

TESTIMONY OF CHRISTINE HOLSCHLAG, RN, PRESIDENT AFSCME LOCAL 3145

RE: RAISED BILL 6277

FEB. 9, 2011

My name is Christine Holschlag and I am a registered nurse. I have worked for the Red Cross in Connecticut for over 7 years. I also happen to be the President of AFSCME 3145 which represents over 200 union workers for the Connecticut Red Cross Blood Services.

Last March, I had testified on similar language that is being presented today. Before I address the actual bill, I feel it's important to bring a few things to light since last year. Since last session, we have lost almost half the amount of nurses we had working on mobile collection sites (five out of 14 RNs). Since that time, Red Cross management has only hired one Registered Nurse and only after going through the grievance process on the basis of discrimination. That person was me.

Last March, former Senator Harris had asked me during my testimony if anyone had died after giving blood. At that time, I was not prepared to answer that. The answer is yes. We are responsible for filling out a Fatality Report in the event of a death. The FDA then must investigate the cause of death and whether or not it's related to the actual blood donation process. There is an annual Donor Fatality Report released each year on the FDA website. As for Connecticut, I'm aware of at least one death that took place since our hearing last year. I can comment that there was not a nurse at that particular drive.

It would be inappropriate for me to say that the death could've been prevented, but I will say that a licensed professional who has been trained in assessing patients is more adept at picking up on signs of early distress. And that's the whole point: Why wait for a death. Front line staff constantly sees adverse reactions on blood drives that require a nurse's professional opinion and intervention.

Last March, during Dr. O'Neill's testimony she had made a bold and amazing statement that having an RN or LPN at every blood drive would be too costly and she would shut the state down and get blood elsewhere. While only up until recently we had only RNs in charge at every blood drive, I will set that fact aside for a moment and address the cost concern. Rather than hiring RNs, licensed health care professionals, to oversee the safety of the blood collection process and Connecticut donors they have instead hired supervisors to be at every drive with a goal of 25 products or more.

What credentials might these supervisors have? The supervisor job qualification requires "RN or LPN or equivalent". What is the equivalent of a degree and license? Of the almost 20 supervisors they have, only 3 of them have RNs. The majority of them have the highest educational level of a high school graduate. You might reason that they do this to save money. On the contrary, the salary of an unlicensed supervisor is well over \$10,000 more of a starting RN in the bargaining unit!

As for Dr. Pisciotto's statement last year that we only handle healthy donors, I found her statement surprising for two reasons:

(1) We handle patients that come in to donate blood for themselves...they might have cancer, they might be HIV positive, he list goes on.

(2) As a nurse, you can never presume that a person is healthy. There may be an underlying issue that even the donor is unaware of that may lead to a mild or severe reaction. Giving 1/10 of your blood will put a certain amount of stress on the heart that a healthy donor can handle and the heart will have to work a little harder to make up for the loss of oxygen and loss of blood.

While we have a screening process, it is not an all encompassing capture of reasons to rule out a donor. As a new nurse, I could sit here and give you example after example of times I've had to rule out a donor that the supervisor I was with would have not nor would they have thought to get the doctor's opinion. One recent example ,dealt with a donor presenting with a recent head injury which our guidelines do not address. The supervisor's rationale is if it's not on the health history questionnaire, its fine. That is a dangerous assumption.

In short, I strongly urge you to support the language requiring an RN or LPN at every blood drive collection site and I also urge you to amend the language regarding apheresis. Infusing biologics into a person is under a licensed health professional's scope of practice. If language is to pass allowing unlicensed staff to perform the apheresis procedures then it is crucial that is done under the supervision of a registered nurse trained in the apheresis procedures.

Thank you for your attention. Our union looks forward to working with you to ensure safe blood collection practices that put donors ahead of corporate profits.

**Red Cross Blood Services
Connecticut Region
Whole Blood Collections - Chain Of Command**

#1 -Shawana Rivero, Director of Nursing, RN

#2-Assistant Directors- Bobbi Cislo Dan Phillips Lisa Arnau, RN

Licensed Supervisors: Helen Caine, RN Supervisor, Diane Butler, RN Supervisor,

Linda Rego RN Supervisor, Clare O’Gorman LPN Supervisor

Unlicensed Supervisors-

[REDACTED], [REDACTED], [REDACTED],
[REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED],
[REDACTED], [REDACTED]

Charge Nurses- Chris Guidice RN, Linda Kennedy RN, Chris Cunningham RN, Noreen LaCroix RN,
Melissa Carter RN, Linda Veleas RN, Sarah Emmons RN, Kelly Schiff RN, Theresa Arpie RN, Christine
Holschlag RN, [REDACTED] Unlicensed, [REDACTED] Unlicensed, [REDACTED]
Unlicensed, [REDACTED] [REDACTED] Unlicensed, [REDACTED] Unlicensed, [REDACTED]
Unlicensed, [REDACTED] Unlicensed, [REDACTED] Unlicensed



**American
Red Cross**

Biomedical Services Job Description

Title:	<i>Team Supervisor</i>	Grade:	<i>10</i>
Family:	<i>Collections</i>	FLSA:	<i>Exempt</i>
Job Code:	<i>CO1004</i>	Date:	<i>September 2010</i>
Exposure Determination:	<i>1</i>	Approved:	<i>Total Rewards - COE</i>

Job Summary

Supervise blood collection (whole blood and apheresis) operations at fixed and/or mobile sites to ensure an efficient, effective and compliant process. Supervise staff, create a team environment and provide leadership needed to maintain premiere donor care, customer safety and satisfaction during the blood collection process.

Demonstrate excellent public relations to promote a positive, professional image of the American Red Cross. Work independently with attention to detail ensuring adherence to quality standards.

Perform all duties and responsibilities in compliance with standard operating procedures, Safety Quality Identity Potency Purity (SQUIPP), regulations outlined in the Code of Federal Regulations (CFR), Occupational Safety and Health Administration (OSHA) and other applicable Federal, state and local regulations.

Responsibilities

1. Ensure blood drive compliance with applicable Federal, State and local regulations as well as all American Red Cross policies, procedures and guidelines. Ensure SQUIPP (safety, quality, identity, purity and potency) for all products collected under their supervision.
2. Plan, manage and direct all aspects of blood and/or apheresis collection operations (fixed site and/or mobile) to ensure an efficient and effective process. Recognize and correct donor flow inefficiencies. Monitor work area and practices to ensure a safe environment; take preventative and/or corrective action to prevent safety hazards and potential injuries to donors, volunteers and staff.
3. Supervise staff including hiring, training, evaluation, and discipline to ensure a well-qualified team and to enhance operational success. Monitor individual and group performance to improve overall team effectiveness.
4. Perform clerical administrative functions to provide documentation and ensure donor/recipient safety and to monitor staff competency. May perform or serve as a trainer for all blood collection procedures.
5. Meet or exceed donor, sponsor and other customer's service expectations. Seeks and uses customer feedback to improve services.

6. Ensure effective internal and external communication between all department levels and functions to foster teamwork and enhance operational success.
7. Complete required readings and training assignments by assigned deadline. Documentation of training/communication for team is accurate and timely.
8. Support activities to recruit/re-sign donors and other process improvement initiatives.
9. Perform other related duties as necessary.

Scope

Supervise and oversee all aspects of daily blood collections operations. Perform, assess and provide training for blood collection activities as needed. Responsible for supervision of team of line staff. Ensure team focus on customers. May operate ARC vehicles in compliance with regulations.

Must balance production, customer service and compliance on a daily basis, ensuring integrity of operation.

Qualifications

Bachelor Degree, RN/LPN or equivalent combination of related education and experience required, with current state licensure as required. Minimum two years related experience required. Supervisory experience preferred. Related experience includes medical, technical, supervisory experience or documented satisfactory performance as a Collections Specialist. Customer service experience required. Effective verbal communication and public relations skills are required. A current valid driver's license and good driving record is required. Proficient with Microsoft office applications.

Competencies

The duties and responsibilities mentioned in the job description are representative of the essential functions of the position. The performance management system incorporates competencies which are identified, discussed and evaluated in order to meet operational milestones and which are tied to job families and titles. Three types of competencies have been identified; Technical Competencies are job specific skills and methods, Core Competencies are the abilities and behaviors expected of all Biomedical Services employees, Leadership Competencies are specific abilities and behaviors required of those performing formal management roles or other leadership roles (i.e. Project Leaders). Management and staff should contact Human Resources for further details on the appropriate competencies for a specific position.

Essential Functions/Physical Requirements

The duties above indicate the essential functions of the position. Operational flexibility is required to meet sudden and unpredictable needs. Physical requirements may include the ability to lift, push or pull heavy weights up and down ramps and stairs, good manual dexterity, the ability to sit or stand for long periods of time and adapt to long, irregular hours and frequent schedule changes is required.

Exposure levels are based on the essential functions as stated in this position description; however, in some instances, variances may occur due to the applicable nature of this position within a particular work site. Therefore the work site may determine the exposure level to be greater than or less than the below stated level.

This position is an exposure determination 1 in view of the fact that the position requires the incumbent work under conditions where the potential exists for the incumbent to make contact with blood or blood components as a result of splashes, spills, and/or needlesticks.

My name is Sarah Emmons and I have been an RN for 23 years. I have worked for the Red Cross for the past 15 years in Blood Services.

I am here to voice my support and concerns for bill 6277. I wholeheartedly support having a licensed nurse at every blood drive.

Speaking from 15 years of experience working on blood drives each and every day, I can tell you, keeping a licensed nurse at every blood drive is key to keeping our blood donors and blood supply as safe as it can possibly be.

Yes, we have guidelines we follow.

Yes, we have blood testing.

Yes, we have an on-call MD, but if you remove the licensed nursing professional on site at the blood drive from the equation, you are removing a very important safety net.

Attached to my testimony, I have some recent case scenarios that help drive the point home of why we need licensed nurses at blood drives.

Last year, Dr Pisciotto, our Medical Director stated that nurses were not needed at the Red Cross because we deal with only healthy donors. Based on the attached case scenarios and many more undocumented scenarios just like these, that statement by Dr. Pisciotto is not entirely true. Most of our donors are healthy, some are not. Licensed Nurses have the assessment and history taking skills necessary to screen out those donors who may not be so healthy. They also know when to consult and defer to an MD's decision.

Many donors do not feel so healthy after their blood donation. Post donation reactions can range from feeling lightheaded to hyperventilation to tetany to loss of consciousness to seizures to chest pain to head trauma from a fall to death. Licensed Nurses have the training and experience to handle the emergencies that can arise after a blood donation until emergency personnel arrive.

At last years public hearing, Dr Mary O'Neil stated that nurses cost too much. Some of the unlicensed team supervisors who the Red Cross are promoting and whose highest credentials consist of a high school diploma have a higher income than the licensed nurses they are replacing! How high will the cost be to public safety if nurses are removed from Red Cross blood drives?

With regards to the apheresis portion of bill 6277, at the very least, the language needs to be amended to replace "unlicensed supervisors" with "supervision by licensed nurses trained in the apheresis procedure".

Previously, the Red Cross allowed this procedure to be done on the road against CT state statutes using unlicensed personnel, supervised by licensed RN's untrained in the apheresis procedures. The issues in question here were unlicensed technicians administering biologics to donors and licensed nurses supervising these technicians, not even trained in the apheresis procedures. How could we effectively supervise this procedure when we knew nothing about performing it ourselves?

I do have some concerns over this entire issue, and am not entirely comfortable with any legislation moving forward on this too prematurely. Allowing unlicensed technicians to infuse biologics into donors is a procedure previously relegated to a licensed nurse and I believe all safety issues surrounding this matter need to be further scrutinized.

I would also like to go on record as opposing my employers efforts to allow 16 year old children to donate blood. Having worked numerous high school blood drives, I can attest to the immaturity of many 17 year olds. I believe taking blood from 16 year old donors is irresponsible as many of these donors will not have the maturity level to handle it.

In closing, I believe that Licensed Nurses are an essential component to the safe collection of blood. Our nursing education, experience and professionalism are what distinguish us from our non licensed counterparts. It is these qualities that we rely on, to make sound and safe decisions regarding donor eligibility and donor reaction care. The safety of our blood supply and the donors who supply that blood rests in our hands, and we take that responsibility very seriously. That is why we are here today, to defend it.

May 1, 2010
Stamford

An autologous donor in her mid 60's presented to donate a pint of blood for her own surgery. She had not donated in many years.. Upon taking her blood pressure I received a reading of 100/70. She stated "That is very low for me". She explained to me that she usually ran about 150/80 to 160/90. She had started a new medication for her blood pressure 3-4 days earlier that her MD had prescribed for her some time earlier. This was in addition to another BP med that she was already taking. So she was more or less self medicating herself for whatever reasons. She told me she had taken a dose of the new medication that AM before coming to the blood drive, as well as a dose the previous evening. She also had not eaten anything for breakfast that morning.

I phoned the on call MD, fully recognizing that she would be a risk for a more serious reaction if she had been allowed to donate. The on call MD agreed that it would not be wise for her to donate that day. I explained to the donor what could potentially happen to her if we took a pint of blood from her with the new medication still working in her system. We would lower her blood pressure even more and it could cause her to have an adverse reaction. I advised her to call her MD and explain to him what she had done and to reschedule her autologous donation for another day.

As an addendum to this story, the following Tuesday afternoon, I did a double shift to the Norwalk Donor Center where one of our unlicensed team supervisors was already at work. She informed me that my autologous donor from Saturday had come in to donate earlier that afternoon and had done well with her donation. My supervisor could not understand what the big deal was with the donors blood pressure on May 1st. This supervisor did not have the medical backround to look at the whole picture of this donors physical status: elderly

had not eaten

had not donated in many years

recently started a new bp medication without her MD's consent

had a markedly lower blood pressure than what was normal for her

If this team supervisor had been at the blood drive May 1st without a licensed nurse, I believe this donors outcome would not have been as safe and successful.

September 18, 2010

Ansonia

I go into the donor room to discontinue a pint of blood that had just filled. As I am doing this, I notice the donor has reddened edematous lower extremities below the knees. They are very warm, almost hot to the touch. Upon questioning the donor, she tells me that the minute she gets up in the morning, her legs become warm and swollen. She also tried to blame it on her right knee replacement, (despite the fact that both her lower legs were warm and swollen). She denied infection – stated she had, had a recent blood test. Donor insisted she was fine despite the bright red, swollen lower legs. Telephone call was placed to the on-call MD. I explained the situation to her and she told me to discard the pint, which I did. The MD explained that it is very difficult to differentiate cellulitis (infection of the tissues), from chronic peripheral vascular disease, so we should err on the side of safety and discard her pint of blood.

August 16, 2010
Southbury

A donor comes in to donate. Her medical history goes like this: In 2001, she had an MI, (myocardial infarction) secondary to sudden cardiac arrest. She basically died and was revived but remained in a coma for 6 days. She had an internal cardiac defibrillator placed and was placed on various cardiac medications to help regulate her heart beat. She had the batteries replaced in her defibrillator in May, 2009. She sees her cardiologist every 6 months ever since the initial event. She had not donated since before this mishap. Her skin color appeared almost gray and she did not look totally well. I placed a call to the MD on call and deferred the lady upon their advice.

June 25, 2010
Danbury

Donor presented to blood drive with severe, bilateral, peripheral edema to both lower extremities. He had dirty bandages covering open ulcerations to both legs. His legs were reddened and swollen with fluid. They looked suspicious for an infection of the tissues of the leg, also known as cellulitis. The donor denied going to his MD and denied that he had any kind of physical problem. I deferred this donor for potential infection.

September 15, 2010
Danbury
Bus

The same donor as above presents to blood drive. He is wearing a leg brace today for his Cerebral Palsy, as well as long pants. He is barely able to climb stairs to the bus. I interrupt his health history interview and ask to see his legs, as I remember him from last Summer, as did my Driver Technician. He shows me one leg and again it is swollen and reddened and warm to the touch. The donor again denies having a problem or that he had even been to his MD. I placed a phone call to the MD on call and deferred the donor with the MD's advice.

Testimony on Raised Bill No. 6277

Christine Cunningham, RN, BSN,

AFSCME Local 3145 Executive Board Member

I. Introduction

My name is Christine Cunningham, I have been a licensed RN,BSN, for approximately 20 years and have been employed by the American Red Cross for approximately 7 years.

II. Testimony in Favor of Section 1, Paragraph (2b-3)

I am testifying in favor of section 1, paragraph (2b-3)

According to the FDA, blood is a medication. Therefore, we need to have a licensed RN or LPN at every drive as the qualified medical designee to ensure the health and safety of donors, staff and the general public and to protect the integrity of the national blood supply.

A licensed RN or LPN has the necessary education and medical experiences needed to make decisions critical to safe and successful blood collection in accordance with state and federal regulations and guidelines.

A licensed RN or LPN has the medical expertise needed to understand the broad set of medical conditions and pharmaceutical histories in order to determine donor eligibility or seek medical clearance from an appointed physician.

A licensed RN or LPN has the medical expertise needed to identify the severity of and provide appropriate care for donors that have a light, moderate, or severe reaction before, during or after the blood donation process.

A licensed RN or LPN has the medical expertise needed to deliver CPR / AED and First Aid and to identify the need to contact EMS and assist in providing a medically safe and smooth transition to an off-site emergency medical facility.

Regards,

Christine Cunningham RN, BSN