

Testimony in Support of HB 2541
Matt Clark
February 11, 2015

Chair Greenlick and Members of the Committee:

My name is Matt Clark and I have worked as a registered nurse at the American Red Cross Blood Services in Portland for over 15 years. I urge your support of HB 2541.

I am a fifth generation Oregonian, graduated with honors from Portland Community College's nursing program. I am incredibly proud of the work I do at the Red Cross. Over the years, many members of my family have been blood recipients. My work allows me the opportunity to give back to my family and my community by helping to protect the integrity of our blood supply and the safety of all donors.

Throughout my career, I have supervised staff and volunteers to ensure a safe, efficient blood drive, perform venipunctures, and assess volunteers for their ability to safely donate a viable and safe pint of blood, according to pre-set criteria.

Sadly, there are no blood tests that can detect 100% of the dangerous elements in a unit of donated blood. Therefore, we employ a series of assessments involving a mini physical exam and a number of questions to minimize risk factors as another layer of safety.

The American Red Cross, The American Association of Blood Banks and others have collaborated to develop a set of procedures to mitigate as many risk factors as possible, and they are always doing studies to continually improve this procedure, but there is still a risk that safety, quality, identity, purity, and potency (SQuIPP) could be compromised, which makes the inclusion of a licensed health care provider a vital part of every blood drive.

For example, one time I met a donor to go over his Self- Administered Health History questions and I noticed a bandage on his foot. I noticed a slight limp when he came in, so I commented about it in casual conversation. He told me he had an infection in his foot. He had stepped on something. When I told him he wouldn't be able to donate with an infection due to possible blood contamination, he said he answered all the questions but didn't see *that* question.

The donor didn't see the question because there is not a question that specifically asks about infections. There are questions about antibiotics or other medications for an infection, and a question asking if the potential donor is feeling healthy and well, but no specific question about an actual infection. He thought the medication was the only probable issue. He then told me he couldn't afford to go to a doctor or get medication. He figured it would get better eventually, and he felt OK, and was confused why he couldn't donate. That donor would very likely have donated his blood to be used if I hadn't noticed the limp and asked about his bandage.

Red Cross employees are trained to ask specific questions and record answers. They're taught to seek assistance if there is an answer outside the box. Licensed health care providers are trained so they know what to look for and the pertinent questions to ask to help identify potential health hazards.

Another instance concerned arm scrubs. One of the non-licensed staff was preparing to begin a scrub when I happened to walk by and noticed some scaly patches on the donor's antecubital space. The staff said it just looked like some dry skin. I asked the donor if he suffered from psoriasis. He said yes, he had it in several places including those two spots on his arm where the VP was to be. That arm could not be used due to "rash or skin disease" at VP site.

I later contacted our on-call physician to let him know about a trend I was seeing around arm scrubs, and to get some possible clarification. When I was first trained I was told to not perform a VP if there were any breaks in the skin within the scrub area, but he said sometimes you could scrub over non-intact skin as long as the needle didn't go *through an infected area, because "people can die that way"*. He told me to use my best judgment.

I felt confident in my own judgment, but asked for some clarification / specific guidelines for our non-licensed staff, so he asked me to send an email with my concern and also CC the collections director of Lewis and Clark Region, where he was based.

After a month of no reply, I followed up. The physician and the director had discussed the issue, but apparently weren't willing to put anything in writing and told me again to use my "best professional judgment".

By keeping eyes and ears open, and utilizing the medical perspective gained through education in conjunction with the established criteria, nurses can prevent unsafe donations. Often when asked by staff about one question, I discover a separate deferral reason that was overlooked.

For instance, when asked recently if medications for a recent colonoscopy were an issue I discovered some polyps had been found, so asked if a biopsy was pending. It was. I deferred the donor, not for medications taken, but for the pending biopsy listed under the cancer question, which he had answered NO. The un-licensed staff that performed the intake procedure was not familiar with that procedure. I don't believe all specific contingencies can ever be accounted for within any document, so personnel with the proper level of education will always be needed to ensure highest levels of safety.

I would like to relate one more story close to my heart: I was recently charging a blood drive on one of our buses at a New Seasons store. An employee knocked on our door during his break and asked for me by name. He said he didn't know if I remembered him, but when he was volunteering to donate at a previous drive (maybe as much as two years before) I had deferred him for having an erratic heart beat. He told me that I had been quite concerned for his personal health and when he asked if he should see a doctor, I said something like, "if it was me, that's what I would do." So he did. It turned out he had a heart valve issue that required immediate care. He went on to tell me his doctor told him that I had saved his life.

In most areas of life we don't think about how our actions may have affected someone we don't know. When responsible for blood safety, however, it is an *everyday* fact. That was, at least one time, when I was blessed with the knowledge.

Protect Oregon's blood donors and blood supply. Please support HB 2541.