of blood promotes efficiency and competency, thus ensuring the quality of blood product. In addition, the limited blood resources shall be maximized by the rational use of blood products.

This Department Circular complements the following Department issuances: Rules and Regulations Governing the Regulation of Blood Service Facilities; and, Policies and Guidelines for the Philippine National Blood Services (PNBS) and the Blood Services Network (BSN) and the National Policy on Patient Safety (Administrative Order No. 2008 - 0023).

## **II. OBJECTIVES**

### **General Objective:**

To provide a comprehensive policy that will govern the operation of the Blood Services Network in all regions in the country.

### **Specific Objectives:**

To set the guidelines that will:

1. Ensure an adequate supply of safe blood through Voluntary Blood Donation;
2. Establish an equitable scheme of distribution of blood;
3. Establish the highest standard of testing of donated blood acceptable for the country;
4. Establish an efficient referral system among the Blood Services Facilities in the network, and;
5. Ensure data and information sharing among Blood Service Facilities through the Integrated Blood Bank Information System.

## **III. SCOPE**

These operational guidelines shall apply to all Blood Services Network supporting the Philippine National Blood Services established under Administrative Order No. 2005 – 0002 and shall supplement the Policies and Implementing Guidelines for the Philippine National Blood Services (PNBS) and the Blood Services Network (BSN).

## **IV. PURPOSE**

These Operational Guidelines for the Blood Services Network are promulgated pursuant to the National Blood Services Act of 1994 (RA 7719) and its Revised Implementing Rules and Regulations (AO 2005-0002 dated January 10, 2005). This Department Circular supports the following Administrative Orders: Policies and Guidelines for the Philippine National Blood Services (PNBS) and the Blood Services Network (BSN); Policies and Guidelines for the Establishment and Operation of Local Blood Councils in Support to the Implementation of the National Voluntary Blood Services Program for Blood Safety and Adequacy, Quality Care and Patient Safety; and, the National Policy on Patient Safety (AO 2008 - 0023).

## **V. DEFINITION OF TERMS**

- A. BLOOD CENTER (BC)** – a non-hospital based blood service facility, licensed by the DOH Bureau of Health Facilities and Services (BHFS), whose main function is to process blood units into blood components and testing of these units for the five (5) infectious disease markers. Detailed service capabilities are enumerated in A.O. No. 2008-0008. The Blood Centers shall be classified into Regional, Sub-national and National as assigned by the National Council for Blood Services (NCBS);
- B. BLOOD COLLECTION UNIT (BCU)** - a blood service facility, duly authorized by the DOH-Center for Health Development (CHD), whose main function is to collect blood from volunteer non-remunerated blood donors. Detailed service capabilities are enumerated in A.O. No. 2008-0008;

- C. **BLOOD STATION (BS)** - a blood service facility, duly authorized by the DOH – Center for Health Development (CHD), whose main function is the storage, issuance, transport and distribution of whole blood and packed red cells. Detailed service capabilities are enumerated in A.O. No. 2008-0008.
- D. **BLOOD SERVICES NETWORK (BSN)** – an informal organization established to provide for the blood needs of specific geographical areas or catchment population. It is composed of the designated blood center, hospital blood banks, blood collection units, blood stations and end-user hospitals/non-hospital health facility/ies.
- E. **END-USER HOSPITAL (EU)** - a hospital with a licensed clinical laboratory capable of red cell typing and cross-matching and which does not have any blood service facility but which only receives blood and blood components for blood transfusion as needed.
- F. **END-USER NON-HOSPITAL HEALTH FACILITY** – a licensed/accredited non-hospital health facility without a licensed clinical laboratory but which administers blood transfusion.
- G. **HOSPITAL BLOOD BANK** – a blood service facility in a hospital, duly licensed by the DOH – Center for Health Development (CHD) whose service capabilities are enumerated in A.O. 2008 – 0008.
- H. **HOSPITAL BLOOD TRANSFUSION COMMITTEE** – a hospital committee primarily responsible for the formulation of the blood bank and blood transfusion policies and guidelines, monitoring and audit of the use of blood and blood components within the facility in accordance with the Manual of Standards for Blood Service Facilities issued by the DOH.

A functional HBTC is a prerequisite for the licensing or authorization of a blood service facility by the DOH and accreditation by the Philippine Health Insurance Corporation (PhilHealth).

## **VI. GUIDELINES FOR THE OPERATION OF THE BLOOD SERVICES NETWORK**

### **A. Donor Recruitment**

1. The NCBS Committee on Public Education and Advocacy shall formulate an operational plan for effective education and marketing campaigns to promote voluntary blood donation. Implementation of such plan shall be carried out by the Donor Recruitment Officers/Teams identified from either the Blood Collection Unit or Blood Center.
2. Donor recruitment program shall target volunteer blood donors from the low risk population who meet defined selection criteria.
3. Strategies on donor recruitment relevant to targeted low risk population shall be conducted to maintain efficiency and sustainability of blood supply.
4. The local Blood Donor Program in each barangay, town, city and province shall endeavor to recruit at least 2% of the total population by authorized Donor Recruitment Officers/Team of LGUs, PNRC etc.
5. A continuing education program centered on social marketing and research shall be undertaken for Donor Recruitment Officers/Teams.

6. The establishment of association of Blood Donor Recruitment Officers shall be encouraged.

**B. Donor Screening, Counselling and Collection of Blood**

1. Donor screening shall include medical interview, pre-donation counseling and physical examination of donors following the standards on Donor Screening.
2. Blood shall be collected from healthy, voluntary non-remunerated blood donors properly interviewed, examined and screened prior to blood donation.
3. Collection of blood may be conducted in the premises of the Blood Center/Blood Collection Unit or during a Mobile Blood Donation activity.
4. Mobile Blood donations shall be conducted in schools/universities, government or private agencies, shopping malls, business establishments, factories, barangays, churches, communities, among others.
5. Mobile blood donations shall be regularly and properly organized so that sufficient stocks of blood are sustained and periods of oversupply/shortage are avoided.
6. Personnel who screen blood donors and collect blood shall undergo sufficient training to assure the quality of blood collected.

**C. Testing Units of Blood**

1. All blood units collected by authorized Blood Collection Units (BCUs) and Mobile Blood Donation (MBD) Teams shall be tested either at the Philippine Blood Center, Sub-national Blood Centers, selected Regional Blood Centers (Government and Philippine National Red Cross/PNRC) under the Philippine National Blood Services (PNBS) using the DOH-prescribed methodology and reagents, and conforming to the minimum requirement set for sensitivity and specificity by the Technical Committee of the National Council for Blood Services (NCBS). The Technical Committee of the NCBS shall monitor compliance by the testing Blood Centers to Quality Standards. The Blood Centers shall likewise be required to participate and pass External Quality Assessment Surveys either by the designated National Reference Laboratories (NRLs) or international accrediting bodies such as WHO Collaborating Centers.
2. All blood units for transfusion must test negative for the following: Hepatitis B, Syphilis, Malaria, HIV 1 & 2, and Hepatitis C. In addition, blood typing (forward and reverse typing) must be done on each unit. And when applicable, antibody screen should be done.
3. All units of blood issued by the Philippine Blood Center, Sub-national Blood Centers, Regional Blood Centers (Government and PNRC) under the Philippine National Blood Services (PNBS) network need not be retested for Transfusion Transmissible Infections (TTIs) by hospitals and other end user health facilities. The issuing Blood Center shall be responsible in ensuring that all units of blood issued have been tested negative for the above tests and have passed all the standards of quality set

according to policies and guidelines for total quality management. The legal liability for transmission of TTIs therefore, shall be borne by the testing facility, especially if the quality standards and requirements or technical operating procedures have not been followed.

4. Every donated blood unit found initially reactive to any of the five (5) TTIs shall be retested twice using the same test format. A repeatedly reactive donated blood unit shall be sent to the National Reference Laboratory (RITM) for confirmation using the prescribed NVBSP referral form.
5. When a donated blood unit is confirmed positive for any of the Transfusion-Transmitted Infections (TTIs) by the National Reference Laboratory (RITM), the donor shall be recalled for counseling and referred to appropriate medical service for management.
6. HIV-positive cases shall be referred for confirmation, counseling and management in accordance to the Flow chart of accredited HIV Testing Centers/National Reference Laboratory.

#### **D. Storage and Transport of Blood Components**

1. Storage and transport of blood components shall be maintained at optimal condition to prevent or delay physical, chemical or mechanical changes detrimental to blood components; and to prevent or minimize microbial contamination and proliferation.
2. Red cell components shall be stored at temperature +2 to +6° C in especially designed refrigerators. They shall never be allowed to freeze as freezing causes hemolysis of red blood cells (RBCs). Its shelf-life will depend on the preservative and anti-coagulant used in the pack.
3. Blood bags containing red cells are kept in the refrigerator in an upright position either standing or hanging for easy inspection of signs of deterioration. During transportation, the temperature shall be kept at a range between +2 and +6° C by using cold boxes with ice packs and insulators (never let blood touch the ice packs). (Refer to Cold Chain Management Training Manual)
4. Fresh frozen plasma (FFP) and cryoprecipitate shall be stored in appropriate ultra low freezers. It shall always be kept in frozen solid state and stored in lying position to prevent cracking.
5. FFP and cryoprecipitate shall be transported in cold boxes with ice packs or dry ice to maintain packs in solid, frozen state.
6. Pheresis-derived or random platelet concentrate (PC) shall be stored between +20 and +24° C with continuous gentle agitation (best in special platelet shaker incubator). Depending on the type of pack used, its shelf-life is 3 to 5 days.
7. Prior to transport, the staff of the Blood Center shall inspect the units of blood to ensure that the following are not present:
  - a. Over collection of whole blood.

- b. Excess volume for processed components (e.g. greater than 250 ml for Packed Red Blood Cells /PRBC; greater than 70 ml for PC).
  - c. Defects in the blood bag such as
    - i. Insufficient sealing.
    - ii. Absence of red cells in pilot tubing
    - iii. Leakage/punctured segment or bag.
    - iv. Air spaces in the tubing or bag.
    - v. Improper packaging of blood.
    - vi. Presence of red cells in frozen components/reddish platelet concentrate;
8. In transporting the units of blood from the Blood Centers to the Blood Stations (BS), blood banks and other end user health facilities, the following temperatures shall be maintained, monitored and documented:

COMPONENTS	TEMPERATURE ON TRANSPORT
Whole blood	+2 to +6°C
Packed red cells	+2 to +6°C
Washed red cells	+2 to +6°C
Platelets	+20 to +24°C
Platelet Pheresis	+20 to +24°C
Fresh Frozen Plasma	Maintain in frozen state
Cryoprecipitate	Maintain in frozen state

9. Upon arrival of the units of blood/blood products to the hospital or end user health facility, the receiving trained staff shall check the condition of the Cold Chain. The following conditions may indicate improper storage during transport:
- a. Direct contact of blood bag with ice or ice water.
  - b. Complete melting of ice due to temperature over +10°C.
  - c. Insufficient number of cold packs/ ice packs or not proportional to the number of units of blood in cold box.
  - d. Plasma not in frozen state.
10. The units of blood shall be inspected. If one or more of the following is present, the component is not acceptable:
- a. Pink or red plasma as a result of hemolysis due to exposure to warm temperature during transport;
  - b. Presence of blood clots;
  - c. Any sign of bacterial contamination; presence of pinkish discoloration at the red cell/plasma interface, or purplish or dark discoloration at the red cell compartment;
  - d. Any sign of leakage in the bag;

- e. Presence of cracks or turbidity in FFP or Cryoprecipitate;
  - f. Presence of unusual turbidity of the thawed component which may indicate contamination;
  - g. Presence of turbidity, greenish discoloration, or leakage in platelet concentrate.
11. If the units of blood are not acceptable, the issuing Blood Center shall be notified to arrange for the return of the unit of blood. Upon return, the component shall be quarantined, properly labeled and recorded for the information of all concerned staff and proper disposal.

#### **E. Rejection and Return of Unit of Blood**

1. Probable causes for rejection and return of unit of blood by end user health facility are the following:
  - a. Mislabeled blood type
  - b. Wrong component issued
  - c. Improper storage of blood unit during transport
  - d. Defects in the blood bag.
2. Incompatible cross match may also be a cause for rejection and return of unit of blood provided that it is not due to clinically significant antibody/ies identified from the patient's blood.
3. The end user health facility shall notify the releasing Blood Center/Blood Station before the unit of blood is shipped back with accompanying documents stating the reason/s for rejection.
4. The releasing Blood Center/Blood Station shall verify for inconsistencies in all documents such as request form, issuance record of the blood unit, among others, which could have resulted from a clerical error such as mislabeling of blood. The releasing Blood Center/Blood Station shall check/investigate for discrepancies and shall properly document the physical condition of the returned blood unit.
5. The returned unit of blood shall be immediately replaced with the same component requested without additional cost after the releasing Blood Center/Blood Station had properly validated and documented the cause for rejection.
6. The releasing Blood Center/Blood Station shall institute appropriate corrective and preventive measures relative to the findings of the investigation.

#### **F. Handling of Blood Components**

1. Maintain sterile aseptic condition during all steps of handling of blood and blood products;
2. At the time of release of a unit of blood from the blood bank, identify the intended recipient and the requested component using the prescribed NVBSP request form;
3. If the ward or the operating room does not have a refrigerator specially designed for blood storage, blood shall be kept in the blood bank and

- issued immediately prior to transfusion. Ideally, one (1) unit is released at a time unless massive transfusion is indicated;
4. Every blood unit shall be inspected for signs of deterioration (e.g. clots, hemolysis, leakage, or purplish/black discoloration):
    - a. Before it is issued from the blood bank.
    - b. On arrival in the ward or operating room.
    - c. Before transfusion (if it is not used immediately).
  5. If any discrepancies are found on identification, or the blood unit appears abnormal in any way, the unit shall not be transfused and the blood bank shall be informed immediately.
  6. Discoloration or signs of leakage may be the only warning that the blood contains bacterial contamination and could cause a severe or fatal reaction when transfused.

#### **G. Hospital and Bedside Transfusion Practice**

1. Hospital transfusion practice shall follow the Standard Operating Procedures (SOPs) based on the guidelines set by the Hospital Transfusion Committee or the General Guidelines for Appropriate Blood Administration, part of the Manual of Philippine Clinical Practice Guidelines for Rational Use of Blood and Blood Products, launched June 15, 2009. The following may cover the Hospital Transfusion Practice Guidelines:
  - a. Blood ordering policy for elective and emergency situations;
  - b. Bedside transfusion practice including storage, transportation, handling, dispensing, administration of blood and blood components, use of appropriate transfusion sets and monitoring of transfused patient;
  - c. Investigation and reporting of adverse transfusion reactions and appropriate management;
  - d. Documentation of all steps of collection, testing, processing and transfusion to permit traceability of every blood unit from donor to recipient.
2. Clerical errors at the bedside prior to or during blood transfusion have been found in studies to be the major cause of morbidity and mortality associated with transfusion. Therefore a quality control system shall be implemented to ensure the correct identity of the unit of blood and the intended recipient;
3. The safety of the patient requiring transfusion depends on the utmost cooperation and effective communication between clinical and blood bank staff.

#### **H. Appropriate Use of Blood and Blood Conservation**

1. The Hospital Blood Transfusion Committee (HBTC) shall be formed to implement the national blood policy and the guidelines on appropriate use of blood and components and monitor blood usage and audit the blood bank at the local level;



2. Blood shall be requested and transfused only when medically indicated and consistent with the Philippine Clinical Practice Guidelines (CPGs) for the Rational Use of Blood and Blood Products (launched June 15, 2009);
3. Alternative strategies to reduce the use of allogeneic blood should be considered such as blood conservation technique in surgery; autologous transfusion, i.e., the use of patient's own blood that has been collected in advance for planned surgery; or the use of pharmacological agents;
4. Modification of routine practices can minimize the need for blood transfusion, such as checking and correcting anemia before planned surgery, use of erythropoietin to improve hemoglobin and aprotinin to reduce surgical bleeding;
5. The decision to transfuse varies from patient to patient and should be based on sound clinical judgment. It is therefore important to weigh the risks and benefits before one decides to do blood transfusion;
6. There shall be periodic orientation of all staff in policies and procedures for blood transfusion including the rational blood use.

#### **I. Provision of Blood In Case of Emergency**

1. Patients needing blood in an emergency are immediately given type specific blood coming from the blood bank stock, and preferably matched by immediate spin if time will still allow an abbreviated cross-match to be performed by the blood bank personnel.
2. If type-specific blood is not available immediately, other groups of blood may be given depending on the ABO group of the recipient as seen in the table given below. The choice is packed red cells (preferably washed or deglycerolized) of a group that are compatible by major cross-match.
3. Rh negative patients should ideally be transfused with Rh negative red cells, especially female patients during childbearing period. In other conditions or in life-threatening situations, Rh positive units may be given with some precautions including:
  - a. documentation to be available for use in future transfusion or pregnancy;
  - b. Anti-D Ig injection to be considered within 72 hours of transfusion
4. If blood is needed immediately such that ABO grouping can not be done, use Group O (and possibly Rh negative) red cells, especially if there is any risk of errors in patient identification. During an acute emergency, this may be the safe way to avoid a serious mismatched transfusion.
5. Emergency cases needing blood urgently are the following:
  - a. Patient in hypovolemic shock due to severe acute blood loss.
  - b. Patients in the Operating Room with continuous blood loss/when the volume of blood loss goes beyond the estimated maximum expected loss.
  - c. Life-threatening medical conditions which warrant immediate blood transfusion.

6. Emergency cases shall take precedence. Cases for non-emergency transfusion are cases in which the transfusion is scheduled or may be safely given four (4) hours or more after request has been made.
7. The Attending Physician or Resident shall inform the family of the patient for the urgent need for blood transfusion.
8. The Blood Bank shall coordinate with the Blood Assistance Unit of the Blood Center or the staff on duty of the Blood Station in case blood components needed are not available in the said blood bank.
9. To avoid transfusion of untested blood in Emergency cases, each hospital shall maintain an adequate inventory of TTI negative units of blood
10. The Blood Services Network shall develop arrangements to assist a Blood Bank which has to provide massive blood needs in an emergency situation. For this purpose, the Blood Centers (Government or PNRC) shall have updated information of available blood in the hospital blood banks and all other Blood Service Facilities within its Network.

**Selection of Donor Blood According to ABO Group:**

Patient's Blood type	Donor's Blood Type 1 <sup>st</sup> Choice	Donor's Blood Type 2 <sup>nd</sup> Choice <sup>1</sup>	Donors' Blood Type 3 <sup>rd</sup> Choice
A+	A+	A-	O+, O-
A-	A-	O-, O+, A+	None
O+	O+	O-	None
O-	O-	O+	None
B+	B+	B-	O+, O-
B-	B-	O-, O+, B+	None
AB+	AB+	AB-, A+ <sup>2</sup> , B+ <sup>2</sup> , A- <sup>2</sup> , B- <sup>2</sup>	O+, O-
AB-	AB-	A- <sup>2</sup> , B- <sup>2</sup>	O-, AB+, A+, B+, O+

1- When donor blood of recipient's group is not available

2- It does not matter which of these is chosen because they are similarly incompatible. They **must** not be given concurrently.

Type B has the advantage of avoiding possible complications due to Anti-A or anti-H in the recipient serum

**J. Reporting and investigation of blood transfusion reaction**

1. Each hospital and end-user health facility shall formulate an SOP for the detection and reporting of suspected transfusion reactions utilizing the appropriate NVBSP form.
2. Every Hospital Blood Bank shall formulate a SOP for the Investigation and report of results of transfusion reactions. Hospitals and end-user health facilities without the capability of investigating transfusion reactions shall refer such investigations to the nearest Blood bank.
3. The adequate investigation and analysis of transfusion reactions shall be the responsibility of the Hospital Blood Transfusion Committee (HBTC). The HBTC shall recommend measures to minimize or prevent such reactions.

The HBTC is a DOH licensing requirement in all hospitals and a requirement for accreditation of the hospital by PhilHealth.

4. A significant number of blood transfusion reactions are caused by clerical error. Rarely, transfusion reactions are due to incompatibilities of red cell blood groups which have not been detected by the routine tests.
5. The occurrence of infections transmitted through transfusion shall be monitored and investigated to prevent their recurrence.
6. All documented investigation of blood transfusion reactions and near-miss events (NMEs) shall be included in the NVBSP Hemovigilance or Post-Transfusion Surveillance Report.

#### **K. Submission of Reports**

1. All blood service facilities are required to submit to the concerned Center for Health Development (CHD) their Annual Blood Safety Indicator (BSI) Report using the latest prescribed NVBSP forms.
2. The BSI Reports shall be consolidated and analyzed by the CHD Blood Program Coordinator into the Regional BSI report.
3. The consolidated Regional BSI Report shall be submitted to the Philippine Blood Center in electronic and printed copies. The PBC shall be responsible to collate an annual Country BSI Report for submission to the World Health Organization (WHO).

#### **L. Health Care Waste Management**

1. Handling, Collection, Storage, Transport, Treatment and Disposal of used needles, syringes, blood samples and rejected blood units shall follow the guidelines as stated in the latest edition of the DOH Manual of Health Care Waste Management.
2. Whenever possible, waste minimization strategies should be incorporated into the operations and management of the blood service facility.

### **VII. STRUCTURAL ORGANIZATION (Annex A of AO 2005-0002 as Organizational Chart, & Annex B as Functional Diagram)**

#### **1. Blood Services Network**

- a. The Blood Services Network shall consist of:
  - i. The National Council for Blood Services and its Committees;
  - ii. The Philippine National Blood Services (composed of National, Sub-National & Regional Blood Centers);
  - iii. Authorized Blood Collection Units and Apheresis Facilities: Government, the PNRC, or Non-Government Organizations;
  - iv. Hospital Blood Banks and Blood Stations, both government and private;
  - v. Non-hospital based-Blood Stations: government, or the PNRC;
  - vi. End-User Hospitals and Non Hospital-based Health Facilities, both government and private;

- vii. National Reference Laboratories for Immunology and Immunochemistry.

## **2. National Council for Blood Services (NCBS)**

### **a. Composition**

The National Council for Blood Services shall be the governing body of the Philippine National Blood Services which shall be composed of at least six (6) members:

- i. The Secretary of Health as Chairperson of the Board or his duly authorized representative;
- ii. The Chairperson of Philippine National Red Cross (PNRC) Board of Governors as Vice Chairperson or his/her duly authorized representative;
- iii. The President of Philippine Blood Coordinating Council (PBCC) or his/her duly authorized representative;
- iv. The President of Philippine Society of Pathologists (PSP) or his/her duly authorized representative;
- v. The President of Philippine Society of Hematology & Blood Transfusion (PSHBT) or his/her duly authorized representative;
- vi. Director (or Chief Executive Officer) of the Philippine Blood Center or his/her duly authorized representative;
- vii. Heads of other Offices or Associations that may be added by the Council:
  - Undersecretary of Health for Policy and Standards Development Team for Service Delivery;
  - Director IV, National Center for Health Facilities Development (NCHFD);
  - Designated DOH Program Manager for the National Voluntary Blood Services Program (NVBSP);
  - DOH Consultant for NVBSP
  - DOH Consultant for Philippine Blood Center
- viii. Each member of the Board shall serve as an ex-officio member of the Council for the duration of his/her incumbency as president or duly authorized representative.

### **b. Functions**

- i. Approval of policies governing the operation of the Philippine National Blood Services and the utilization of blood products by hospitals and other health services;
- ii. Approval of Standards, Standard Operating Procedures and Guidelines for the Recruitment of Donors, Collection, Transport, Testing & Processing of Blood, Issuance and Administration of Blood Components and Monitoring of Blood Transfusion Practices;
- iii. Approval of Directional/Strategic Plan of the National Voluntary Blood Services Program (NVBSP) from time to time;

- iv. Approval of allocation of funds and monitoring of fund utilization;
- v. Development of the capabilities of the Philippines National Blood Services and Blood Services Network as the need arises;
- vi. Creation of other standing and special committees as appropriate;
- v. Approval of certification of importation privileges.

c. Committees:

i. The National Council for Blood Services shall establish the following Committees:

- 1. Executive Committee
- 2. Technical Committee
- 3. Committee on Public Education and Advocacy
- 4. Committee on Professional Education
- 5. Committee on Curriculum Development
- 6. Committee on Finance
- 7. Committee on Information Technology
- 8. Other Committees that shall be created as necessary

The Council shall appoint the Chairs and Members of the committees who will exercise the duties and responsibilities delegated to them by the Council.

ii. Composition and Functions of the Executive Committee:

- Undersecretary for Policy and Standards Development Team for Service Delivery - Chairperson or his/her authorized representative;
- Vice Chairperson or his/her authorized representative;
- The Director of the Philippine Blood Center or his/her authorized representative;
- Other members of the NCBS
- Chairs of different Committees of the Council;
- Technical experts that may be appointed by the Council.

The Executive Committee shall exercise such powers as may be delegated to it by the Council. The Executive Committee shall review and resolve matters to be considered by the Council, to make recommendation to the Council and serve as advisory body to the Council.

**iii. Functions of other Committees:**

- Technical Committee:
  - Provide policy directions on the technical component of the National Voluntary Blood Services Program implementation;

- Act as advisory body to the National Council for Blood Services for Technical matters on Blood Program;
- Recommend studies for the formulation of policies and upgrading of standards, and;
- Create Ad Hoc Committees for specific technical concerns.
- Committee on Public Education and Advocacy
  - Prepare a coordinated five-year advocacy and promotion plan by all NVBSP implementers based on the National Voluntary Blood Services Program five-year directional/strategic plan, which shall be submitted to the National Council for Blood Services for approval through the NCBS Executive Committee;
  - Plan coordinate, monitor and evaluate the national advocacy and promotion programs;
  - Facilitate the establishment of Regional Advocacy and Promotion Committee as regional counterpart who shall have the following responsibilities:
    - >Formulate the regional advocacy and promotion plan which shall be submitted to the Regional Health Director for approval and endorsement to the National Council for Blood Services;
    - >Implement, monitor and evaluate the regional advocacy and promotion activities.
- Committee on Professional Education
  - Plan and arrange/conduct seminars, workshop and training courses for the Personnel in Blood Service Facilities, i.e., Regional and NCR Zonal Blood Banks/Centers, Blood Collection Units and Blood Stations;
  - Prepare Training Syllabi for Blood Banks, Blood Collecting Units and Blood Stations;
  - Facilitate the conduct of seminars for continuing education in Blood Banking and transfusion for clinicians, surgeons, anesthesiologist, nurses, etc. on the rational use and proper administration of blood and blood components;
  - Conduct workshops for the establishment and operation of Hospital Blood Transfusion Committee;

- Conduct workshops for the establishment of Local Blood Councils;
  - Ensure the inclusion in the continuing education programs of health professionals information on the National Blood Services Act of 1994, its implementing Rules and Regulations, Manual of Standards for Blood Banks, Blood Collecting Units and Blood Stations, and related administrative regulatory issuance from DOH, DILG, etc.;
  - Prepare a 3 – year Staff Development Plan for the Blood Service Facilities of the Department of Health, local government health services, PNRC and private hospitals.
- Committee on Curriculum Development
    - Develop, print and distribute instructional materials and methods focused on the voluntary blood donation for integration into the health subjects of all schools, public or private, and at all levels of education, formal and non-formal;
    - Orient and/or train teachers on the utilization of such materials and methods;
    - Monitor the use and effectiveness of such materials and methods in terms of process and products, and continuing revision of such as necessary;
    - Prepare and submit to the National Voluntary Blood Services Program Unit of the voluntary blood services in the schools.
- Committee on Finance
    - Review the annual operation of the budget and propose measures to increase the revenue and reduce the cost;
    - Review the fiscal management of the Philippine National Blood Services; and
    - Make recommendations to improve the financial operations of PNBS
- Committee on Information Technology
    - Promote the nationwide implementation and effective utilization of the Integrated Blood Bank Information System (IBBIS) in supporting the goals of the NVBSP;
    - Formulate standards, policies, guidelines relative to the development, implementation, and sustainability of Information Communication Technology (ICT)

- programs and projects of the Philippine National Blood Services and NVBSP;
- Provide leadership in the development of strategic ICT plans and policies for the NVBSP;
- Review and approve the allocation of funds for procurement of ICT equipment, goods and services;
- Develop and implement ICT capability programs;
- Spearhead the development and implementation of ICT activities.

## **VIII. ROLES AND RESPONSIBILITIES**

### **A. Philippine Blood Coordinating Council**

1. Consult and coordinate with NCBS in the planning and implementation of various projects and activities relative to the NVBSP especially on professional education;
2. Conduct capability-building activities for:
  - 2.1. Laboratory and Blood Bank personnel on basic blood bank techniques and Quality Management System (QMS), proper screening of donors, testing, collection and storage of blood to assure the safety and quality of blood;
  - 2.2. Health Professionals and hospital personnel on voluntary blood donation, rational use of blood and blood components, efficient operation of hospital blood programs through the hospital blood transfusion committee and conduct of blood transfusion audits;
  - 2.3. Hospital Administrators and Blood banks heads on Total Quality Management of BSF in collaboration with PNRC, DOH and Health Professional Associations.
3. Provide resource speakers through the formation and establishment of Speakers' Bureau;
4. Assist in the development and implementation of the Maximum Blood Ordering Schedule (MBOS) in hospitals;
5. Promote Blood Stock Inventory Management principles;
6. Assist in the formation or strengthening of Local Blood Councils at the regional, provincial and city levels;
7. Conduct research studies in the areas of blood banking and transfusion medicine;
8. Develop and produce IEC materials relevant to the training of health professionals in blood banking and transfusion medicine.

### **B. Philippine National Red Cross**

1. Consult and coordinate with NCBS in planning and implementation of various projects and activities relative to the NVBSP especially on public education and advocacy on voluntary blood donation;
2. Establish/maintain and continually improve the PNRC blood service facilities nationwide as licensed and authorized by the NCBS following the set standards and procedures;



3. Facilitate the networking of PNRC blood service facilities in the regional blood services network;
4. Promote voluntary blood donation through public education campaign to the community to instill public consciousness of the principle that voluntary blood donation is a humanitarian act and a social responsibility;
5. Inform the public of the need for voluntary blood donation to curb the hazards caused by the commercial sale of blood;
6. Establish and promote the collection of blood in various areas in the community, such as but not limited to schools, business enterprises, barangays and military camps;
7. Educate and train the personnel/volunteers for voluntary blood recruitment, retention and care to secure commitments for regular blood donation in collaboration with PBCC;
8. Provide training programs and technical assistance to enable the communities; youth, schools, industrial and business sites, barangay, military camps and local government units (LGUs) to implement their own voluntary blood donation programs;
9. Maintain and update the rare blood type registry and provide data to those who need them.

#### **C. Local Blood Councils**

1. Participate in the formulation of the Local Blood Donation Program that fulfills the needs for blood transfusion in the community;
2. Plan and implement public education, advocacy and donor recruitment activities to promote voluntary blood donation;
3. Conduct an organized and sustained public information campaign to promote voluntary blood donation through:
  - a. Flyers, brochures, comics
  - b. Posters, billboards
  - c. News articles, features, press releases
  - d. Radio/ TV spots, talk shows
4. Assist in the recruitment and retention of regular volunteer blood donors through:
  - a. Community meetings and seminars
  - b. Door to door campaigns
  - c. Blood Donor Club membership
  - d. Blood Donor Panels in
    - i. Barangays
    - ii. Schools
    - iii. Business Firms
    - iv. Others
5. Organize Mobile blood collection activities in coordination with the Blood Centers and authorized Blood Collection Units; Government and Private Hospitals; and PNRC Chapters in strategic sites:
  - a. Barangays
  - b. Shopping malls

- c. Business offices
  - d. Schools
  - e. Churches
  - f. Factories
  - g. Military camps
  - h. Others
6. Spearhead/Assist in fund-sourcing/fund-raising from within the community and from external governmental and non-governmental organizations, financial institutions or agencies.
  7. Strengthen the linkages of local hospitals, BEmONC/ CEmONC facilities and health services with the Regional Blood Center;
  8. Coordinate and monitor the implementation of the Local Blood Donation Program.

#### **D. Hospital Blood Transfusion Committee**

1. The Hospital Blood Transfusion Committee (HBTC) in all government or private hospitals shall be composed of representatives of major Clinical Departments, the Blood Bank or Clinical Laboratory, Nursing Service, relevant Administrative Departments, the issuing blood center among others;
2. The Committee shall be chaired by a medical specialist who is knowledgeable in Transfusion Medicine or Blood Banking. The Chairpersonship may be rotated among the Committee members;
3. The Hospital Chief, in consultation with the Heads of Clinical Departments, shall determine the term of office of the Chairperson and Members of the Committee;
4. The functions of the Hospital Transfusion Committee are the following:
  - 4.1. Review transfusion practices in the hospital and recommend measures to improve them;
  - 4.2. Organize activities related to advocacy, education and promotion of Voluntary Blood donation including HIV/AIDS prevention and healthy lifestyle;
  - 4.3. Adopt and implement criteria for appropriate use of blood and blood products;
  - 4.4. Assess usage and practices of blood component therapy;
  - 4.5. Review and analyze statistical reports of the blood bank;
  - 4.6. Review clinical and laboratory reports of adverse reactions to blood transfusion;
  - 4.7. Make recommendations and reports to the appropriate departments of the medical, nursing and administrative services of the hospital;
  - 4.8. Promote continuing education on voluntary blood donation and appropriate transfusion to all hospital personnel; and
  - 4.9. Provide advice and assistance in determining blood stocks inventory to assess and address the need of the hospital especially in cases when emergency transfusion is required.

#### **E. Blood Centers**

1. Advocate, disseminate information and promote voluntary blood donation including healthy lifestyle in the community;
2. Social mobilization activities
3. Recruit, retain and care for qualified volunteer blood donors;
4. Conduct mobile blood donation activities in partnership with the Local Blood Council, PNRC BSF, LGU BCU and other institutional blood donor organizations;
5. Test blood units for infectious agents, blood component processing and leuko-reduction/ depletion of units of blood;
6. Issue and distribute safe, quality blood and blood products;
7. Regularly monitor all BSF and hospitals in its network;
8. Coordinate human resource and logistics assistance to mobile blood donations within the Blood Services Network;
9. Provide on-the job training for BSF staff;
10. Provide technical resource persons;
11. Conduct of research in the field of blood transfusion and blood bank technology;
12. Collect Apheresis-derived blood products from qualified volunteer donors, if equipment is available.

#### **F. National Reference Laboratories (NRLs)**

1. The NRL for Immunology for the confirmatory testing of blood units shall be the Research Institute for Tropical Medicine (RITM) while the NRL for Immunohematology shall be the National Kidney and Transplant Institute (NKTi);
2. SACCL-SLH shall conduct Proficiency Workshops in HIV and Hepatitis Testing and other serological procedures for transfusion transmissible diseases for all Medical Technologists;
3. SACCL-SLH shall evaluate test kits and reagents for the purpose of registration in collaboration with Bureau of Food and Drugs and the Bureau of Health Devices and Technology, DOH;
4. The RITM HIV Reference Laboratory shall conduct External Quality Assessment Surveys (EQAS) on infectious markers for transfusion transmissible diseases as an input to Quality Assurance of all BSFs performing donor blood testing.
5. The National Kidney and Transplant Institute Reference Laboratory likewise shall conduct External Quality Assessment Surveys (EQAS) on immunohematology as an input to quality assurance of all BSFs.

#### **G. DOH – Center for Health Development - The CHD shall be responsible for:**

1. Promoting and monitoring the following activities at regional, provincial and city levels:
  - 1.1. Advocacy information dissemination and promotion of voluntary blood donation including healthy lifestyle;
  - 1.2. Social mobilization activities;

- 1.3. Recruitment, retention and care of volunteer non-remunerated blood donors;
- 1.4. Blood donation activities in partnership with government and private hospital blood banks, government and PNRC blood center or blood collecting units, and Local Blood Council; and
- 1.5. Mobilization & utilization of resources of all blood service facilities.
2. Providing logistics and technical assistance for capability building and other NVBSP activities.
3. Facilitating issuance of LTO/ATO of blood service facilities in the region.

#### **H. Regional Blood Program Coordinator**

1. Implements the NVBSP strategic plan in the region;
2. Conducts advocacy visits to local chief executives and other major stakeholders for the promotion of voluntary blood donation in their respective localities/service areas;
3. Designs and organizes training program on Voluntary Blood Donation Program Management for Provincial and Municipal Blood Program Coordinators; and on Effective Donor Recruitment, Retention and Care for local blood donor recruitment officers;
4. Provides technical assistance to LGUs and NGOs in the selection of local blood donor recruiters;
5. Designs IEC materials for distribution to potential blood donors;
6. Assists Provincial and Municipal Blood Program Coordinators in lobbying for fund support from LGUs, donor agencies, business and the private sector to share in financing the Local Blood Program;
7. Monitors the implementation of the Blood Program in municipalities;
8. Collects, collates and analyzes statistical data on the status of performance indicators of Voluntary Blood Donation Program;
9. Organizes training of concerned personnel on the SOPs in Blood Services (relative to all the links in the transfusion chain);
10. Monitors the compliance of blood service facilities and end-user hospitals to SOPs;
11. Prepares medium and long term Development Plan for the Blood Service Facilities and B/CEmONC Facilities with the Health Facilities Development Unit and Maternal and Child Health Unit of the CHD and the LGUs;
12. Advocates for the centralization of blood unit testing and processing;
13. Prepares information materials for blood end-users and the general public on the importance of cost recovery in sustaining quality blood services through collection of blood processing fees;
14. Organizes training on Quality Management for personnel of various types of blood service facilities (including hospital blood banks);
15. Advocates to existing blood service facilities (including hospital blood banks) subscription/participation in the nationwide IBBIS;

16. Monitors the institutionalization of quality systems in blood service facilities with trained personnel;
17. Promotes and monitors to hospitals the organization of functional HBTC;
18. Collects, analyzes and provides feedback from the blood utilization monitoring reports from hospitals.

**I. Head of Blood Service Facilities**

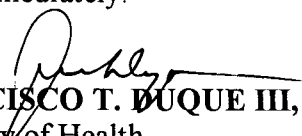
1. Evaluates the manpower needs and participates in the hiring, evaluation, promotion and imposition of disciplinary actions on all laboratory personnel in accordance to the human resource policies of the institution;
2. Establishes the tests for TTIs and other technical procedures to be used in the BSF;
3. Regularly reviews technical procedures for appropriateness, efficiency and timeliness;
4. Regularly reviews adherence to administrative and technical procedures;
5. Leads in the evaluation of equipment and consumables that will be purchased for, and utilized by the BSF;
6. Sets the guidelines for the implementation of a quality assurance program including quality control activities;
7. Implements a performance evaluation scheme for the personnel in the BSF;
8. Implements a continuing education program of the technical staff in skills pertinent to the personnel's function in the BSF;
9. Provides consultative services in transfusion to attending physicians which is accessible and timely;
10. Participates in the cost analysis of blood/blood components as the need arises;
11. Addresses administrative and technical concerns of the facility that are appropriately referred in a timely and accessible manner;
12. Helps in the construction of an organizational chart that defines all aspects of operations of the BSF;
13. Represents the BSF in the planning, development, promotion and policy making activities of the Blood Program.

**IX. REPEALING CLAUSE**

All the existing issuances/provisions inconsistent with this Department Circular are hereby repealed.

**X. EFFECTIVITY**

This Department Circular shall take effect immediately.

  
**FRANCISCO T. DUQUE III, MD, MSc**  
Secretary of Health

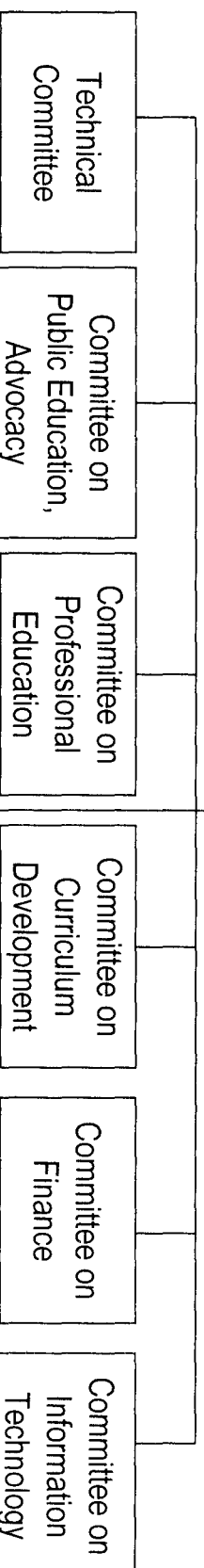
# Organizational Structure

## National Council for Blood Services (NCBS)

### Governing Body

#### Executive Committee

Secretariat



### Philippine National Blood Services (PNBS)

- composed of Blood Centers of DOH, LGUs, PNRC

- National: DOH Philippine Blood Center & PNRC National Blood Center, Metro Manila
- Sub-National & Regional Blood Centers for Luzon, Visayas & Mindanao (upon recommendation of NCBS)

# Blood Services Network

