

February 27, 2013

Good Morning,

My name is Bobbi Reale and I am here to urge your support for Proposed Bill No. 5732, requiring licensed nurses at blood drives.

I worked for the Red Cross for 14 years as a BSNT, a phlebotomist. My training was a 12 week course that included instruction in obtaining a medical history, along with classroom training in phlebotomy as well as hands on supervised instruction. My training also included a biannual CPR course. I was not given any type of first aid training. I have recently retired.

There are two important components of the job that I feel necessitate having an R.N. present at each and every blood drive.

The first component is the history-taking aspect of the job. The historian evaluates a donor based on the vital signs and the medical history of the donor. Vital signs include pulse, blood pressure, height, weight, and hemoglobin level. The history questions cover a wide range of subjects such as travel, medications, past illnesses and diseases, sexual conduct. Until two years ago, an R.N. was always in charge and available to help evaluate any medical issues, as well as assist with any problematic vital signs. For example, not all heart or lung related issues are listed in the documentation that we used to evaluate, and a nurses opinion and experience was sometimes needed. As for vital signs, their opinions on blood pressures and irregularities with the pulse were important.

The second component is in the area of adverse reactions that sometimes occur when a pint of blood is removed from the body. Adverse reactions can be:

- Lightheadedness
- Loss of consciousness
- Nausea
- Vomiting
- Seizures
- Convulsions
- Loss of bladder and or bowel control

Reactions can last for a period of seconds to hours, sometimes requiring an ambulance and transport to a hospital for further care. I have seen people faint, fall flat on their face, suffer cuts and bruises from the falls. As I stated previously, I have never received first aid training from the Red Cross. Anything I have learned about how to handle these situations was taught to me by the R.N. and fellow staff. Reactions are not a rare occurrence, either. I would estimate that in the approximately 2,700 blood drives in which I participated over 14 years, I have handled or witnessed at least 400-500 reactions. The vast majority, 90% were at high school blood drives with 17 and 18 year old donors, the rest were at community drives with adult donors.

The person in charge of a blood drive now is not an R.N. He or she is not an L.P.N. No formal medical training is required to be in charge of a blood drive. I think that is scary, and I hope you do too, and I hope that you will pass bill 5732 and once again, Registered Nurses will be present and in charge of American Red Cross blood drives in Connecticut.

Thank you,

Bobbi Reale