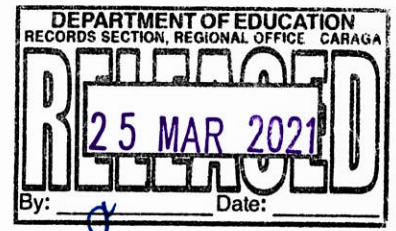




Republic of the Philippines
Department of Education
CARAGA REGION



March 25, 2021

REGIONAL MEMORANDUM
No. 187, s. 2021

To: ASSISTANT REGIONAL DIRECTOR
SCHOOLS DIVISION SUPERINTENDENTS
ASSISTANT SCHOOLS DIVISION SUPERINTENDENTS
CHIEF ADMINISTRATIVE OFFICER – ASD
ADMINISTRATIVE OFFICERS
This Region

**CALL FOR VOLUNTARY BLOOD DONATION TO SUPPORT THE PHILIPPINE RED
CROSS (PRC) CAMPAIGN DURING THE COVID-19 CRISIS**

1. The Department of Education through the Bureau of Human Resource and Organizational Development – Employee Welfare Division has manifested its support to Philippine Red Cross (PRC) Campaign for Voluntary Blood Donation in their appeal as they face a shortage of blood products supply caused by the ongoing COVID-19 pandemic.
2. Apropos, DepEd Caraga hereby enjoins qualified employee donors for a voluntary donation at PRC donation centers in order to help them address the concern on threatened supply of safe blood products.
3. Enclosed herewith is the blood donation safety protocols during COVID-19 crisis for your reference.
4. For further inquiry, please contact Donor Recruitment Officer Ms. Jennica Nadine Villanueva, RN for scheduling and information at telephone number (02) 790-2384, 09178348276 or email at donorrecruitment.tower@redcross.org.ph.
5. Widest dissemination of this Memorandum is highly desired.


EVELYN R. FETALVERO, PhD., CESO IV
Director IV

Encl.: Blood Donation safety protocols during COVID-19 Crisis
Reference: Memorandum DM-PHROD-2020-0176: Voluntary Blood Donation to Support the
Philippine Red Cross (PRC) Campaign during COVID -19 Crisis

To be indicated in the Perpetual Index, under the following subjects:
BLOOD DONATION COVID-19 PRC

MEMORANDUM

ASD/mcd
03/25/2021



Address: J.P. Rosales Avenue,
Butuan City
Trunkline No: (085) 342-8207
Telefax No: (085) 342-5969
Email: caraga@deped.gov.ph



Document Control No:
DepEdRO13-F-REC-013/R3/02-18-2020



National Blood Services

#37 EDSA cor. Boni Ave., Mandaluyong City

790.2300 or 790.2371

nbs@redcross.org.ph

www.redcross.org.ph

Mobile Blood Donation Activity

- **Background**

The Philippine Red Cross is a humanitarian organization, which provides services to uplift the lives of the underprivileged. One of its basic services is the Blood Services, which works on providing the country with an adequate and safer blood supply from volunteer, non-remunerated blood donors.

The Blood Service of the Philippine Red Cross follows the guidelines and mandates of the Department of Health to assure donor and recipient's safety.

- **Advantages of Voluntary Blood Donation**

1. Adequacy and safety of blood supply
2. Voluntary blood donors are those with lesser risk to acquire blood transmissible diseases such as HIV and Hepatitis.
3. Voluntary blood donor are likely to commit to a regular donation.

- **Benefits to the blood donor**

1. According to some studies, blood donation lowers excess iron in our blood which decreases risks for some heart and circulatory diseases, and certain types of cancer.
2. Personal health check. As part of our initial screening, you will know your blood type and hemoglobin.
3. Blood donation boosts personal self-worth.

- **Qualifications to become a Blood Donor**

- | | | |
|---------------------|---|--|
| 1. Age | - | 18 – 60 years old (61 – 65, regular donor) |
| | - | 16 – 17 years old must have parent's consent |
| 2. Weight | - | at least 110 lbs (approximately 50 kg) |
| 3. Blood Pressure | - | between 90 – 160 mmHg (systolic) |
| | - | between 60 – 100 mmHg (diastolic) |
| 4. Pulse Rate | - | 50 – 100 beats per minute |
| 5. Body Temperature | - | must not exceed 37.5 degrees Centigrade |
| 6. Hemoglobin | - | 125 g/L (12.5 g/dL) or must pass our routine qualitative check for hemoglobin. |

- **Before the actual blood donation**

Red Cross may provide leaflets and posters for information dissemination and promotion of mass blood donation activities. The organizer of the activity (blood donation coordinator) undertakes the promotion and dissemination of the information to generate support and participation among its members. Our Blood Service Representative/s may further conduct pep talks to orient and discuss the advantages and benefits of blood donation.

- **Logistics and Staff**

- ❖ A team, approximately 6 to 8 Red Cross staff will conduct the mass blood donation activity for a minimum of 50 prospective donors.
- ❖ A pledge can be provided to help you assess the number of prospective individuals. You may mail to us the list of prospective donors before the activity.
- ❖ It is advised that the number of prospective donors is set to contribute to the success of the activity and it must not coincide with other activities such as medical missions and other trainings.
- ❖ Red Cross will bring the logistics needed, i.e. cotbeds, linens, etc., as well as donors' refreshments necessary for volume replacement for the donors.
- ❖ The Red Cross team will need a well-lighted, well-ventilated place that is accessible to the donors with an approximate floor area of 5 x 5 square meters, tables and chairs for registration.

- ❖ We also have a blood mobile bus which can accommodate 5 blood donors at the same time that can be stationed in your area. (Generator operated).
- ❖ At least a week prior, kindly confirm the blood donation event details such as date, time, venue and the final number of prospective donors. We would appreciate an update and/or modifications the soonest time possible. Please coordinate with the National Blood Center blood service representative/s.

Preparations before blood donation

1. Have enough rest. A minimum of 5 hours of quality sleep is needed to lessen the risk of donor reaction.
2. No alcohol intake 12-24 hours prior to blood donation.
3. Have something to eat prior to blood donation, avoid fatty foods.
4. Drink plenty of fluid like water or juice.
*Medications will be assessed by our medical officer if viable to donate.

Steps in donating blood

1. Have your weight taken.
2. Register honestly and completely the donor registration form.
3. Have your blood type and hemoglobin checked.
4. A physician will examine and determine an individual's eligibility to give blood.
5. Actual donation: The phlebotomy procedure would usually take about 10 minutes or less.
6. A 10 to 15-minute rest and enough fluid intake is necessary after donation.

What to do after blood donation

1. Drink plenty of fluids like water or juice to replace fluid loss.
2. Refrain from stooping after blood donation.
3. Refrain from strenuous activities like:
 - a. Lifting heavy objects
 - b. Driving big vehicles such as bus, trucks, etc.
 - c. Operating big machines
4. Avoid using the punctured arm in lifting heavy objects.
5. Apply pressure on the punctured site and lift the arm in case the site is still bleeding.
6. If there is discoloration and swelling on the punctured site, you may apply cold compress within the first 24 hours then warm compress for the next 24 hours.

7. If there is dizziness, lie down with feet elevated until such time the uncomfortable feeling subsides. Drink plenty of juice or water.

Frequently asked questions on Blood Donation

1. *Will donating blood make me weak?*

No, it will not make you weak. Donating 450cc will not cause any ill effects or weakness. The human body has the capacity to compensate with the new fluid volume. Further, the bone marrow is stimulated to produce new blood cells which in turn makes the blood forming organs function more effectively.

2. *How often can a person donate?*

A healthy individual may donate every three months.

3. *Can a person who has tattoo or body piercing still donate blood?*

If the tattooing procedure or the piercing was done a year ago, he/she may donate. This is also applicable to acupuncture, and other procedures involving needles.

4. *How long will it take to donate blood?*

The whole process of blood donation, from the registration up to the recovery, will only take an average of 30 minutes.

The blood extraction will take about 5-10 minutes. The blood volume will start replenishing within 24 hours. Theoretically, by the end of the month, the body will have the blood status before the blood donation.

5. *Will I contract disease through blood donation?*

No, we use sterile, disposable needles and syringes.

Blood Donors Card

Every volunteer donor will be given a BLOOD DONORS CARD. This card may be used as a record of donation. This is color-coded according to the donor's

blood type. This card does not exempt or discounts the holder from paying the blood processing fee.

Blood Processing Fee

The blood itself is free, since the Philippine Red Cross extracts solely from voluntary non-remunerated blood donor. However, to ensure that the donated blood will be safe for transfusion, a routine screening is done. A blood processing fee is charged for every blood unit procured from our blood service facilities. The fee, as mandated and approved by the Department of Health, is intended to cover the cost of the resources (reagents, equipment, manpower, etc.) in the collection and screening of the donated blood for blood-transmissible diseases.

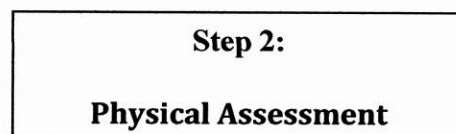
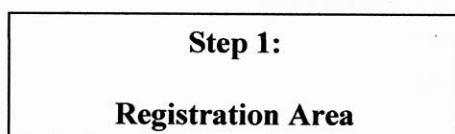
Donor Counseling

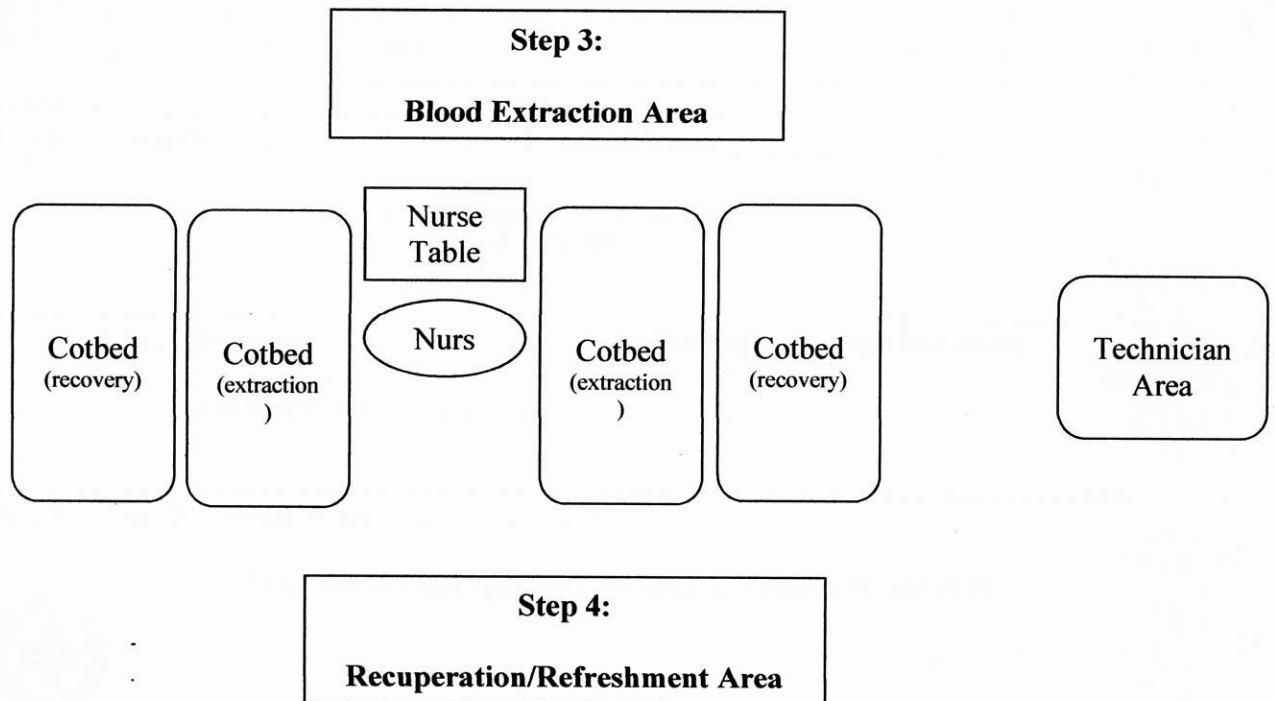
In case a donor is found to be reactive to any of the 5 infectious diseases: HIV, Malaria, Syphilis, Hepatitis B & C, the blood service facility will inform the donor, **CONFIDENTIALLY**, thru mail, for a free consultation and counselling from our medical officer at the National Blood Centers. The content of the session may include discussion of the disease, course and mode of transmission, prognosis and care.

How to avail blood from the PRC?

1. Kindly secure an original and updated blood request form from the hospital where the patient is admitted. The following details are needed:
 - Full name of the patient
 - Age, Sex, Status
 - Blood type, Rh group
 - Blood Component
 - Amount/unit needed
 - Diagnosis/Indication for transfusion
 - Printed name with signature of the attending physician
2. Bring the blood request form to the nearest Red Cross Blood Service Facility.
3. Blood processing fee – payment for the processing of blood to ensure safety of the patient; the amount depends on the blood component.
4. Immediately bring the blood dispensed from Red Cross to the blood bank of the hospital.

Suggested Blood Donation Floor Plan





National Blood Services
#37 EDSA cor. Boni Ave., Mandaluyong City
790.2300 or 790.2371
nbs@redcross.org.ph

Name: _____
Address: _____

Blood Type: _____ Age: _____
Telephone Number: _____ E mail Address: _____

Signature

Date of pledge

Place where pledge was made

I will donate on _____

.....
(Kindly bring this portion when you donate blood.)



You have the most precious gift of all, the ability to save lives!

Please give blood!

I will donate on _____.

"I am a blood donor, and I save lives!"



National Blood Services
#37 EDSA cor. Boni Ave., Mandaluyong City
790.2300 or 790.2371

PRE-REGISTRATION

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Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

28 April 2020

DEPARTMENT MEMORANDUM

No. 2020 - 0216

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

SUBJECT : Collection of Convalescent Plasma (CP) and Networking for Therapeutic Strategy for COVID-19

I. BACKGROUND

COVID-19 is a novel infectious disease caused by a new coronavirus named SARS-CoV-2. With the increasing number of cases worldwide, the World Health Organization (WHO) declared the outbreak of COVID-19 as Public Health Emergency of International Concern (PHEIC) on January 30, 2020 and as a pandemic on March 11, 2020.

As there is no approved drug or vaccine as of this time to treat the disease, an investigational treatment is being explored with the use of convalescent plasma which has been studied in outbreaks of other respiratory infections, including the 2003 SARS-CoV-1 epidemic, the 2009-2010 H1N1 influenza virus pandemic, and the 2012 MERS-CoV epidemic, with promising results.

Convalescent plasma is plasma taken from a person who has recovered from SARS-CoV-2 infection and contains neutralizing antibodies against the said infection. Giving convalescent plasma collected from individuals who have recovered from COVID-19 to infected patients is a form of passive antibody therapy, which could offer a possible therapeutic strategy.

In the interim, the following guidelines are issued for the immediate establishment and implementation of a COVID-19 CP Donation Program. This will be spearheaded by the Philippine Blood Center (PBC).

II. GENERAL GUIDELINES

1. The Blood Service Facility (BSF) shall notify the Department of Health - Health Facilities and Services Regulatory Bureau (DOH-HFSRB) through the National Voluntary Blood Service Program (NVBSP) of their intent to establish a CP donation program with the assurance of separate workflow for COVID-19. A letter of intent shall

be submitted to DOH-HFSRB for this purpose (see Annex A for additional requirements).

2. Only licensed BSF by DOH-HFSRB shall be allowed to establish and implement a COVID-19 Convalescent Plasma Donation Program.
3. The BSF shall designate a **supervising Clinical Pathologist** duly certified by the Philippine Board of Pathology of the Philippine Society of Pathologists (PSP) who shall oversee the CP donation program with the following members:
 - 3.1. **Medical Officer** trained to screen donors and manage donor reactions.
 - 3.2. Designated **apheresis physician or apheresis technician** and **blood donor recruitment officer** for CP under the direct supervision of the supervising clinical pathologist.
4. The voluntary donor for COVID-19 Convalescent Plasma must fulfill the following criteria to be eligible for CP donation:
 - 4.1. Passed the standard DOH-prescribed donor history questionnaires, where applicable with an age range of 18 to 65 years old
 - 4.2. Recovered from COVID-19 with the following order of preference for donors of CP:

1st Preference	• Previously diagnosed with COVID-19 by SARS CoV-2 RT-PCR • Absence of any clinical evidence of COVID-19 for at least 14 days as determined by a licensed physician, preferably but not limited to an Infectious Disease Specialist (IDS) who will issue Medical clearance as part of documentary requirement. • With at least 1 negative SARS-CoV-2 RT-PCR result done on recovery
2nd Preference	• Previously diagnosed with COVID-19 by SARS-CoV-2 RT-PCR • Absence of any clinical evidence of COVID-19 for at least 28 days as determined by a licensed physician, preferably but not limited to an IDS who will issue Medical Clearance. • Even without a negative SARS-CoV-2 RT-PCR result done on recovery
3rd Preference	• No SARS-CoV-2 RT-PCR test done to document disease • Absence of any clinical evidence of COVID-19 for at least 28 days as determined by a licensed physician, preferably but not limited to an IDS who will issue Medical Clearance. • Positive result for anti-SARS-CoV-2 IgG antibody-based test done on recovery

- 4.3. Negative for **anti-HLA-antibodies**, for donors with prior transfusions and female donors' history of pregnancy
- 4.4. Meet additional laboratory parameters:

4.4.1. Hemoglobin greater than or equal to 12.5 g/dL for females or 13.5 g/dL for males

4.4.2. Platelet count more than or equal to 150,000

4.4.3. When the testing platform is available, donors shall be negative for SARS-CoV-2 IgM antibody and positive for SARS-CoV-2 IgG with a titer of at least 1:160.

4.5. Must have signed the informed consent for donation.

5. CP Voluntary Donor shall provide pertinent diagnostic results regarding the aforementioned requirements or clinical abstract signed by the attending physician preferably but not limited to Infectious Disease specialists.
6. Donor recruitment strategies shall abide by universally accepted principles of Voluntary Non-Remunerated Blood Donation (VNRBD) and donor safety shall always be the foremost priority of BSFs in recruiting CP voluntary donors (*see Annex B. CP Donor Recruitment*)
7. Donor screening shall follow the usual procedure with informed consent, risk assessment using the standard DOH Donor History Questionnaire and the donor exclusion based on the DOH-NVBSP Manual of Blood Donor Selection.
8. Plasma for COVID-19 patients may be harvested using whole blood collection or plasmapheresis (*see Annex C. Collection, Processing, Storage, Allocation and Transfusion Procedure*).
9. CP units are tested for TTIs and screened for rare blood group antibodies. The following are required testing results of CP blood units:
 - a. Non-reactive serologic testing to HBsAg, HCVAb, HIV, syphilis and malaria
 - b. Negative antibody screen (rare blood group antibodies)
 - c. NAT testing for HBsAg, HCV and HIV when available.Alternatively, pre-donation testing for TTIs and rare blood group antibodies may be done on donors to minimize wastage of resources.
10. Harvested CP shall be processed, stored and transported in accordance to Blood Cold Chain protocol used in any plasma blood products.
11. To ensure sufficiency and equitable access to the supply of safe convalescent plasma, the distribution of **Convalescent Plasma** shall be encapsulated in the **CP Blood Services Network**. It shall be established by the NVBSP and spearheaded by the Philippine Blood Center (PBC) as the Lead CP Blood Service Facility and shall have the following functions:
 - a. Act as the Clearing House for the distribution of Convalescent Plasma
 - b. Maintain a nationwide CP Donor Registry
 - c. Conduct Public Education campaign
 - d. Facilitate in Donor Recruitment, Retention and Care
 - e. Collect Convalescent Plasma (CP)
 - f. Provide Pathogen Reduction Technology (PRT) and other tests necessary for the safety of convalescent plasma product
 - g. Submit Reports to the Public Health Services Team (PHST) and the Health Regulation Team (HRT)

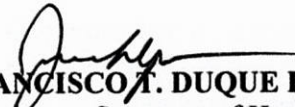
- h. Conduct Convalescent Plasma Blood Services Network (CP BSN)
- i. Collect Payment meeting with satellite CP BSF

The PBC shall work with the Blood Service Facilities of COVID-19 Referral Hospitals or COVID Accepting Hospitals (COVAH) with the following functions:

- a. Submit daily inventory of CP to the Clearing house
- b. Submit registry of CP Donors to the Philippine Blood Center
- c. Participate in the planning and evaluation of the CP program.
- d. Implement Donor Recruitment of CP in the hospital.
- e. Screen donors, collect and process CP in the hospital
- f. Refer CP to Philippine Blood Center for PRT
- g. Submit the daily census of its CP stock position to the PBC
- h. Attend the CP BSN meeting.

12. The Food and Drug Administration (FDA) is mandated to regulate biological products which include blood and blood products by virtue of the Administrative Order 2014-0016 "*Adoption of the World Health Organization Guidelines on the Evaluation of Similar Biotherapeutic Products for the Registration of Biosimilar Products*". However, as the regulatory framework for blood and blood products is still under development, health facilities that will utilize CP should report relevant information to the FDA for monitoring (*see Annex D. FDA Requirements*)

For dissemination and strict compliance.


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

Annex A. List of Other Requirements

A.1. Physical Facilities/Workflow Environment

There shall be a designated area for collection of CP with adequate space and separate from the regular/apheresis donation area. The area may be temporary but compliant with all the following requirements:

1. Reception/waiting area - 1.0 m² /person
2. Donor Counseling/Physical Exam area for donor - 5.02 m² with provision that ensure audio and visual privacy
3. Donor extraction — 6 m² per bed or couch
4. Access to a sink for hand washing
5. Area for Refrigerator/blood transport boxes and supplies (at least 1.2 m² per storage unit)
6. Work area with table and chairs — 1.0 m²
7. Post donation area with table and chair - 1.0 m²

A.2. Equipment/supplies in the donation area

1. One set of apheresis machine with UPS and one donor couch with tilt adjustment for every 4 donors processed every 8-hour shift;
2. If whole blood collection is an option, supply of at least a triple blood bag and provide automated blood mixer;
3. Tube sealer preferably portable;
4. Surgical forceps, scissors, tube stripper, micropore tape, tourniquet;
5. Water dispenser or stock of bottled water;
6. Pathogen reduction treatment, if not available, Memorandum of Agreement with a facility that offers this blood product treatment. Alternatively, CP may be transfused without pathogen reduction treatment but this shall be stated in the consent.

A.3. Written Manual of Operations specific for CP donation program as incorporated to the Quality Manual of the BSF.

It shall cover the following:

1. Recruitment of COVID-19 Donors
2. Collection, Processing and Storage of CP
3. Allocation and Release of CP

Annex B. Donor Recruitment Guide

B.1. For Compassionate Use

1. Donation of COVID-19 CP shall strictly comply with the Voluntary on Non Remunerated Blood Donation policy as mandated in AO 2010-0001 "Policies and Guidelines for the Philippine National Blood Services and the Blood Services Networks".
2. The donation shall remain unlinked. Directed donation is strongly discouraged. Voluntary Donors shall not be informed of the whereabouts of the patients who received their CP.
3. Donor rewards shall be consistent with the WHO definition of VNRBD:
"A person who donates blood (and plasma or cellular components) of his/her own free will and receives no payment for it, either in the form of cash, or in kind which could be considered a substitute for money."
4. COVID-19 recovered patients shall be encouraged to become COVID-19 CP voluntary donors. They shall be free to decide which authorized Blood Service Facility will collect their CP.
5. A recovered COVID-19 patient who was first seen, diagnosed, admitted, or treated at a particular health facility/hospital cannot be forced to donate to that institution. However, donating in this hospital or health facility is highly advantageous since his/her medical record is readily available and verifiable.
6. Recovered COVID-19 patients who are eligible to donate CP to a health facility/hospital where they were first seen, diagnosed, admitted, or treated but is not authorized to collect COVID-19 CP shall be referred to an authorized CP Blood Service Facility. However, the COVID-19 CP collected from these voluntary donors cannot be tagged or exclusively allocated to the referring health facility/hospital who referred them. Allocation of COVID-19 CP shall be based on the distribution scheme stated in the section **Allocation of COVID-19 CP** - (see *Annex B*).
7. In referring COVID-19 recovered patients for CP donation, the basis for selecting the authorized CP Blood Service Facility shall be the proximity of the donor's residence or place of work to the collecting facility.
8. The authorized CP BSF is encouraged to provide conveyance to donors when public transport is not available. Donors may be reimbursed of their transport expenses consistent with the WHO definition of VNRBD.
9. The NVBSP shall maintain a registry of COVID-19 CP voluntary donors accessible by authorized personnel consistent with and in compliance to the data privacy law. All BSF collecting COVID-19 CP shall submit the list of donors on a daily basis to the NVBSP through the Philippine Blood Center.

B.2. For Research

1. Recovered patients may be recruited for CP donation under research.
2. Recruiting COVID-19 CP donors already enrolled in a CP research is strongly discouraged.
3. Hospitals conducting research on COVID-19 with an approved protocol may refer their enrolled CP voluntary donors to a CP Blood Service Facility for collection of plasma provided there is a signed MOA between the CP BSF and the hospital if the facility conducting the research.

Annex C. Collection, Processing, Storage, Allocation and Transfusion Procedure

C.1. Apheresis Donation

1. For donors with prior whole blood donation or first-time donors who prefer apheresis procedure rather than whole blood donation.
2. Prophylactic calcium tablets may be given 10 to 30 minutes prior to the procedure.
3. Volume of plasma collected will be based on the height, weight, hematocrit and platelet count. About 300 to 600 mL of plasma will be collected by apheresis.
4. Plasmapheresis shall not take more than 120 minutes;
5. Covid-19 convalescent (apheresis) plasma may be frozen within 8 hours of collection and stored at least -18C
5. Alternatively, CP may not be frozen but transfused within 8 hours.
6. Pathogen reduction may be done when available or referred to a BSF with PRT.
7. Convalescent plasma will be labeled properly.

Donation ID using the prescribed NVBSP accession format.

Blood Type:

Date of Extraction:

Type of collection:

Results of TTI testing, Antibody screening and HLA Antibody when applicable:

Volume:

“CONVALESCENT PLASMA FROM A VOLUNTEER DONOR WHO
RECOVERED FROM COVID-19.”

“This plasma product is for transfusion only to patients with COVID-19”

Store at: _____ °C

Transport at: _____ °C

8. Plasma may be collected as frequently as twice every month (every 2 weeks) and should not exceed a total of 12 liters in a 12-month period.
9. It is recommended to determine that serum/plasma protein is at normal level. This is repeated for donors undergoing plasmapheresis more often than once every 4 weeks, and once every four months for donors undergoing serial large volume plasmapheresis.

C.2. Whole Blood Collection

1. For the first time donors or donors with unsuitable vein for plasmapheresis collection.
2. Collect blood in a triple bag and process into leukodepleted convalescent plasma about 200-250 mL.
3. Freeze within 8 hours.
4. Covid-19 whole blood derived convalescent plasma shall be stored at -18C or colder.
5. Packed red cells will be discarded and not used for transfusion.
6. Pathogen reduction may be done when available or referred to a BSF with PRT.
7. Convalescent plasma will be labelled properly.

Donation ID using the prescribed NVBSP accession format.

Blood Type:

Date of Extraction:

Type of collection:

Results of TTI testing, Antibody screening and HLA Antibody when applicable:
Volume:

“CONVALESCENT PLASMA FROM A VOLUNTEER DONOR WHO
RECOVERED FROM COVID-19.”

“This plasma product is for transfusion only to patients with COVID-19”

Store at : _____ °C

Transport at: _____ °C

8. Donors may donate again by whole blood donation after 12 weeks and by pheresis after 2 weeks thereafter.

C.3. Allocation of COVID-19 CP

Allocation of CP shall be decided by the *Ad Hoc* committee for plasma collected by an authorized CP Blood Service Facility.

CP collected by a Lead CP Blood Service Facility

1. CP for compassionate use shall be available to all patients requiring it. The hospital shall institute an unbiased prioritization scheme by forming an Ad Hoc committee to decide allocation of convalescent plasma when the requests outnumber the supply of the hospital. There shall be established policy and criteria in allocating the CP. This may include but are not limited to availability of CP, severity and prognosis of intended recipient.
2. Authorized CP BSF shall provide CP plasma to all hospitals requesting this on a first-come first-served basis. CP shall not be released without the necessary documents: clinical abstract reviewed and approved by the ad hoc committee.
3. CP requests from a hospital for a particular patient cannot be transfused to another patient without the submission of necessary documents to the source BSF.
4. For CP collected by a Lead CP BSF for research shall only be released to the institution conducting the study.

C.4. Recommended Transfusion Procedure for COVID-19 CP

1. Patient's ABO group must be determined by both forward (using anti-A and anti-B reagent) and reverse typing (using A1 and B red cells).
2. Type - specific compatible plasma may be used (refer to table below).

Recipient Blood Type	Plasma Blood Type
A	A, AB
B	B, AB
AB	AB
O	O, A, B, AB

3. Crossmatching is not required for plasma transfusion unless there is a significant red cell contamination of the plasma unit;

4. Thaw frozen plasma at 37 ° C;
5. Transfuse according to dose requirement;
6. Time at start and end of each infusion should be recorded;
7. Vital signs should be measured immediately prior to infusion, 10-20 minutes after start of infusion, at completion of infusion and 30-60 minutes after the end of infusion;
8. Pretreatment to minimize transfusion reactions (e.g., paracetamol, diphenhydramine) may be given per clinical care team discretion;
9. If an adverse event develops during infusion, the infusion may be slowed or stopped as per clinical care team's discretion. Transfusion of convalescent plasma should be halted if any of the following manifestations of anaphylaxis develop and will not be restarted.
 - a. Skin or mucous membrane manifestations: hives, pruritus, flushing, swollen lips, tongue or uvula
 - b. Respiratory compromise: dyspnea, wheezing, stridor, hypoxemia
 - c. Decrease in systolic blood pressure to <90 mmHg or >30% decrease from baseline or a diastolic drop of >30% from baseline
 - d. Tachycardia with an increase in resting heart rate to >130 bpm; or bradycardia <40 bpm that is associated with dizziness, nausea or feeling faint
 - e. Any other symptom which the good clinical judgment of the physician warrants halting the infusion (i.e., rapid onset of gastrointestinal symptoms, etc.)
10. Any adverse reaction (e.g. transfusion reaction) that occurred during or within 6 hours of completing the transfusion must be reported to the hospital blood bank and or blood collection facility/supplier for haemovigilance purposes.
11. Patients receiving convalescent plasma from recovered COVID-19 patients should be closely monitored using standard pathways to assess the effectiveness of the intervention.

Annex D. FDA Requirements

The FDA requires the hospitals to submit the following to the Center for Drug Regulation and Research (CDRR):

- a. Health facility protocol for the use of convalescent plasma at clinicalresearch@fda.gov.ph
- b. Information related to the use of CP at pharmacovigilance@fda.gov.ph
 1. Patient (Name, Age, Sex)
 2. Donor/s (Name, Age, Sex)
 3. Name of attending physician/s
 4. Name and address of the hospital where the patient is admitted
 5. Treatment outcome
 6. Drugs administered
 7. Suspected adverse events during the entire duration of therapy using MedDRA

The submission of the above-mentioned data must be consistent with the FDA Circular No. 2020-013 re: "*Guidance for the Monitoring of Drug Products Used for the Treatment of COVID-19*". The Circular can be accessed through this link: <https://www.fda.gov.ph/?s=2020-013>. For any inquiries, please coordinate with CDRR through cdrr@fda.gov.ph.