



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

17 April 2020

DEPARTMENT MEMORANDUM

No. 2020 - 0210

TO : ALL DOH UNDERSECRETARIES AND ASSISTANT SECRETARIES; DIRECTORS OF BUREAUS, SERVICES AND CENTERS FOR HEALTH DEVELOPMENT; MINISTER OF HEALTH – BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO; MEDICAL CENTER CHIEFS AND DIRECTORS OF MEDICAL CENTERS, SPECIALTY HOSPITALS AND SANITARIA; REGIONAL BLOOD PROGRAM COORDINATORS; HEADS OF BLOOD SERVICE FACILITIES; AND ALL OTHERS CONCERNED

SUBJECT : National Voluntary Blood Services Program (NVBSP) Authorization Pass for Volunteer Blood Donors during the COVID-19 Response

I. BACKGROUND

Due to an increasing number of Coronavirus Disease (COVID-19) cases spreading in various territories and with the presence of local transmission, the World Health Organization (WHO) declared COVID-19 as a Public Health Emergency of International Concern (PHEIC) on 30 January 2020 and as a pandemic on 11 March 2020. An Enhanced Community Quarantine (ECQ) was declared on 17 March 2020 by the President of the Philippines wherein suspension of mass transportation and practicing of home quarantine of every Filipino to control further the spread of COVID-19.

There is a decrease in blood supply due to the cancellation of mobile blood donation being an activity that requires gathering of donors and the limitation of the transportation of blood donors to the blood service facilities. The Department of Health – National Voluntary Blood Services Program (DOH-NVBSP) together with partner agencies shall ensure that patients with confirmed cases of COVID-19 and other patients who need blood and blood products on a regular basis will have access to safe blood.

The Department of Health - National Voluntary Blood Services Program (DOH-NVBSP) issued Department Memorandum No. 2020-0124 entitled “Interim Guidelines on Ensuring Blood Safety and Adequacy for COVID-19 Response” to address the decrease in number of Blood Collection and define the procedure to prevent spread of COVID-19. To support DM 2020-0124, this issuance shall serve as the guide for the usage of the Authorization Pass for Volunteer Blood Donors in going to the BSF from their respective residence or agencies and vice versa to donate blood. Basic Pre-screening Questions shall be asked to potential blood donors prior to appointment to BSF (Annex A).

The Authorization Pass for Volunteer Blood Donors (VBD) is a printed or electronic document that will authorize the holder to pass the ECQ check points on his/her way to the designated Blood Service Facility (Annex B).

II. IMPLEMENTING GUIDELINES

1. The VBD Pass will be issued through the following steps:
 - 1.1. The volunteer blood donor has to make an appointment with the blood service facility (BSF) in his/her chosen platform i.e. call, text or through social media sites of the BSF;
 - 1.2. The BSF staff will administer the Basic Pre-screening Questions to volunteer blood donors who made appointments;
 - 1.3. The BSF will email the list of volunteer blood donors who passed the pre-screening qualifications with their names, date of donation and validated email address to NVBSP
 - 1.4. The NVBSP will then send the electronic VBD pass via email to each individual volunteer blood donor.
2. The volunteer blood donor will print or save the electronic VBD pass that they will present at check point/s officers.
3. To prevent abuse and misuse of the use of the VBD pass, there will be two (2) types of pass to be issued to the volunteer blood donor with unique control number:
 - 3.1. Prior to the date of donation, the first one-way VBD pass will be issued that will allow the volunteer blood donor to travel from their place of residence to the blood service facility; and
 - 3.2. The second one-way VBD pass will be issued by the BSF to the volunteer blood donor after his/her donation in the chosen BSF. These VBD passes will be honored at the ECQ checkpoints.
4. For verification purposes, the holder of the pass shall bring a valid ID and the VBD pass at check points.
5. The date of donation will be the only date of validity of the VBD pass and cannot be used before or after the indicated date on the VBD pass.
6. The VBD pass is free of charge and shall not be replicated.

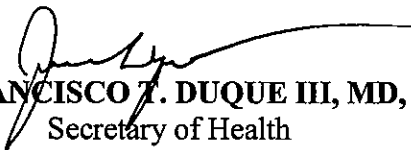
For further inquiries, you may contact the National Voluntary Blood Services Program (NVBSP) personnel through the following contact information:

Landline: (02) 8-995-3846 local 213/214 or (02) 8-651-7800 local 1440

Email: nvbsp.doh@gmail.com

We highly encourage CHDs and BSF to intensify advocacy and public education during this COVID-19 Pandemic. The DOH-NVBSP also forwards contact information of Regional Blood Program Coordinators for assistance and facilitation of the nearest BSF to the potential blood donor's location.

For strict compliance.



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

Annex A. Basic Pre-Screening Questions for Potential Donors




The following questions shall be asked PRIOR to appointment of the potential blood donors:

1. Do you weigh 50 kg or more?
2. Age of donor?
3. History of travel in the last 12 months, where and how long?
4. In the past 28 days, have you ever had close contact (lived with, worked with, travelled with, or cared for) a confirmed COVID-19 patient, or of a person who travelled to countries with COVID-19 local transmission?
5. Have you ever had close contact with a person exhibiting symptoms of acute respiratory illness?
6. Did you develop any respiratory tract infection symptoms like cough, colds in the last 14 days?
7. Did you develop fever or diarrhea in the last 14 days?
8. Any recent surgery and/or tooth extraction?
9. Any recent tattoo or body piercing?
10. Any health condition/s?
11. Any medications?

Annex B. Authorization Pass for Volunteer Blood Donors


FROM PLACE OF RESIDENCE to BSF

CONTROL NO.: _____

**AUTHORIZATION PASS FOR
VOLUNTEER BLOOD DONOR**

VALID FOR TRAVEL FROM PLACE OF RESIDENCE TO BLOOD SERVICE FACILITY

 DATE OF DONATION: _____

NAME: _____




ADDRESS: _____

ISSUING BLOOD SERVICE FACILITY: _____

NESTOR F. SANTIAGO JR., MD, MPH, MHSA, CESO II
Assistant Secretary of Health
Public Health Services Team


FROM BSF to PLACE OF RESIDENCE

CONTROL NO.: _____

**AUTHORIZATION PASS FOR
VOLUNTEER BLOOD DONOR**

VALID FOR TRAVEL FROM BLOOD SERVICE FACILITY TO PLACE OF RESIDENCE

 DATE OF DONATION: _____

NAME: _____

ADDRESS: _____

ISSUING BLOOD SERVICE FACILITY: _____

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