



**American  
Red Cross**

Connecticut Blood Services Region

**American Red Cross  
Statement to the Committee on Public Health  
State of Connecticut General Assembly– Proposed Bill 5732  
February 27, 2013**

***Testimony of Patricia Brigham, R.N., MSN  
American Red Cross - Connecticut Blood Services Region***

Chairpersons Representative Susan Johnson, Senator Terry Gerratana and  
Members of the Committee on Public Health:

My name is Patricia Brigham. I am a Registered Nurse Team Supervisor for the American Red Cross. I am here today to speak in opposition to Proposed Bill Number 5732, which would require licensed nurses at blood drives.

As a Team Supervisor, my responsibilities are the same as those previously outlined. I am proud of my nursing experience, but a large part of that background is not what I put into practice as a Team Supervisor. While I am proud of my background as a Registered Nurse, there are others who are also qualified to work as Team Supervisors. I believe, for example, my colleague, Matt Skarzynski, who testified before me, a former army medic, is just as qualified a Team Supervisor as I am.

Prior to returning to the Red Cross in July 2012, I worked as a Director of Nursing at a Connecticut hospital and a Director of Global Training for a blood management company. In both roles, I directed and trained licensed and unlicensed staff.

I first worked for the Red Cross from 1970 to 1983 as a phlebotomist and then Assistant Director for Staff Development. At that time, there were fewer standard protocols, unlike today when our procedures are highly regulated. A licensed professional can not make a decision that is independent or differs from the regulated processes. Collection Technicians, LPNs and RNs alike follow the prescribed protocols and contact a Red Cross physician if there is a question or need for consultation.

The process of blood donation starts with the health history and a mini-physical exam intended to assure safety for both the donor and the recipient. This includes a series of regulated questions to determine the eligibility of the donor and taking the donor's temperature, blood pressure and pulse to determine if a donor has any issues which might not allow them to donate. A hemoglobin finger-stick test is given to determine iron level. Regulations provide a range of results that is acceptable for donor eligibility.

After health history, the donor proceeds to the donor bed. Per regulated procedures, the donor record is confirmed to match the donor with the blood donation. The phlebotomist then selects the arm for the venipuncture, assures there

is no allergy to iodine, adhesive tape or adhesive bandages and prepares the venipuncture site using a two-step iodine scrub. The needle is inserted in the vein and the blood donation begins. A digital scale regulates the amount of blood taken from a donor. At the end of the donation the needle is removed. Records are again linked to the donor and the donation by scanning the paperwork and labeling the blood donor record and unit of blood. None of these procedures fall under licensed activities as defined in the Nurse Practice Act.

I feel confident that with our highly qualified staff, the absence of licensed nurses has not in the past and does not now present a compromise to the quality of donor selection, or to the care of donors during and after the donation.

Thank you for your consideration regarding this important legislation.