OPNAV INSTRUCTION 6530.2E
MARINE CORPS ORDER 6530.1A

From: Chief of Naval Operations
       Commandant of the Marine Corps

Subj: DONOR SUPPORT FOR DEPARTMENT OF THE NAVY BLOOD PROGRAM

Ref: (a) DoD Directive 6000.12E of 6 January 2011
     (b) DoD Instruction 6480.04 of 13 August 2012
     (c) NAVSUP P-486
     (d) OPNAVINST 6530.4B

1. Purpose. To prescribe policies regarding donor support for the Navy and the Armed Services Blood Programs (ASBP). This instruction is a complete revision and should be reviewed in its entirety. The changes in subparagraphs 1a through 1c have been implemented.

   a. Revised responsibilities of Chief, Bureau of Medicine and Surgery (BUMED), type commanders, component commands, medical treatment facilities (MTF), and Navy and Marine Corps shore activities.

   b. Added regulatory requirements to civilian blood agencies collecting blood aboard military installations.


2. Cancellation. OPNAVINST 6530.2D.

3. Scope and Applicability. Applies to all Navy and Marine Corps activities.

4. Background

   a. Reference (a) describes the ASBP and provides general guidance for the operation and interface of the blood programs of the U.S. Army, U.S. Navy, and U.S. Air Force. 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 general responsibilities of the ASBP, which are listed in subparagraphs 4a(1) and 4a(2).

(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 MTF.

b. The responsibilities listed in paragraph 6 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.

5. Policy

a. Donor Priorities. In view of the frequently conflicting demands made for donors, donor availability should be established in descending order of priority:

(1) Support of ASBP and Navy assigned quotas for military health system contingency and wartime operations.

(2) Support of daily peacetime operations of Navy healthcare facilities.

(3) Support of other Department of Defense (DoD) MTFs.

(4) Support of local civilian community-based blood collections agency(s) with reciprocal agreements. In all instances where donor support of civilian institutions conflicts with fulfillment of Navy or ASBP blood needs, on-base access of blood drawing teams from such institutions must be limited or denied.

b. Donor Availability

(1) Department of the Navy (DON) Blood Program

(a) A command responsibility is to provide donors of requested blood groups and types, at the frequency, and in the quantities necessary to enable Navy blood donor centers 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 4 hours after donation. However, close coordination and cooperation between the providing command and the blood donor centers can minimize donor work-hour losses. Navy healthcare 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 blood donor center conducts blood donor operations. Navy healthcare facilities that provide principal healthcare support for Army and Air Force installations must seek to utilize these potential donor populations. Likewise, where an Army or Air Force healthcare facility provides the principal healthcare support for a Navy or Marine Corps installation, the command must make donors available to such healthcare facilities.

(b) Whenever possible, commands must develop and maintain, in current status, listings by blood group and type of all potentially available blood donors. Navy blood donor centers 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 5b(1)(c) 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.

(c) Commands must maintain a program of donor motivation and education. DoD specific donor motivational, educational, and recruitment information can be obtained from the nearest ASBP blood donor centers. 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. In persons who are otherwise healthy and have no reasons to avoid donating blood, 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 for individuals and units who have shown consistent support to the Navy blood program. 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; and special liberty.

(2) Local Civilian Community Blood Programs

(a) Since volunteer military personnel provide the basic blood supply for naval healthcare 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. Commanders, commanding officers (CO), and
officers in charge (OIC) 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 will 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 the Assistant Secretary of Defense (Health Affairs) policy memorandum 04-019:

1. Commanders, COs, and OICs will inform local civilian blood collection agencies that:

   a. blood collected on military installations, activities, leased facilities, and ships are not permitted without prior approval of, and scheduling with, the command’s blood program coordinator and local or regional Armed Services blood donor center.

   b. civilian blood agencies must be licensed by the Food and Drug Administration (FDA) and follow American Association of Blood Banks standards. MOUs must address this point to include donor notification of abnormal infectious disease testing results.

   c. 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 or regional ASBP blood donor centers.

   d. permission to come on base may be suspended at any time for failure to comply with the requirements described in subparagraph 5b(2) of this instruction or within 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 or regional peacetime ASBP 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, COs, and OICs must ensure that all civilian blood collection agencies are not allowed to compete with the local ASBP blood donor centers to the detriment of the ASBP.

(b) Commercial Blood Banks. It is DON policy to encourage the voluntary donation of blood as a humanitarian act. On-base access to donors by commercial blood banks and plasmapheresis centers (those operated for profit or which offer monetary pay to donors) or on-base publicity in their behalf is not authorized.
c. **Donor Nourishment.** It is recommended that commands at which blood is drawn provide donor nourishment 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 will be per meal rates prescribed in reference (c). The actual cost of supplementary nourishment will not exceed the charge of the dinner meal per person.

d. **Organizational Relationships.** Each activity providing or drawing blood donors must designate within the command structure a point of contact for matters relative to 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.

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

6. **Responsibilities**

a. **Chief, Bureau of Medicine and Surgery (BUMED-M00).** Serves as the responsible head for the DON FDA establishment license (license number 635), establishes policy, and manages the collection, manufacturing, processing, distribution, transfusion or use, and disposition of all blood products within the DON. Ensures the safety, purity, and potency of blood products through compliance with current good manufacturing practices of the FDA, Federal regulations and guidelines, national standards, and DoD guidelines.

b. **Component Commands.** Establish a program to provide donor support to the Navy blood program. Coordinate all fleet blood bank operations, per reference (d).

c. **Type Commanders.** Establish a program to provide donor support to the Navy blood program. Coordinate applicable blood program elements, per reference (d).

d. **Afloat COs.** Establish a program to provide donor support to the Navy Blood Program. Coordinate applicable blood program elements, per reference (d).

e. **Shore Commands (Navy and Marine Corps)**
(1) Establish a program to provide donor support to the Navy Blood Program and comply with applicable sections of this instruction.

(2) As prescribed in reference (d), appoint in writing an officer, senior non-commissioned officer, or civilian employee who is able to dedicate the time to serve as the command blood drive coordinator. For bases with Navy Blood Program blood donor centers, the blood donor centers recruiter will serve as the command blood drive coordinator. The blood donor centers recruiter does not require appointment.

f. MTF COs and OICs. Operate blood banks to support the Navy Blood Program as approved by the Navy Blood Program office, as prescribed in reference (d).

7. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned for the standard subject identification codes (SSIC) 1000 through 13000 series per the records disposition schedules located on the Department of the Navy/Assistant for Administration (DON/AA), Directives and Records Management Division (DRMD) portal page at https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx.

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact the local records manager or the DON/AA DRMD program office.

8. Review and Effective Date. Per OPNAVINST 5215.17A, BUMED-M00 will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, DoD, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 10 years, unless revised or cancelled in the interim, and will be reissued by the 10-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.

9. Information Management Control. The data collection contained within subparagraph 5b is assigned report control symbol NAVMED 6530-1.

C. FORREST FAISON III
Surgeon General of the Navy

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Director, Marine Corps Staff
Releasability and distribution:
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