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ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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2021 #2 **January 15, 2021**

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Blood Community Issues National Blood Donor Month Joint Statement

America's Blood Centers, AABB, and the American Red Cross issued a joint statement this week thanking blood donors and encouraging eligible individuals to schedule an appointment to donate blood, platelets, or convalescent plasma. "Through the generosity of donors, health care providers are able to deliver life-saving treatments to patients in need. This National Blood Donor Month faces challenges unlike any other as the ongoing COVID-19 pandemic continues to cause disruptions in blood collections and unprecedented fluctuations in the supply and demand for blood products. Blood centers throughout the country continue to collect blood despite this difficult time for our nation and the world. Right now, convalescent plasma from those who have recovered from COVID-19 is essential as a treatment option for those hospitalized with and currently battling COVID-19. Blood collection organizations distributed more than 100,000 units of convalescent plasma in December to healthcare providers. As COVID-19 cases continue to rise in the U.S., the need for additional donors remains."

The statement also notes that, "[b]lood collection organizations follow the highest standards of safety and infection control. To ensure optimal safety during the pandemic, social distancing measures and increased infection control protocols remain in place. Donors are required to wear a face covering while giving blood, platelets, and convalescent plasma. In addition, donation appointments are strongly encouraged to appropriately manage donor flow and ensure social distancing precautions are followed."

ABC will continue to provide additional COVID-19 resources for member blood centers to use as they become available and updates on its national outreach efforts. Please contact us with any questions.

(Source: America's Blood Centers, AABB, American Red Cross Joint Statement, 1/14/21)

Surgeon General Encourages CCP Donations

U.S. Surgeon General VADM Jerome Adams, MD, MPH issued an open letter to the presidents, chancellors, board members, and faculty of universities and colleges nationwide asking for their help in raising awareness of the need for individuals who have recovered from COVID-19 to donate convalescent plasma for patients in

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Surgeon General Letter (continued from page 1)

need. "I am calling on institutions to activate their students and faculty in order to encourage the donation and facilitate the collection of COVID-19 Convalescent Plasma (CCP). CCP is a treatment option that is safe and may be effective when given as early as possible to hospitalized patients with COVID-19. In fact, more than 350,000 Americans have received this treatment and physicians continue to request CCP for their patients. The nationwide increase in COVID-19 infections has caused a massive spike in demand for CCP. That demand is quickly approaching more than 30,000 units per week. Currently we are on par for collecting 30,000 units/week, but with increasing demand, it becomes more challenging to support the need. Current collections may not meet the demand as cases continue to rise exponentially over the next several weeks."

Also in the letter, he asks higher education institutions to partner to host convalescent plasma drives, "[w]e are reaching out to our colleges and universities to not only encourage donations within respective campus communities, but to also consider hosting a campus CCP collection event or CCP drive…As the heads of your institutions, we urge you to encourage and support the organization, broadcasting and championing of CCP donations as well as CCP drives within the college and university communities. I recognize that the college/university experience is quite different in a pandemic, but student led organizations can partner with local blood centers to think of creative and innovative ways to hold these CCP drives without compromising safety. The colleges and universities only need to provide the space, volunteers, and donors. The blood centers will provide everything else necessary to host a successful CCP drive."

America's Blood Centers encourages member blood centers to use this letter as a communications tool with your local college and university contacts. The letter is also available on "The Fight Is In Us" campaign website.

(Source: U.S. Surgeon General Letter, 1/14/20)

Blood Community Joint Letter to CBER Requesting 2nd Extension of Enforcement Discretion for CCP EUA

America's Blood Centers, AABB, and the American Red Cross (ARC) have requested an extension of enforcement discretion for the COVID-19 convalescent plasma (CCP) emergency use authorization (EUA) from the U.S. Food and Drug Administration's (FDA) Center for Biologics Evaluation and Research. In the joint letter, the organization's note that the blood community has supported the national effort to collect and distribute CCP with federal partners. The organizations stated, "we are requesting a further extension of the enforcement discretion period to ensure that CCP remains readily available to patients in need. An extension would provide the FDA additional time to review the feasibility of allowing alternate assays with

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ABC advocates for and advances policies that promote the role of independent blood centers in providing life-saving blood products and recognize the continuous need for a safe and robust blood supply. ABC exists to advocate for laws and regulations recognizing the essential role that independent blood centers play in the healthcare system; promote partnerships, policies and programs that increase awareness about the need for blood donation; and serve as a thought-leader in the advancement of evidence-based medical and scientific solutions related to health and safety.

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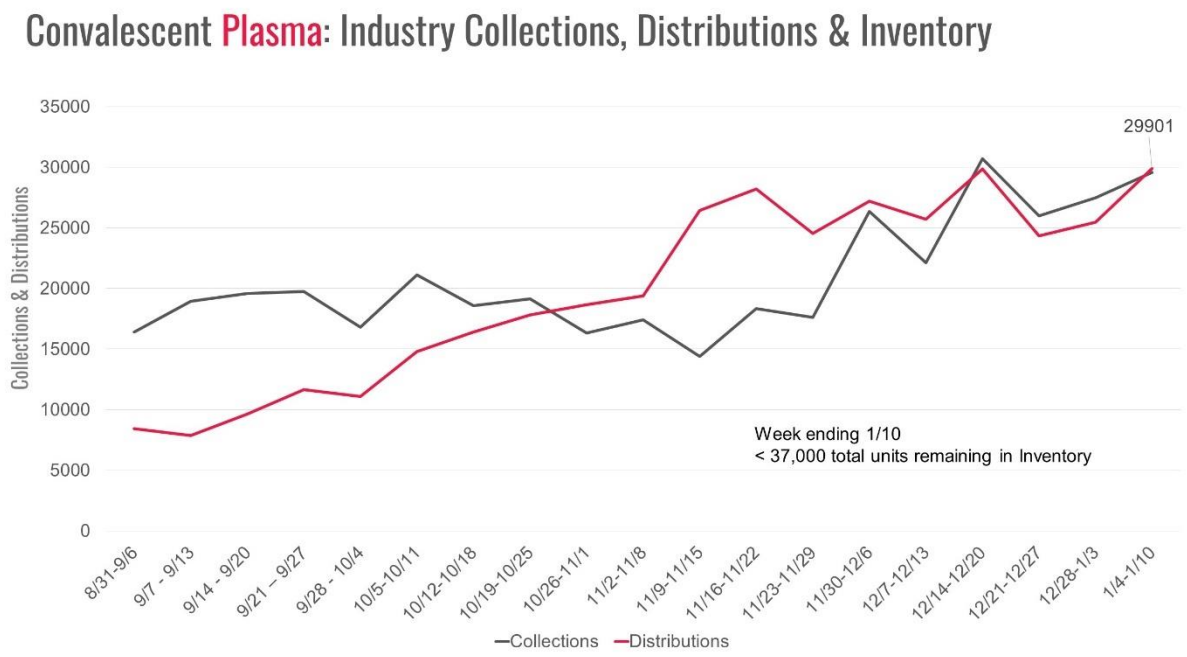
Joint FDA Letter (continued from page 2)

robust performance characteristics and automation that provide blood centers additional options. Additional testing options will allow for more resiliency in the system, as there will be alternate backup tests available if needed, and less demand on individual manufacturers to rapidly meet national demand for their platforms and reagents…As a result of ICCBA's transition to "EA" products codes, IT coding changes are required for both the blood center BECS and hospital information systems to allow acceptance of CCP products using this new alphanumeric format. The need for this change to their computer systems is occurring as hospitals are dealing with the recent surges in COVID-19 cases and is placing an additional burden on them."

The letter also noted, "[t]he nation's CCP program requires a more solid foundation by removing the time pressure to identify and implement less than optimal solutions by February 28, 2021, which is rapidly approaching. We recognize that there are a number of stakeholders involved in the collection, processing, distribution, and transfusion of CCP. Our organizations will continue to engage with all stakeholders in the blood community to ensure that additional perspectives or concerns are identified and brought forward."

(Source: ABC, AABB, ARC, Joint Letter, 1/8/21) ♦

COVID-19 Convalescent Plasma Updates



CCP Research. Results from a CCP study led by researchers from the Mayo Clinic has been published in the *New England Journal of Medicine* this week along with a commentary. According to a Mayo Clinic news release, "[t]he amount of antibody in the treatments was not known at the time of treatment and was determined later. The group of patients receiving the plasma with low antibody levels had the highest mortality rate at 29.6 percent. Mortality for those receiving the medium-level antibody convalescent plasma was 27.4 percent. High antibody convalescent plasma showed the lowest mortality rate, 22.3percent. The study also showed a more positive outcome for patients who received the plasma within three days of hospitalization. There was no effect on mortality for patients who were on mechanical ventilators.

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CCP UPDATES (continued from page 3)

Patients selected to receive convalescent plasma were 18 years and older, hospitalized with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), and had or were progressing to severe or life-threatening COVID-19. The cohort of patients came from 680 acute-care facilities across the country. The cohort consisted of 61 percent men and 39 percent women. The researchers note that the outcome findings were limited by low numbers with antibody data, abbreviated data collection forms, imprecise details of the relationship between other medication use and the plasma transfusion, and missing data due to the nature of a national registry. They also say the interpretation of the data is limited by the open-label design of the study — that is, there is limited instruction or control over administration — and the lack of the design as a traditional randomized clinical trial."

(Source: Mayo Clinic News Release, 1/13/21)

RESEARCH IN BRIEF

Hospital Predonation COVID-19 Convalescent Plasma (CCP) Testing. "Hospitals can assist with recruitment of [CCP] donors by contacting patients who have recovered and referring them to blood centers (BC)," according to authors of a study published in the *American Journal of Clinical Pathology*. They describe[d] a two-center, hospital-based CCP donor recruitment program run in coordination with the BC. "Potential donors were recruited in April and May 2020 through medical record searches and public appeals…[R]ecords of patients with PCR- or serology- confirmed COVID-19 were identified and screened to exclude individuals not eligible for blood donation…Participants were asked to provide testing for their COVID-19 diagnosis, and answered a[n] online modified donor history questionnaire (DHQ)." The researchers note that "[a]n automated scoring algorithm assigned participants as donor eligible without follow-up, physician consult needed, or ineligible…Participants eligible were referred for SARS-CoV-2 [polymerase chain reaction (PCR) and] antibody testing" including IgM and IgG. "Participants with a SARS-CoV-2 IgG level above the cutoff were referred for donation…Of 179 participants screened, 133 passed, 128 were tested for SARS-CoV-2 antibodies, and 89 were referred for CCP donation…44 (24.6 percent) failed screening." These included "34 based on the DHQ and 10 had insufficient evidence of COVID-19…IgG antibodies to SARS-CoV-2 were detected in 23 of 51 (45.1 percent) participants with suspected COVID-19 and 66 of 77 (85.7 percent) participants with self-reported COVID-19 confirmed by PCR." The authors discovered "[a]nti–SARS-CoV-2 IgG levels were significantly higher among participants who were confirmed by PCR compared with the COVID-19 suspected but PCR-unconfirmed group ($P < .0001$)." The study also "tested all participant serum samples for anti–SARS-CoV-2 IgG level using the Ortho VITROS IgG assay recommended by the Food and Drug Administration (FDA)…Among participants with PCR confirmed COVID-19, 39 percent had a high titer IgG level (≥12 S/C)." The investigators concluded that "knowing the SARS-CoV-2 antibody status of a potential blood donor [pre]donation has advantages…Donors can be scheduled for apheresis plasma collection rather than whole blood, increas[ing] the amount of plasma collected and decreas[ing] the post-donation deferral period...Donors curious about their SARS-CoV-2 antibody status will have this information before donation…Finally, donors with higher levels of SARS-CoV-2 antibodies can be specifically recruited to ensure that only the most potent CCP products are distributed."

Citation: Balcerek, J., Trejo, E., Levine, K., *et al*. Hospital-Based Donor Recruitment and Predonation Serologic Testing for COVID-19 Convalescent Plasma. *American Journal of Clinical Pathology*. 2021. Doi: 10.1093/AJCP/AQAA268

Contributed by Richard Gammon, MD, Medical Director at OneBlood

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INSIDE ABC

The programs and services described in the Inside ABC section are available to ABC member blood centers and their staff only, unless otherwise specified.

ADRP Receives Grant from Terumo

ADRP, an international division of America's Blood Centers, has been awarded a grant from Terumo Blood and Cell Technologies for $50,000 to support their blood donor education programs. "We work with blood centers every day, around the world, and the message is the same, we need more blood," said Michael Lees, vice president, Commercial, North America, Terumo Blood and Cell Technologies. "We must develop awareness about the urgent need for blood and how easy it is to donate blood. Blood is an essential medicine. It saves lives, and it's within us all to give. Speaking from my experience with a life-threatening accident, I wouldn't be here today without blood donations."

This grant will be used to develop resources, including videos, to elevate engagement and awareness of the need for blood donors to ensure the availability of a safe and robust blood supply for patients in need. The series of educational videos will focus on topics such as first-time donors, apheresis, diverse donors, and more. In addition, Terumo Blood and Cell Technologies created, an educational video on COVID-19 convalescent plasma (CCP) for blood centers. "This is a timely project given that National Blood Donor Month is in January. Our goal is to increase blood donations, replenish the national supply, and help save more lives. This campaign will help us do that," said Carla Peterson, executive director of ADRP. "We hope more people will roll up their sleeves now to donate blood."

(Source: Terumo & ADRP Joint News Release, 1/7/21)

New Video Added to National Blood Donor Month Resources

With National Blood Donor Month, the annual celebration thanking blood donors while raising awareness of the constant need of blood to ensure availability of the nation's blood supply, now underway, ADRP, an International Division of America's Blood Centers, has developed several resources as part of a toolkit for blood centers to use. We encourage you to take advantage of these resources throughout the month of January to promote National Blood Donor Month which include:

- a new video;
- a template news release;
- social media graphics, sized for Twitter, Instagram, and Facebook;
- sample social media posts; and
- an updated National Blood Donor Month logo.

Additional resources will be added as they become available. Throughout the month, ADRP plans to:

- Week 1: bring awareness to the overall need for blood donors during January and thanking current blood donors;
- Week 2: focus on growing awareness among individuals aged 25-40 for the need to donate by sharing current data trends and collaborating with organizations for young professionals;

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- Week 3: focus on educating individuals on the need to continue to have a diverse pool of blood donors; and
- Week 4: celebrate current donors and recap the aforementioned key messages.

ABC Employee Turnover and Retention Survey Deadline Extended

America's Blood Centers (ABC) extended the deadline to participate in the Employee Turnover and Retention Survey for calendar years 2018 and 2019 to January 22nd. ABC hopes to achieve a 100 percent response rate this year. Member blood centers are encouraged to participate in this survey to ensure that this will be a valuable tool for the entire ABC membership. Survey results will be reported in aggregate and made available to participating member blood centers.

About the Survey

- Data Collection Period: December 16 to January 22, 2021.
- Please submit only one (1) survey per member blood center.
- Before you begin, preview all of the survey questions (see pages 2-19 of the MCN attachment) or use the questionnaire as a data collection tool.
- Survey completion times will vary based upon your system's reporting capabilities.
- You can log in and out and revise your answers. Please Note: It is very important that you click the "save and continue survey later" option on the top of every page after adding or updating an answer to ensure the data is captured.
- You will have an opportunity to review, edit, and print your responses prior to submitting your survey.

Survey Definitions

- FTE: Employees who are scheduled to work 40 hours per week are 1.0 FTE. Employees scheduled to work 20 hours per week are 0.5 FTEs.
- Turnover Calculation: the Society for Human Resource Management recommends using the average number of FTEs for the year.

ABC members can find more information in MCN 20-113. Please contact Member Services to obtain a copy of the MCN or links to the survey.

(Source: MCN 20-113, 12/16/20)

WORD IN WASHINGTON

U.S. Department of Health and Human Services (HHS) Secretary Alex Azar announced that the public health emergency for COVID-19 has been extended for another 90 days. The declaration was scheduled to expire this month and this extension will continue the public health emergency into April 2021. The declaration allows the Administration to provide response aid to local state health departments in addition to flexibility for government-run health insurance programs and emergency approvals of new drugs and tests.

(Source: HHS Announcement, 1/7/21)

HHS has developed a web-based locator tool to help individuals find outpatient treatment sites for COVID-19 monoclonal antibody therapies that have received emergency use authorization from the

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WORD IN WASHINGTON (continued from page 6)

U.S. Food and Drug Administration (FDA). "We are focused intently on supporting healthcare providers in their efforts to save lives in this pandemic, said Robert Kadlec, MD the HHS Assistant Secretary for Preparedness and Response (ASPR), in an agency news release. "We know that many hospitals are overwhelmed with the recent rise in patients hospitalized with COVID-19, and hospital staff are exhausted after months of pandemic response. This treatment locator allows patients and providers to find sites for outpatient treatment options, which may help reduce the number of people who require hospitalization for COIVD-19 care, which in turn reduces the strain on our nation's hospitals and their staff."

(Source: HHS News Release, 1/11/21)

PEOPLE

Kim Kinsell, JD, MBA became LifeSouth Community Blood Centers' Chief Executive Officer and President on January 1st. She succeeded Nancy Eckert who retired after serving in the role for 26 years. Ms. Kinsell joined LifeSouth in 2004 and has been the organization's general counsel "overseeing legal, human resources, quality assurance, and training departments. She received both her juris doctor and MBA from the University of Florida and is certified as a Senior Professional in Human Resources from the Society for Human Resources and the HR Certification Institute. Ms. Kinsell is also a member of the America's Blood Centers Board of Directors in addition to the National Blood Testing Cooperative and National Blood Collaborative boards.

(Source: LifeSouth Community Blood Centers Announcement, 1/14/21)

GLOBAL NEWS

The World Health Organization's (WHO) Emergency Committee on COVID-19 met for the sixth time on January 14th to discuss the COVID-19 pandemic and the global response of member nations. The committee recommended to the WHO Director-General Tedros Adhanom Ghebreyesus that "the pandemic still constitutes an extraordinary event, a public health risk to [countries] through international spread, and continues to require a coordinated international response. As such, the [c]ommittee consider[s] the COVID-19 pandemic to remain a public health emergency of international concern (PHEIC)." Additional recommendations in the news release included:

- "global expansion of genomic sequencing and sharing of data, along with greater scientific collaboration to address critical unknowns" to help with variants;
- "develop a standardized system for naming new variants that avoids geographical markers;"
- "the need for equitable [vaccine] access through the COVAX Facility as well as technology transfer to increase global production capacities;
- Encourag[ing] vaccine manufacturers to rapidly provide safety and efficacy data to WHO for emergency use listing. The lack of such data is a barrier to ensuring the timely and equitable supply of vaccines at the global level;" and
- "Given that the impact of vaccines in reducing transmission is yet unknown, and the current availability of vaccines is too limited, the committee recommended that countries do not require proof of vaccination from incoming trave[l]ers. The committee advised countries to implement coordinated, evidence-based measures for safe travel and to share with WHO experiences and best practices learned."

(Sources: WHO Statement, 1/15/21; WHO News Release, 1/15/21)

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GLOBAL NEWS (continued from page 7)

The Medicines and Healthcare Products Regulatory Agency (MHRA) in the United Kingdom (UK) has approved the Moderna COVID-19 vaccine candidate. This is the 3rd COVID-19 vaccine approved by MHRA after meeting the agency's "safety, quality and effectiveness standards." MHRA Chief Executive Dr. June Raine said in an agency statement, "[t]oday's approval brings more encouraging news to the public and the healthcare sector. Having a third COVID-19 vaccine approved for supply following a robust and thorough assessment of all the available data is an important goal to have achieved and I am proud that the agency has helped to make this a reality. The progress we are now making for vaccines on the regulatory front, whilst not cutting any corners, is helping in our global fight against this disease and ultimately helping to save lives. I want to echo that our goal is always to put the protection of the public first. Once in use, all COVID-19 vaccines are continually monitored by the MHRA. This ensures that the benefits in protecting people against COVID-19 continue to far outweigh any potential side-effects."

(Source: MHRA Statement, 1/8/21) ♦

COMPANY NEWS

The New England Journal of Medicine published interim phase I/IIa clinical data from from **Johnson & Johnson** for its COVID-19 vaccine candidate. The interim results showed "an immune response that lasted for at least 71 days, the duration of time measured in this study in participants aged 18-55 years." According to a news release from Johnson & Johnson, the "COVID-19 vaccine candidate induced an immune response and was generally well-tolerated across all study participants. Data demonstrated that, after a single vaccination, neutralizing antibodies against COVID-19 were detected in over 90 percent of study participants at Day 29 and 100 percent of participants aged 18-55 years at Day 57. These neutralizing antibodies remained stable through Day 71, currently the latest timepoint available in this ongoing study, in all participants aged 18-55 years. Data on durability of immune responses in trial participants aged over 65 years will be available in late January and longer-term follow-up to one year is planned."

Citation: Sadoff, J., Le Gars, M, Shukarev, G., *et al*. Interim Results of a Phase 1–2a Trial of Ad26.COV2.S Covid-19 Vaccine. *The New England Journal of Medicine*. 2021. Doi: 10.1056/NEJMoa2034201.

(Source: Johnson & Johnson News Release, 1/13/21)

GlaxoSmithKline (GSK) and **Vir Biotechnology, Inc.** recently announced that a second investigational monoclonal antibody therapy from the companies to treat mild to moderate COVID-19 in patients is set to be evaluated in a phase Ib/IIa clinical trial in the United Kingdom (UK). The study will be a part of the AGILE initiative, which is a collaborative effort from the University of Liverpool, Liverpool School of Tropical Medicine, Liverpool University Hospitals NHS Foundation Trust, University of Southampton and Lancaster University and coordinated by the National Institute for Health Research Southampton Clinical Trials Unit across the UK Clinical Research Facility Network. It will investigate the safety and efficacy of the neutralizing antibody VIR-7832. "We are pleased to have the support of the NHS behind our efforts to evaluate and advance VIR-7832 for the treatment and potential prevention of COVID-19," said Vir CEO George Scangos, PhD in the joint news release. "This study will be critical to our efforts as we work to understand whether the modifications we have made to this monoclonal antibody increase its potency and stimulate a T cell response to not only provide therapeutic benefits but also potentially confer a vaccine-like effect that could be applicable to prophylaxis." GSK Chief Scientific Officer and President of Research and Development Hal Barron, MD added, "[w]hile vaccine development has been very successful, current infection and hospitali[z]ation rates show that multiple vaccines and therapeutic options will be needed to combat and ultimately end this pandemic. We are grateful to everyone involved in the AGILE study for supporting this important research and expect initial results from the study to provide important insights

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into the use of VIR-7832 early in the course of infection with SARS-CoV-2." A phase III clinical trial is ongoing for the first monoclonal antibody therapy from GSK and Vir "for the early treatment of COVID-19 in patients who are at high risk of hospitali[z]ation, and for the treatment of hospitali[z]ed patients with COVID-19."

(Source: GSK and Vir Biotechnology, Inc. Joint News Release, 1/12/21)

Pfizer, Inc. and **BioNTech SE** provided results from an *in vitro* study that "show[ed] the antibodies from people who have received the Pfizer-BioNTech COVID-19 vaccine effectively neutralize SARS-CoV-2 with a key mutation that is also found in two highly transmissible strains." According to the joint news release, "[w]hile the virus tested in this experiment did not include the full set of spike mutations found on the rapidly spreading strains in the U.K. or South Africa, neutralization of virus with the N501Y mutation by the Pfizer- BioNTech vaccine-elicited human sera is consistent with preserved neutralization of a panel of 15 pseudoviruses bearing spikes with other mutations found in circulating SARS-CoV-2 strains. This indicates that the key N501Y mutation, which is found in the emerging U.K and South Africa variants, does not create resistance to the Pfizer-BioNTech vaccine induced immune responses. Pfizer, BioNTech, and [the University of Texas Medical Branch, who collaborated on the study] are encouraged by these early, *in vitro* study findings. Further data are needed to monitor the Pfizer-BioNTech COVID-19 vaccine's effectiveness in preventing COVID-19 caused by new virus variants. If the virus mutates such that an update to the vaccine is required to continue to confer protection against COVID-19, we believe that the flexibility of BioNTech's proprietary mRNA vaccine platform is well suited to enable an adjustment to the vaccine."

(Source: Pfizer News Release, 1/8/21) ♦

CALENDAR

Note to subscribers: *Submissions for a free listing in this calendar (published weekly) are welcome. Send information to newsletter@americasblood.org or by fax to (202) 899-2621. (For a more detailed announcement in the weekly "Meetings" section of the newsletter, please include program information.)*

2021

Mar 8-12. **ABC Annual Meeting (Virtual).** More details coming soon.

May 11-13. **2021 ADRP Conference, Kansas City, Mo.** More details coming soon.

June 25-26. **64th Annual California Blood Bank Society Annual Meeting, Santa Clara, Calif.** More details available here.

Aug. 4. **ABC Medical Directors Workshop, Cleveland, Ohio.** More details coming soon.

Aug. 5-6. **ABC Summer Summit, Cleveland, Ohio.** More details coming soon.

Sept. 15-17. **4th European Conference on Donor Health and Management, Hamburg, Germany.** More details available here. ♦

CLASSIFIED ADVERTISING

Classified advertisements, including notices of positions available and wanted, are published free of charge for a maximum of three weeks per position per calendar year for ABC institutional members. There are charges for non-members: $139 per placement for *ABC Newsletter* subscribers and $279 for non-subscribers. A six (6) percent processing fee will be applied to all credit card payments. Notices ordinarily are limited to 150 words. To place an ad, e-mail: newsletter@americasblood.org

POSITIONS

Medical Technologist (ASCP, MLS) (Erie, PA). The Community Blood Bank of NWPA & WNY is seeking a Medical Technologist for our Erie, PA location. The perspective candidate must have B.S. degree, ASCP certification, six years' experience in field. Component preparation and/or hematology experience desirable. Reports to Technical Director and Lab Supervisor, the position encompasses component preparation and modification of whole blood and required Quality Control/Blood component testing per FDA, Dept. of Health regulation and AABB guidelines. Must be adept in entering and retrieving data from the computer. Please visit http://fourhearts.org/careers to apply.

OneBlood is hiring multiple positions within the state of Florida to support our life saving mission. Bring your talent to one of these exciting career opportunities. **Therapeutics Apheresis RN (Ft. Lauderdale, FL - $5k Bonus Eligible).** Current and valid Florida RN license, current BLS CPR certification, and a valid and clear driver's license is required. Flexibility in scheduling needed to meet the needs of the department; travel within the tri-county market in the South Florida area is required. **Medical Technologist (Tallahassee, FL - $5k Bonus Eligible).** A valid and current Florida Clinical Laboratory Technologist license in Immunohematology or Blood Banking is required. Prior blood banking experience preferred. Multiple shifts available. **Compatibility Testing Lab Supervisor (Tallahassee, FL).** Bachelor's degree in medical technology, biological science or related field and three plus years in a clinical laboratory, preferably in blood banking. Requires a current Florida Technologist license in Immunohematology or Blood Banking; FL Supervisor License preferred. OneBlood offers excellent benefits, including excellent shift differential pay for night and weekend schedules, Paid Time Off, Student Loan Repayment Program, a FREE medical coverage option, 403(b) Retirement Plan, company-paid annual CEU training & CE Broker account and MORE! To apply visit our OneBlood careers website at www.oneblood.org/careers.

Business Analyst (West Warwick, RI). Blood Centers of America, Inc. is seeking a Business Analyst. The position reports to the Director of Research & Innovation and supports our Geospatial program by assisting members with donor optimization, marketing implementation and intelligence gathering. This position conducts data analysis, tracking and forecasting, projects and monitors member compliance and performs quality assurance on raw data sources. Strong written, verbal, and interpersonal communication skills, with the ability to work both independently and as part of a team are required. Effective analytical, planning, and organizational skills are necessary. Required PC skills: MS Office Suite; Social Media, Adobe Suite, ESRI Suite, Tableau, SQL are a plus. BS degree in a related field is required with one to two years of related experience. Blood Center experience is a plus. Based at the BCA headquarters in Rhode Island, the position requires travel 10-20% of the time (post Covid-19). Submit resumes to Jobs@bca.coop.

Quality Assurance Compliance Coordinator (Central California Blood Center; Fresno, CA.). Under the supervision of the Quality Assurance Director, this individual will be involved in the development of quality metrics and key performance indicators for the blood center, auditing medical/technical operational processes and performance, analyzing, and identifying trends in deviation/incident data. Will assist with supplier qualification activities and the maintenance of the qualified list. Will develop, maintain competency, maintain familiarity with the CCBC Quality Plan and ensures compliance with all applicable state, federal laws, regulations and with the standards of the accrediting/certifying agencies. Essential Job Duties: Assists in the review and approval of equipment, blood product and computer system validations including installation qualification, operational qualification and performance qualification; Participation in regulatory/accrediting agency inspections, preparation for and performance of internal process with subsequent reports to center leadership; Responsible for the performance of blood product follow up that affects safety, purity, and product quality by investigating, quarantining, discarding and notifying customers of nonconforming blood products including test results that affect patient/general population safety and prevention or recall of shipped products; Responsible for conducting audits, quality assurance oversight and CLIA regulated laboratories processes and computer processes to verify staff performs tasks per procedure; Performs follow up on corrective action plans submitted in response to problem management, supplier issues, product complaints, and other issues as directed by management; Responsible for the management, development and revision of SOPs, COPs, controlled forms, validation protocols and training plans to ensure that all are current and conform to regulatory practices and guidance's; Regularly conducts QA training of personnel to SOP, policies and performs GMP training; Manages vendor Supplier Qualifications along with confirmatory testing accreditation and licensure records for our outside laboratory testing facilities. Excellent benefits package including health, dental, vision, life insurance, flexible spending account, 401K, free "evehicle" charging. Click here to apply.

Director, Product Management (Houston, TX). The Gulf Coast Regional Blood Center is seeking a Director of Product Management. Reports to the VP of Operations (Business Development, Product Management, NDC's, and Regional Operations), the position is responsible for oversight of day-to-day operation of: Developing strategies and directing activities to maximize revenue; Directing the production of blood and related distribution

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POSITIONS (continued from page 10)

services; Lead and create projects that increase productivity and distribution efficiencies; Direct and guide PMQA efficiencies; Develop training to enhance staff development and job knowledge; and Communicate quality, customer service, and inventory metrics to customers. Responsibilities: Identifies markets for existing/new products and services resulting in an expansion of client base and revenues; Develops or assists annual sales and marketing strategies, policies and marketing tools for products and services; Prepares or assists with the preparation of sales budgets, and financial forecasts; Prepares or assists with the preparation of staff, departmental, and capital budgets; Establishes and meets overall blood product and related service client sales and marketing objectives; Provides leadership and direction to departmental staff achieve its sales and revenue blood product and related services objectives; and Direct and guide daily operations of Component Production and Hospital Services. For complete job description and to apply, please visit https://jobs.giveblood.org/directorofproduct-management/job/14865390.

Chief Clinical Officer (Central California Blood Center). The successful candidate will successfully navigate the ever-changing health care provider and blood industry landscapes to provide ever-increasing value to our clients. The CCO will provide clinical, scientific and leadership development for an independent community blood center to assure our expanding position as a national industry leader. The CCO will oversee blood component manufacturing, donor testing lab, innovative R&D programs, IRL, donor services and IT departments. The position will be responsible for developing strategies to ensure blood manufacturing operations are running efficiently and effectively to meet the needs of our hospitals and clients with a focus on ensuring regulatory compliance. The CCO is responsible for building and guiding a team of highly competent, high-achieving department leaders who will consistently exceed mission standards for cGMP, productivity, and customer service. MS, SBB preferred, strong and progressive blood industry leadership experience required. Please send inquiries to LChristiansen@donateblood.org. 🩸