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THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, DC 20301-1200

MAR 28 1995

MEMORANDUM FOR:
SECRETARIES OF THE MILITARY DEPARTMENTS
CHAIRMAN OF THE JOINT CHIEFS OF STAFF

SUBJECT: Policy for the Use of ID Tags and ID Cards for Emergency Transfusion at the Second Echelon of Medical Care and the Validation of Those Parameters

The Director, Armed Services Blood Program Office (ASBPO), was tasked to conduct a formal review of the entire peacetime, contingency, and wartime Armed Services Blood Program (ASBP) in September 1992. A panel, selected from all the Services, provided 28 recommendations to improve the ASBP. These recommendations have been incorporated into the Medical Readiness Strategic Plan. One of these recommendations requires the ASBPO to study the impact of the increased percentage of females in combat units on the ASBP.

The major finding of this study is that the current practice of providing random group O Rh positive and O Rh negative red cells (universal donors) at the second echelon of care requires updating. Random transfusions of Rh positive red blood cells to Rh negative males and females has a high probability of causing an immune response forming a strong antibody to the Rh antigen. This sensitization is especially dangerous for potentially child-bearing females, and it could place increased medical demands on hospital staffs for both pre- and postnatal care.

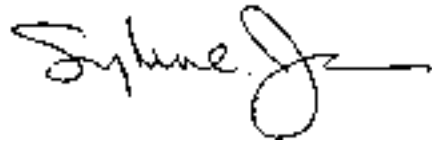
Effective immediately, during contingencies, the Services will provide Rh negative packed red cells to Rh negative male and female patients based on the Rh blood type on their ID tag or card at the second echelon of medical care. Third echelon and higher level of care medical treatment facilities have the capability and are expected to group, type and crossmatch blood with group specific Rh negative packed red cells selected for both Rh negative female and male patients prior to transfusion. Priority of Rh negative blood for transfusion should be given to Rh negative females if shortages of Rh negative blood arise. This new policy will also reduce the same sensitization to Rh negative males, although the impact of sensitization on males and the health care system is not as great.

With implementation of the above policy and as a result of unacceptable high error rates of the ABO group and Rh type placed on ID cards and tags, it is imperative that the Services review their procedures for verifying and

validating that the ABO group and Rh type on each service member's ID tags and cards matches laboratory testing results as documented in each service member's medical records. This verification and validation should take place during the process of updating ID tags and ID cards. These procedures should also require that this verification be performed during the processing just prior to deployment.

The Services are to implement this policy immediately and provide their plans for verifying and validating service members' ID tags and cards concerning blood groups and types within 60 days of the date of this memorandum.

My point of contact is LTC Noel R. Webster, Deputy Director, Armed Services Blood Program Office, at (703) 756-8010, DSN 289-8010.

A handwritten signature in black ink, appearing to read "Stephen C. Joseph", with a long horizontal flourish extending to the right.

Stephen C. Joseph, M.D., M.P.H.

cc:

USD(P&R)

Joint Staff, J-4 Medical

Surgeon General of the Army

Surgeon General of the Navy

Surgeon General of the Air Force

Armed Services Blood Program Office

HA POLICY 95-005

[\[Top\]](#)

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