Carter BloodCare

IMpact

High School Blood Drive Program

I. Introduction

DEVELOPING FUTURE LEADERS THROUGH COMMUNITY ENGAGEMENT

A strong educational foundation offers young people opportunities to develop character, plan for their future, and shape the course of their communities. Building tomorrow's leaders and fostering smart, driven and successful students are dynamic, rewarding parts of your calling, and we sincerely thank you for your dedication.

As you know, young people care deeply about the world and their communities, and they are more aware that participation matters. Empowering this generation to use their voices and influence for good develops confident, action-oriented citizens and empathetic leaders.

It is crucial to educate young people on the importance of blood donation within their communities. Currently, blood donations are at historically low levels – the worst blood supply shortage in 30 years – and U.S. blood centers are challenged to meet the daily needs of transfusion patients. This is unsustainable and poses great health risks if young people aged 16-25 do not get involved and donate.

By supporting Carter BloodCare's mission to save lives by making transfusion possible, you show students ways to positively engage, stand up for others and become community advocates. This is essential for young leaders to enhance their social, emotional and organizational skills, and instills lifelong behaviors that ensure future generations have available blood resources.

Together, we must help our diverse, growing communities by engaging today's young adult donors. The need has never been greater.

Thank you for your support of this lifesaving mission.

Carter BloodCare

Carter BloodCare is one of the largest, not-for-profit community blood centers in Texas. We serve over 50 counties and more than 200 healthcare facilities in North, Central and East Texas. Local high schools contribute about 25% of the blood donated locally and are an invaluable part of the blood supply for patients in Texas.

What can we offer you?

- A **fun, educational** high school blood drive program.
- **Experienced**, professional phlebotomists to take care of the students.
- An efficient, organized blood drive. Per collection team, we can see **two students every 20 minutes (about six per hour)** and we can handle over 500 donors in one day.
- The **Impact Grads Program,** which recognizes graduating seniors.
- Our **Impact Events Program** to develop student leaders for today and tomorrow.
- Our **Impact Awards Program** that rewards schools for outstanding partnership each year.
- **Exclusive T-shirt**
- **The chance to help patients who need blood, right here in Texas.**

Carter BloodCare

Dear Parent or Guardian,

Carter BloodCare will hold an upcoming blood drive at your child's school. We are sending this letter to inform you and to provide general information regarding the blood drive.

As you may know, high school blood drives help to develop student leaders and give many their first taste of civic involvement. Additionally, students often want to donate blood because it gives them an unmatched sense of accomplishment – they've helped save a life! Some of today's most dedicated blood donors began giving blood in high school.

Since blood transfusion is an essential part of medical care, we are excited about partnering with our community to ensure blood availability for patients in more than 200 hospitals and healthcare facilities across North, Central and East Texas.

Here are a few reminders for your child who wants to give blood:

- Donors must be at least 17 years old (or 16 years old with parental consent) to donate.
- Weigh at least 110 pounds and be in good general health.
- Must bring a photo ID.
- Students with a tattoo or body piercing can donate blood if the procedure was performed in a licensed Texas facility. No wait time is required.
- Please make sure your child eats a good meal and drinks plenty of fluids prior to and after their donation. Carter BloodCare offers fluids and snacks before and after the donation.
- Avoid strenuous activity for at least 24 hours after donating.

Carter BloodCare is committed to helping donors have the best possible experience while participating in this valuable community service. After the donation, if you or your child have any questions or concerns, please feel free to call **817-343-5370** or email **DonorAdvocate@CarterBloodCare.org**.

Thank you for reviewing this information and for supporting your child's desire to be part of a life-changing experience for donors and the patients who benefit from their donations.

Sincerely,

Your Carter BloodCare Team

Carter BloodCare

Querido Padre o Tutor,

Carter BloodCare realizará en los próximos días un evento de donación de sangre en la escuela de su hijo. Le estamos enviando ésta carta para informarle y brindarle información general sobre éste evento.

Los eventos de donación de sangre en las escuelas secundarias ayudan a desarrollar líderes estudiantiles y a brindar a muchos sus primeras oportunidades de participación en la comunidad. Además, los estudiantes con frecuencia quieren donar sangre porque les dá una sensación de logro inigualable: ¡han ayudado a salvar una vida! Algunos de los más dedicados donantes actuales comenzaron a donar sangre en la escuela secundaria.

Debido a que la transfusión de sangre es una parte esencial de la atención médica, estamos entusiasmados de asociarnos con nuestra comunidad, para garantizar la disponibilidad de sangre para los pacientes en más de 200 hospitales en todo el norte, centro y este de Texas.

Aquí hay algunos recordatorios para su hijo que quiere donar sangre:

- Los donantes deben tener al menos 17 años (ó 16 años con el consentimiento de los padres) para donar.
- Pesar al menos 110 libras y gozar de buena salud general.
- Debe traer una identificación con fotografía, también aceptamos pasaporte y matrícula consular.
- Los estudiantes con tatuajes o perforaciones en el cuerpo pueden donar sangre si el procedimiento se realizó en una instalación autorizada en Texas. No se requiere tiempo de espera.
- Asegúrese de que su hijo coma bien y beba muchos líquidos antes y después de su donación. Carter BloodCare ofrece líquidos y refrigerios antes y después de la donación.
- Su hijo debe evitar actividades pesadas durante al menos 24 horas después de la donación.

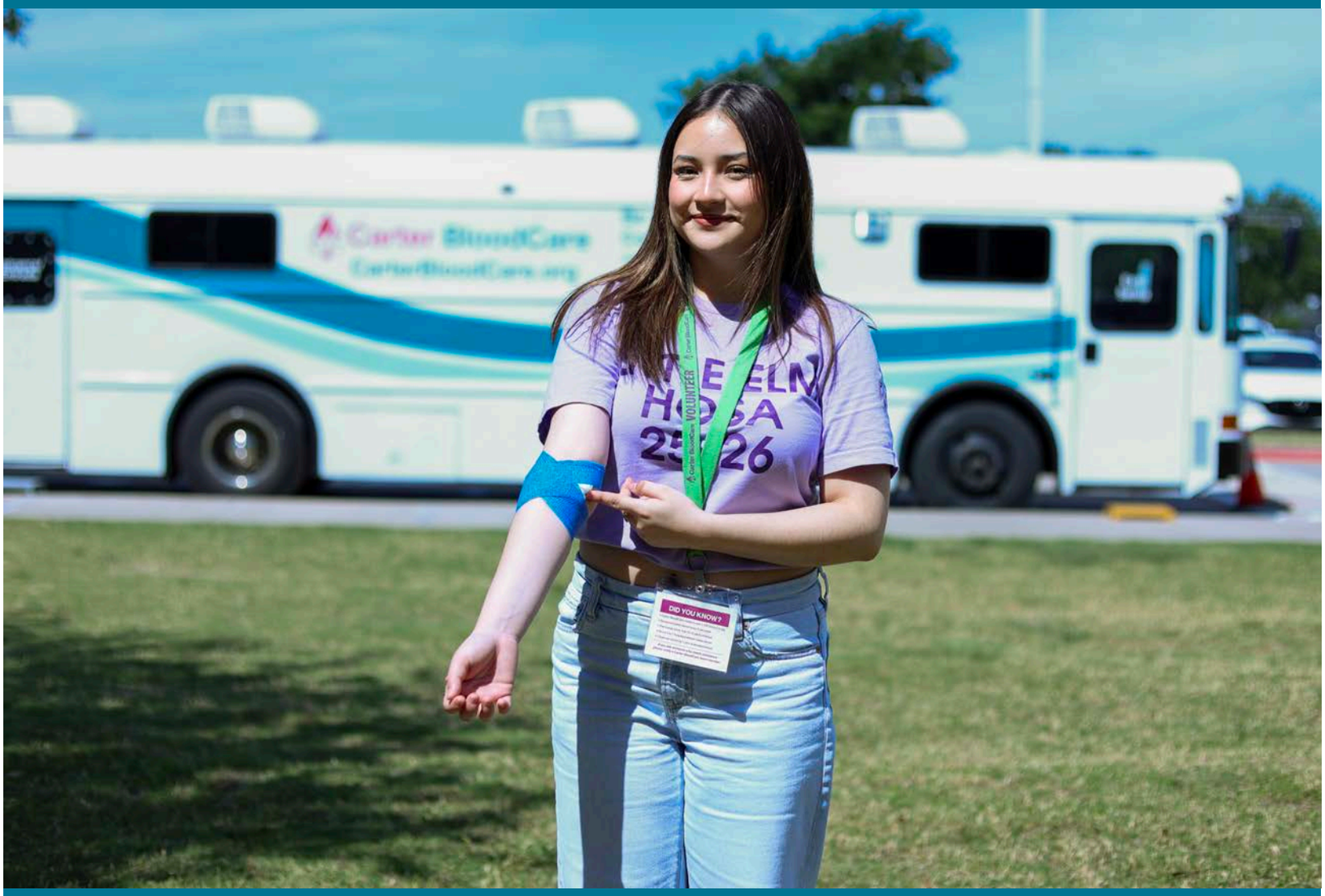
Carter BloodCare se compromete a ayudar a los donantes a tener la mejor experiencia posible mientras participan en éste importante servicio comunitario. Después de la donación, si Usted o su hijo tienen alguna pregunta o inquietud, no dude en llamar al **817-343-5370** o enviar un correo electrónico a **DonorAdvocate@CarterBloodCare.org**.

Gracias por revisar ésta información y por apoyar el deseo de su hijo de ser parte de una experiencia que cambia la vida de los donantes y de los pacientes que se benefician de sus donaciones.

Atentamente,

Su Equipo de Carter BloodCare

II: BLOOD DONATION, TESTING & STUDENT BLOOD DRIVES



BLOOD DONATION, TESTING & STUDENT BLOOD DRIVES

What happens when I donate blood? Blood donation takes about 45 minutes and involves these steps:

1. **Schedule an appointment** – Sign up with your hosting group by providing your name, email address and phone number.

2. **Registration** – You give your name, address and some form of photo identification, such as a driver's license. ***ALL STUDENTS MUST HAVE A PICTURE ID TO BE ABLE TO DONATE***

3. **Screening** – A phlebotomist takes your medical history and performs a wellness check to ensure you are healthy enough to donate blood and your blood will be safe to give to patients. It is important you are honest and complete in your answers.

4. **Donation** – A phlebotomist draws your blood using a sterile process. The actual blood draw usually takes less than 10 minutes and is mostly painless.

5. **Refreshments** – It is important to have food and fluids after giving blood. We provide juices and snacks and ask that you relax for 15 minutes before leaving the area. Be sure to follow the post-donation instructions.

BLOOD DONATION, TESTING & STUDENT BLOOD DRIVES

Do I need parental or guardian permission to donate blood?

Anyone 17 years of age or older may donate blood. No parental permission is required, but notification is advised. If you are 16 years of age, you must have a Carter BloodCare parental consent form signed by your parent or guardian each time you donate.

Is my blood tested? Am I notified of test results?

Yes to both questions. If there is a positive test result, you will be notified by mail by Carter BloodCare's Donor Notification Department within 2-3 weeks after donation. Approximately five days after your donation, you may visit the website listed on your post-donation paperwork to access your blood type and mini-physical test results. If you have any other questions, your Account Consultant can help you get in touch with the appropriate department.

Are my test results confidential?

Yes. No one except the donor receives notice of test results.

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16-YEAR OLD DONOR PERMISSION FORM

Donation Identification Number

DONOR NAME: _____

Your 16-year old minor/ward has expressed interest in donating blood (whole blood or double red blood cells/plasma/platelets using automated technology). We hope that you support and encourage your minor/ward's decision to donate blood.

Blood donation is a routine procedure using single use, sterile supplies. Reactions like fainting and bruising can occur but are not common. Blood testing is mandated for a variety of infections including HIV (the AIDS virus), viral hepatitis and others. Positive test results will cause your minor/ward's name to be entered into a confidential list of excluded donors and you will be notified of positive test results with medical significance. Under federal and state laws the Blood Center may have to report certain test results to the health department or another government entity. We do ask donors to read educational materials about the donation process and suitability of individuals to donate and to answer a number of questions that affect whether they are suitable candidates for donation of blood or blood components on a given date. Truthful answers are critical. All information and test results are confidential unless reporting is mandated by law. Remaining blood samples could be tested for markers of cardiovascular risk and/or diabetes and results of such tests could be used for population health research, such research will be conducted in a manner that protects your minor/ward's identity.

Iron is important for making red blood cells and transporting oxygen. Loss of red blood cells through blood donation may deplete the body of iron over time. Frequent blood donors may become low on iron before becoming anemic. Young women are particularly at risk of low iron due to menstrual blood loss. Diet alone may not be adequately replacing your minor/ward's iron especially if they have gastrointestinal issues or do not eat red meat. If you think they may be at risk of low iron, you may want to consult their physician or consider an oral iron supplement. Do not take iron without consulting your doctor if your minor/ward has a history of too much iron in the body.

Apheresis Consent

Have they ever had a splenectomy? ☐ No ☐ Yes

Donation Types/Intervals

- I hereby volunteer and consent for my minor/ward to serve as a donor for whole blood, platelets (single/double/triple), red blood cells (single/double), plasma or other cells prepared from my blood.
- I understand that the frequency and number of donations varies by procedure.
  - Whole blood donors may donate 6 times per 12 month period, but no more than 1 time in any 56 day period
  - Single/double/triple platelet donors may donate 24 times per 12 month period, but no more than 1 time in any 7 day period.
  - Single red blood cell donors may donate every 56 days, but no more than 6 times in a 12 month period.
  - Double red blood cell donors may donate every 112 days, but no more than 3 times in a 12 month period.
  - Plasma donors may donate every 28 days, but no more than 13 times in a 12 month period.

Apheresis Procedure

- I understand the apheresis procedure involves removing their blood, processing it in a sterile, disposable tubing set, collecting the needed components and returning the remaining blood to minor/ward.
- I understand that the procedure lasts up to approximately 2 hours.

Potential Risks/Hazards

- I understand that they will receive an anticoagulant which prevents their blood from clotting during the course of the procedure. The anticoagulant temporarily reduces the calcium in their blood. This may cause potential problems for apheresis donors that include muscle cramping, numbness, chilliness, hypocalcemia, unusual/unpleasant taste or smell, digit/facial paresthesia (tingling sensations around the mouth or fingers), twitching, spasms, tremors, hypovolemia (decreased blood volume), feelings of anxiety and chest vibrations or a "heavy feeling" of pressure on the chest and in rare instances cardiac arrest due to lack of calcium ions.
- I consent to calcium replacement being given to my minor/ward in the event that Carter BloodCare deems it necessary.
- I understand that blood donation may have adverse consequences, including but not limited to, pallor, nausea, vomiting, light-headedness, dizziness, fainting, feeling of warmth, fever, headache, hypotension, fluctuations in blood pressure, excessive tiredness, bruising (hematoma), arterial puncture, bleeding after leaving the donation site, nerve injury, infection, blood clot formation (thrombosis), vein inflammation (phlebitis), air embolism, seizure, convulsion, abdominal cramps, temporary loss of bladder/bowel control, urticaria/allergic reaction, flushing, skin redness, itching, hives, difficulty in breathing, chest pain or bronchospasm, which may be life threatening. I understand that there are long term risks of blood donation such as iron depletion.

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16-YEAR OLD DONOR PERMISSION FORM

- I understand that after plateletpheresis, their platelet count will be temporarily decreased. Lost platelets will be replaced by their body and their platelet count should be back to a normal level within 1 to 2 days after donation. I understand that their lymphocytes (white cells) may be reduced. The long term effect of the possible reduction of lymphocytes (white cells) is not known. Body stores of iron may be depleted over time in regular apheresis donors who do not have adequate replacement of iron. In addition there may be unknown and unforeseen risks involved in this donation.
- I understand that there is a potential risk of blood loss, hemolysis (cell damage), air embolism or blood clotting with improper device operation. I understand that if it is not possible to return their red blood cells to them or if significant changes in their protein or hemoglobin/hematocrit level occur, they may be ineligible to donate for a period of time or may be indefinitely deferred as an apheresis donor.
- I am willing to accept the potential risks to my minor/ward which are set out above.

Informed Consent

- I have read and understand the informed consent. I understand the whole blood and apheresis procedure, potential risks/hazards and donation intervals. I have had an opportunity to ask any questions and if I had questions they have been answered.
- If you have any questions regarding your minor/ward's decision, please contact the Donor Advocate Department at 817-412-5370 or toll free at 1-877-351-3600.

Form is to be completed using ink.

Permission

I give permission for voluntary donation of blood and/or blood components by my 16 year old minor/ward _____ birth date _____ to Carter BloodCare.
(Minor/Ward's Printed Name) (MM/DD/YYYY)

In certain rare instances medical care may be required on an urgent or emergent basis following a donation and I grant permission to have such medically indicated care provided for minor/ward, though I ask that I be contacted as soon as feasible.

Certification

I certify that (i) I have read this Permission form, (ii) minor/ward is 16 years of age, (iii) I have the legal authority to give permission to minor/ward donating blood or blood components, (iv) I know of no reason minor/ward should not be donating blood or blood components at this time and (v) I have asked any questions I have regarding the donation of blood or blood components by minor/ward and all questions have been answered to my satisfaction.

Notification

I understand there are regulations requiring notification in the event a donor tests positive for certain blood borne infections (the **"Required Notifications"**). Consistent with these such regulations, I request that all positive test results arising from minor/ward's donation (including any and all Required Notifications) be made to me and not minor/ward.

_____ _____
(Signature of Parent/Guardian) (Date)

_____
(Printed Name of Parent/Guardian)

_____ _____
(Address, City, State and Zip Code) (Contact Number, Including Area Code)

Carter BloodCare

Donation Identification Number

FORMULARIO DE PERMISO PARA UN DONANTE DE 16 AÑOS DE EDAD

NOMBRE DEL DONANTE: _____

Su menor/pupilo de 16 años de edad ha expresado interés en la donación de sangre (sangre entera o dobles glóbulos rojos/plaquetas utilizando tecnología automatizada). Esperamos que usted apoye y anime la decisión de su menor/pupilo para donar sangre.

La donación de sangre es un procedimiento de rutina usando suministros estériles de un solo uso. Reacciones como desmayos y moretones pueden ocurrir, pero no son comunes. Análisis de la sangre es obligatorio para una variedad de infecciones incluyendo el VIH (el virus del SIDA), hepatitis viral y otros. Resultados positivos causaran que el nombre de su menor/pupilo sea inscrito en un registro confidencial de donantes excluidos, usted será notificado sobre resultados positivos de pruebas con importancia médica. Entiendo que bajo las leyes federales y estatales el Centro de Sangre puede tener que reportar ciertos resultados de las pruebas al departamento de salud u otra entidad gubernamental. Les pedimos a los donantes que lean materiales educativos sobre el proceso de donación y la idoneidad de las personas para donar y que respondan una serie de preguntas que afectan si son candidatos adecuados para la donación de sangre o componentes sanguíneos en una fecha determinada. Las respuestas veraces son críticas. Toda la información y los resultados de los análisis son confidenciales a menos que la ley exija un reporte. El resto de las muestras de sangre se podrían probar para los marcadores de riesgo cardiovascular y/o diabetes y los resultados de estas pruebas podrían ser utilizados para la investigación en salud de la población, este tipo de investigación se llevará a cabo de una manera que proteja la identidad de su menor/pupilo.

El hierro es necesario para producir glóbulos rojos y transportar oxígeno. Con el tiempo, la pérdida de glóbulos rojos a través de la donación de sangre puede reducir el hierro en el cuerpo. Donantes de sangre frecuentes pueden comenzar a tener bajos niveles de hierro antes de convertirse en anémicos. Mujeres jóvenes tienen mayor riesgo de estar bajas en hierro debido a la pérdida de sangre durante su menstruación. La dieta en sí no siempre reemplaza el hierro de tu menor/pupilo adecuadamente, especialmente si tienen problemas gastrointestinales o si no comen carne roja. Si crees que tu menor/pupilo puede estar en riesgo de tener niveles bajos de hierro, quizás puedas consultar con su médico o considerar un suplemento de hierro oral. No tomes hierro sin consultar a un médico si tu menor/pupilo tiene un historial familiar de altos niveles de hierro en el cuerpo.

Consentimiento de Aféresis

Alguna vez ha tenido una esplenectomía? ☐ No ☐ Sí

Tipos de donación/Intervalos

- Por la presente soy voluntario y doy mi consentimiento para que mi menor/pupilo sirva como donante de sangre completa, plaquetas (simple/doble/triple), glóbulos rojos (simple/dobel), plasma, u otras células provenientes de mi sangre.
- Yo entiendo que la frecuencia y el número de donaciones varía según el procedimiento.
  - Los donantes de sangre total pueden donar 6 veces por período de 12 meses, pero no más de 1 vez en cualquier período de 56 días.
  - Los donantes de plaquetas individuales/dobles/triples pueden donar 24 veces en un período de 12 meses, pero no más de una vez en un período de 7 días.
  - Los donantes de células rojas individuales pueden donar cada 56 días, pero no más de 6 veces en un período de 12 meses.
  - Los donantes de células rojas dobles pueden donar cada 112 días, pero no más de 3 veces en un período de 12 meses.
  - Los donantes de plasma pueden donar cada 28 días, pero no más de 13 veces en un período de 12 meses.

Procedimiento aféresis

- Yo entiendo que el procedimiento de aféresis implica retirar su sangre, procesaría en un conjunto de tubos estérilies y desechables, recoger los componentes necesarios y devolver la sangre restante a su menor/pupilo.
- Yo entiendo que el procedimiento puede durar hasta aproximadamente 2 horas.

Posibles Riesgos/Peligros

- Yo entiendo que recibirán un anticoagulante que previene la coagulación de su sangre durante el curso del procedimiento. Dicho anticoagulante reduce el calcio temporalmente en su sangre. Esto puede causar problemas potenciales para los donantes de aféresis que incluyen calambres musculares, entumecimiento, escalofríos, hipocalcemia, sabor desagradable o inusual olor, dígito/parestesia facial (sensación de hormigueo alrededor de la boca o los dedos), temblores, espasmos, temblores, hipovolemia (disminución del volumen de sangre), sentimientos de ansiedad y vibraciones en el pecho o una sensación de "pesadez" de la presión en el pecho y en raras ocasiones un paro cardíaco debido a la falta de iones de calcio.

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FORMULARIO DE PERMISO PARA UN DONANTE DE 16 AÑOS DE EDAD

- Doy mi consentimiento para que se le dé un reemplazo de calcio a mi menor/pupilo en caso de que Carter BloodCare lo considere necesario.
- Yo entiendo que la donación de sangre puede tener consecuencias adversas, incluyendo pero no limitado a, palidez, náuseas, vómitos, mareos, vértigo, desmayos, sensación de calor, fiebre, dolor de cabeza, hipotensión, fluctuación en la presión arterial, cansancio excesivo, contusiones (hematomas), punción arterial, sangrado después de abandonar el lugar de donación, lesión nerviosa, infección, la formación de coágulos de sangre (trombosis), inflamación de las venas (flebitis), embolia de aire, incautación, convulsiones, calambres abdominales, pérdida temporal del control de la vejiga, urticaria/reacción alérgica, rubor, enrojecimiento de la piel, picazón , urticaria, dificultad para respirar, dolor en el pecho o broncoespasmo, las cuales pueden ser potencialmente mortales. Yo entiendo que hay riesgos a largo plazo de la donación de sangre, tales como el agotamiento de hierro.
- Entiendo que después de le aféresis de plaquetas, su recuento plaquetario se reducirá temporalmente. Las plaquetas perdidas serán reemplazadas por su cuerpo y su recuento de plaquetas debe volver a su nivel normal dentro de a 1 a 2 días después de la donación. Entiendo que sus linfocitos (glóbulos blancos) pueden ser reducidos. Se desconoce el efecto a largo plazo de la posible reducción de linfocitos (glóbulos blancos). Las reservas corporales de hierro pueden agotarse con el tiempo en donantes de aféresis regulares que no tienen un reemplazo adecuado.
- Entiendo que existe un riesgo potencial de pérdida de sangre, hemólisis (daño a las células), embolismo gaseoso o coagulación de la sangre con el funcionamiento incorrecto del dispositivo. Entiendo que si no es posible devolverles sus células rojas a ellos o si se producen cambios significativos en su nivel de proteína o hemoglobina/hematocrito, puede que no sean elegibles para donar por un período de tiempo o pueden ser diferidos indefinidemente como donante de aféresis.
- Estoy dispuesto(s) a aceptar los riesgos potenciales para mi menor/pupilo que se establecen anteriormente.

Consentimiento de información recibida

- He leído y entendido el consentimiento informado. Entiendo el procedimiento de aféresis, los posibles riesgos/peligros y los intervalos de donación. He tenido la oportunidad de formular las preguntas y si tuviera preguntas han sido contestadas.
- Si usted tiene alguna pregunta con respecto a la decisión de su menor/pupilo, (sobre el servicio durante la donación o reacciones adversas) llame al número 817-412-5370 o por línea gratuita al 1-877-351-3600.

Formulario debe ser llenado con un bolígrafo de tinta.

Permiso

Doy permiso para donación voluntaria de sangre o componentes sanguíneos por parte de mi menor/pupilo de 16 años _____ fecha de nacimiento _____ de Carter BloodCare.
(Nombre de mi menor/pupilo – en letra de molde) (DD/MM/AAAA)

En ciertos casos excepcionales, es posible que se requiera atención médica de forma urgente o emergente después de una donación y otorgo permiso para que dicha atención médicamente indicada se brinde a mi menor/pupilo, aunque solicito que me contacte lo antes posible.

Certificación

Verifico que (i) he leído este Formulario de permiso, (ii) mi menor/pupilo tiene 16 años de edad, (iii) tengo la autoridad legal de dar permiso para que mi menor/pupilo done sangre o componentes de sangre y (iv) No sé de ninguna razón Mi menor/pupilo no debería donar sangre o componentes sanguíneos en este momento, y (v) he hecho las preguntas que deseaba acerca del proceso de donación de sangre y de componentes de sangre que entregue mi menor/pupilo y todas las preguntas han sido respondidas a mi satisfacción.

Notificación

Comprendo que existen reglamentos que requieren notificación en caso de que un donante reciba un análisis positivo para ciertas infecciones transmitidas por la sangre **(las "Notificaciones Requeridas"**). Relacionado con tales reglamentos, solicito que todos los resultados positivos que surjan de las pruebas de la donación de sangre de mi menor/pupilo (inclusive alguna o todas las Notificaciones Requeridas) me sean entregados a mí y no a mi menor/pupilo.

_____ _____
(Firma de uno de los Padres/Tutores) (Fecha)

_____
(Nombre de uno de los Padres/Tutores – en letra de molde)

_____ _____
(Dirección, Ciudad, Estado, y Código Postal) (Número de teléfono de contacto, incluyendo Código de Área)

III: ORGANIZING YOUR HIGH SCHOOL BLOOD DRIVE

CHECKLIST FOR ORGANIZING HIGH SCHOOL BLOOD DRIVES

Your Account Consultant will meet with your student group 3-4 weeks prior to the blood drive.

1. Ideas for advertising and promoting the blood drive:

__a. Utilize social media and other announcements leading up up to the day of the drive. Follow-up story (with pictures) after the drive.

__b. P.A. announcements at least two weeks leading up to and throughout the day of the drive.

__c. Announcement at all assemblies, pep rallies, etc.

__d. Memo or email to all staff and faculty at least 2 weeks before the blood drive.

__e. Put up posters at least two weeks before the drive.

__f. Student assembly of 16 year olds and older, 2-5 days before the drive, if permissible. A Carter BloodCare Consultant can give a presentation and show a video if requested.

Ideas for recruiting blood donors:

2. __a. Sign-up tables. Periodically, two weeks prior and up to the day of the drive, the sign-up tables should be strategically placed in high-traffic areas (i.e., outside the cafeteria at lunch period) to sign up potential donors.

__b. Challenge different student groups within your school to a competition.

__c. Challenge other schools in your area to a competition.

__d. Seek endorsements and participation from teachers, coaches, and other school employees.

__e. Make arrangements with school officials for approval to utilize hall passes and a runner system to get scheduled donors by name/class.

CHECKLIST FOR ORGANIZING HIGH SCHOOL BLOOD DRIVES

3. What is needed for the blood drive:

__a. Largest possible room, (i.e., gymnasium, cafeteria, stage of auditorium or large classroom) with relatively easy loading/unloading access.

__b. Good lighting.

__c. Electrical outlets (at least four).

__d. Air conditioning or heating should be set the night before between 68° - 74° so the room will be cool by the time the staff arrives.

__e. Room cleared of unneeded furniture the day before the drive.

__f. Furniture:

1) Four tables per collection team (banquet tables, cafeteria tables, card tables).

2) 10 chairs per collection team (folding chairs preferable).

3) Gym mats for canteen area.

__g. Refreshments:

1) Carter BloodCare will provide snacks and water before, and refreshments after the donation process.

2) Any additional refreshments may be furnished by the sponsor group.

- Home-making class or cafeteria could provide cookies.

- Area merchants will often donate baked goods.

__h. Identification for every student:

1) If a student does not have a photo ID, please have the most recent yearbook for our staff to use to verify identity. Students must provide an identification number. (i.e., DL #, Student ID, Social Security).

__i. School nurse as needed:

1) Please communicate with your school nurse to let them know when your blood drive is they are welcome to be involved. Our staff are all medically trained to handle donor reactions and we maintain medical doctors on call that our staff will contact if needed.

CHECKLIST FOR ORGANIZING HIGH SCHOOL BLOOD DRIVES

4. Volunteer workers - day of the drive

__a. **Directional Coordinator(s):** To meet Carter BloodCare's staff to direct and assist in setting down/taping tarps while Carter BloodCare staff unloads and sets up equipment.

__b. **Registration Coordinator(s):** To greet and help students begin the registration process by checking their picture IDs and giving them proper paperwork.

__c. **Recovery Coordinator(s):** To serve donors refreshments and observe canteen area to ensure donors' well-being is monitored closely.

__d. **Donor Schedule Coordinator(s):** Runners to get donors out of class as scheduled.

__e. **Donor Escort(s):** To escort donors from each station of the process while maintaining confidentiality of their donor record. (Must be certified Carter BloodCare volunteer).

Typically, a drive will need 4-6 volunteers per Carter BloodCare team. We will work with you in the planning meeting to designate how many volunteers to have at each time. Many schools also opt to have volunteers work shifts to avoid missing core curriculum classes.