PURPOSE: The Masonic Community Blood Program is designed to assure availability of blood products for Masons and non-Masons, alike. To do this we must encourage development of blood programs in Lodges that do not have them and strengthen Lodge/District programs now in existence. In either case we must work through local blood service agencies to fulfill this purpose.

CAVEAT: We are a voluntary organization where job satisfaction might well be the only reward. In any Blood Program contact we should find something positive for which compliments or praise can be provided.

INTRODUCTION: Blood is a gift of life. It is a gift that can be given regularly. It is a gift that can be given without financial cost. We, as Ancient, Free, and Accepted Masons, can make our donations for a higher and more noble cause, that of helping our fellow man, whether a Brother or not. To facilitate donations in an organized and craftsman-like fashion, the Grand Lodge of Virginia has authorized a Committee on the Masonic Community Blood Program.

The term Masonic Community is bigger than a Lodge or a district. Indeed, with many Lodges challenged to fill all their chairs, we must take a larger view of both the resources available and the ways in which we can use them. Resources would certainly include and not be limited to Rainbow Girls, Job’s Daughters, DeMolay, and the adult related bodies. To go further, where other organizations such as military groups or service clubs face declining membership, why not network with their available resources, making as much emphasis on Community as on Masonic. Resource use certainly goes beyond the exclusive control of a donation event. The Masonic component can be honored by assisting through co-operative publicity, phone banks, shared facilities or component support (supplying canteen resources at a high school donor location, for instance).

For this year the Masonic Community Blood Program has moved to recognize an exciting change in technology. Accordingly your committee has adopted a ten unit credit for Masons who register for the bone marrow program and fifty units credit for a bone marrow donation.

Your committee wants to remind each Brother that, while the procedure for the Levy awards are now based automatically on the District Blood Coordinator’s report, responsibility for meeting the requirements remains with the Lodge Blood Chairman.

ORGANIZATION: The Grand Lodge Committee on the Masonic Community Blood Program consists of a Chairman appointed by the incoming Grand Master and a designated number of committee members mutually agreed upon by the Grand Master and the Committee Chairman (these usually are the Regional Coordinators).

REGIONAL BLOOD COORDINATOR: Masonic Districts have been grouped into twelve Regions. Each Region has a Grand Lodge Committee Member nominated by the Chairman and appointed by the Grand Master as a Regional Coordinator. The duties include, but are not limited to:

1. Act as liaison and communication link between the Committee Chairman and the District Blood Coordinators. Oversee and coordinate of all blood program procedures in the region.
2. Provide guidance, encouragement and support to the District Blood Coordinators including at least two face to face meetings.
3. Monitor and assure the timely submission of district blood donation reports.
4. Assist each District Deputy Grand Master and District Blood Coordinator in his region as may be necessary to meet the program objectives. Assist in establishing programs as necessary.
5. Be familiar with the blood service agencies and their procedures in his region.
6. Represent the Committee Chairman at events as necessary. Assist the Chairman as necessary.
8. Represent the Grand Lodge Blood Program at the Division Conferences (sometimes called Area Leadership Conferences).
10. Evaluate the effectiveness of each District Blood Chairman towards a recommendation to the incoming District Deputy Grand Master about continuation in the coming Masonic year.

DISTRICT BLOOD COORDINATORS: District Blood Coordinators are nominated by the District Deputy Grand Master in concurrence with the Regional Blood Coordinator, reviewed by the Committee Chairman and approved by the Grand Master. The duties include, but are not limited to:
1. Act as a liaison and communication link between the Regional Blood Coordinators and the Lodge Blood Chairmen. Actively communicate with the District Deputy Grand Master about the Blood Program.
2. Accompany the District Deputy Grand Master on each official visit, or, if needed, arrange for a Lodge Blood Chairman to stand in.
3. Provide guidance, education and support to the Lodge Blood Chairmen so that each Lodge has an active Blood Program. Advise Worshipful Masters and District Deputy Grand Masters of problems that cannot be corrected.
4. Provide educational and Grand Lodge Blood Program presentations in the Lodges in his district as often as possible. Arrange for speakers as may be requested or necessary.
5. Assist Lodge Blood Chairmen as necessary with blood drives and donor recruitment including at least monthly contacts.
6. Maintain liaison, learn the procedures and serve as Masonic contact person for all blood service coordinators.
7. Monitor blood donation activity in his Lodges and receive reports on donations from Lodge Coordinators.
8. Prepare and distribute completed blood reports in a timely manner. The first report is due February 15, then June 15, with the final submitted as soon after September 1 as possible.
9. Work with Masters and Wardens Associations to promote the Blood Program, including attending their meetings as invited.
10. Serve as the clearinghouse in his district for information support as needed.
12. Represent his district at the Division Conferences (sometimes called Area Leadership Conferences).
13. Assure that all Lodge Blood Chairmen implement efforts to provide canteen (food and drink) services for college, military, and any other donation events (especially important for a Lodge with limited membership.)
14. Explore and implement coordination amongst appendant bodies (including youth groups and ladies groups, as well as related groups) to encourage independent or cooperative blood donation events.
15. Encourage preparation of publicity relating to blood donation efforts: pictures, news stories, news videos and radio broadcasts all help to spread the word. Copies should be sent to the Regional Coordinators and the Chairman.
16. Evaluate the training, performance, and progress of Lodge Blood Chairmen towards recommendations for continuation by the rising Worshipful Master.

LODGE BLOOD CHAIRMAN: Lodge Blood Chairmen are appointed by the Worshipful Master of their respective Lodges. The duties include, but are not limited to:
1. On behalf of the Worshipful Master, act as the Lodge Representative for all matters concerning the Grand Lodge Blood Program. Inform the Worshipful Master on all matters pertaining to the Blood Program.
2. Recruit blood product donors in his Lodge.
3. Schedule blood drives, or where the Lodge can not support its own drive, coordinate with the District Blood Chairman towards supporting drives by other Lodges or appendant bodies.
4. Initiate and work with colleges and churches in his area towards supplying canteen or other support for their donations.
5. Furnish Masonic information at each donation event.
6. Maintain Lodge records on all donations including a roster of Lodge donors, both Masons and others who donate in the Lodge program.
7. Be knowledgeable of all blood product services available and procedures associated with each.
8. Maintain records concerning individual award nominations. (This includes the pin recognition program).
9. Monitor Lodge’s progress towards Levy Awards or Certificates. Report this to the Worshipful Master at agreed on intervals.
10. Report Lodge blood product donations to District Blood Coordinator for reports according to procedure and in a timely manner.
11. Arrange for at least one Lodge Blood Program per year. (The Worshipful Master may invite a guest speaker, a recipient of blood donations, the District Blood Coordinator, a Regional Blood Coordinator or the Grand Lodge Blood Program Chairman.)
12. Coordinate with and seek guidance, education and support from the District Blood Coordinator as necessary.
14. Promote blood donor events by contributions to Lodge Trestleboard or District News Letter.
15. Provide District Blood Chairman with news of blood donor events, blood donors, or blood recipients.
16. Evaluate and enhance the effectiveness of the Blood Program by sending ideas and suggestions to the Chairman.

DISTRICT DEPUTY GRAND MASTER: The District Deputy Grand Masters are the vital link between the Masonic Community Blood Program Committee and their Districts. The duties include, but are not limited to:

1. Become acquainted with and maintain informal contact with the Regional Blood Coordinator.
2. Select an enthusiastic and responsible Brother to serve as District Blood Coordinator. A Brother who is an experienced donor is preferred when possible.
3. Contact each Worshipful Master in his District and have him appoint an enthusiastic Brother to serve as his Lodge Blood Coordinator. A Brother who is an experienced donor is preferred when possible.
4. Contact and become acquainted with the Regional Blood Coordinator. Seek guidance from the Regional Blood Coordinator as may be necessary.
5. Provide information and guidance to the District Blood Coordinator as necessary.
6. During his official visitations to subordinate Lodges, stress the importance of the Masonic Blood Program. Also, arrange for the District Blood Coordinator to attend these official visits with him.
7. Use the Masters and Wardens Association meetings to disseminate information on the Blood Program.
8. Monitor the Lodges in his District for nomination for the Levy Awards or Certificates.
9. Monitor the procedure for the pin recognition program.
10. Enhance and evaluate the effectiveness of the Blood Program by communicating ideas and suggestions to the Chairman.

APHERESIS DONORS: Apheresis donors experience an extra special feeling from donating through an advanced technique, which selects the blood component vital to a patient’s specific need. The word Apheresis, derived from the Greek aheresis, means “to withdraw selectively.” Pronounced a-fuh-ree-sis, it means “to withdraw selectively.”

The donor relaxes on a comfortable chaise, attended by a highly qualified medical professional. Blood withdrawn is centrifuged to select needed parts and the remainder is returned to the donor in a safe procedure, all part of the same single safe procedure. While normal blood donation takes from 45 minutes to an hour, apheresis donation can take between two and three hours, including medical history.

The Apheresis can routinely obtain platelets, red cells, and plasma from a single donor. White cells can be obtained through the apheresis process as well, but this is rarely done.
Why do we use apheresis? Certain blood components are required to maximize certain treatments and conditions.

How do we use apheresis products? Doctors perform blood tests to determine if certain blood parts will help a patient recover through a transfusion of specific parts of the blood.

Platelets are used for their clotting factor. Patients with low platelet counts often require transfusions of platelets prior to major operations to reduce bleeding during surgery. Platelets assist patients with bone marrow damaged from cancer, aplastic anemia, or heavy chemotherapy. **NOTE:** In double donations, at some point in the donation, they stop taking platelets and start apheresising or selectively change the product they are looking for (e.g. plasma or red cells). Ultimately, there are two separate products donated and therefore award 20 points, 10 points for each product. This is not normally done unless the collecting agency needs both products and the donor has high platelet count and high red cell count, etc. They usually ask the donor if he will stay on the table a little longer, so they can collect two products.

Red cells are part of the blood that carry oxygen to the body’s tissues and return carbon dioxide to the lungs for expulsion. Approximately 50% of your blood is red cells. The body simply does not function properly when it has a low red cell count.

Plasma is the part of the blood that carries nutrients to the body and is often used to increase blood volume in the body. Also, plasma can save a trauma victim, a “bleeder” (other than hemophilia), or a person with inadequate defense against viral disease.

White cells, which fight infection, could sustain a leukemia victim whose “normal” count of 6,000 might drop to as low as 100 (some common prescription drugs can cause dramatic drops, also).

DOUBLE BLOOD PRODUCTS: Apheresis donors who donate double blood products (i.e., platelets + red cells; platelets + plasma; double platelets; red cells + plasma) will receive 20 units of credit, having made two complete blood product donations.

DONOR PIN AWARD PROCEDURE: The pin award program has two major populations: Masons and non-Masons. Within each population, pins are awarded to both whole blood donors and apheresis donors.

Masonic donors will receive a pin with the letter “G” and a square and compass on it. Non-Masonic donors will receive a pin without a “G” and a square and compass on it.

Lodge Blood Chairmen should request pins from the District Blood Coordinator, who should in turn request them from the Regional Blood Chair. **Pins should be presented at communications of a Lodge or appendant body, or at social occasions (Masonic Family Night, Bring a Friend Night) so as to promote the donation of blood.**

PROXY DONATIONS: Allow Lodges to encourage all members to participate either as donors, as workers or by enlisting proxies.
BLOOD DONOR PIN AWARDS

A. The pin and award criteria for Masonic WHOLE BLOOD donors is as follows:

Every new Masonic donor will receive a pin with the “G” within the square and compasses. A new pin will be awarded for every 2 gallons donated. The next pin will have “2” in the square and compasses replacing the “G.” Progression is as follows (numbers in gold):

- New donors to 2 gallons  “G”
- 2 gallons to 4 gallons  “2”
- 4 gallons to 6 gallons  “4”
- 6 gallons to 8 gallons  “6”
- 8 gallons to 10 gallons  “8”
- 10 gallons to 12 gallons  “10”
ETC.

One pint of whole blood can be donated no more than every 8 weeks. Realistically, on an average it will probably take 2 ½ to 3 years to donate 2 gallons. This will be a realistic goal for our donors and cost effective with regards to the pins.

B. The pin and award criteria for APHERESIS donors will be as follows:

Every new Masonic donor will receive a pin with the “G” over a white background within the square and compasses. Platelets and plasma are not red. Platelets are light yellow and plasma is colorless. Light yellow would not show up well against gold. A new pin will be awarded for every 50 donations, which is the same criteria used by blood service agencies. The next pin will have a “L” Roman numeral for 50 in the square and compasses replacing “G.” Roman numerals are suggested for the 50 donation increments to distinguish the apheresis donor award from the whole blood donor award. Progression will be as follows:

- New donor to 50 donations  “G”
- 50 donations to 100 donations  “L” (50)
- 100 donations to 150 donations  “C” (100)
- 150 donations to 200 donations  “CL” (150)
ETC.

Apheresis donations can be made every 2 ½ weeks or 21 times yearly. This is approximately the same time it would take for whole blood donors to be recognized.

In the Grand Lodge Community Program, apheresis donors are granted 10 units per donation. Whole blood donors are granted one unit per donation. The following rationale is given: Apheresis donors spend much more time donating blood products (i.e.) platelets, red cells, or plasma or a combination thereof, then whole blood donors. Apheresis donors are usually hooked up to a machine for 80 to 120 minutes versus 5-10 minutes for whole blood donors, a considerable increase in time spent per donation. Additionally, it generally takes 8 to 10 whole blood donations to obtain one unit of platelets. Also a unit of platelets obtained through apheresis (coming from single donor) reduces the risk of contamination by 8 to 10 fold. These are the reasons why apheresis donors are awarded 10 units. The value of whole blood donations should not be diminished, neither should there be the perception of increased value of apheresis donors over whole blood donors. Apheresis and whole blood donors are complimentary, as each serves to fill a very specific and necessary requirement in saving lives. The criteria for the Levy award and certificate simply recognize the donors.

C. Non-Masons who donate in our Masonic Blood Program would receive the same pins and award criteria as described above for both whole blood and apheresis with the following exception with regards to the pin design. The pins for these donors would NOT have the square and compasses in their design. All other areas of design will be the same.