

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 background 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.