

NAP



The Newsletter of the National Association of Phlebotomists February 2011 Volume 11.1

Train the Trainer Courses 2011

Train the Trainer Courses for 2011 formulate, deliver and assess a structured course for your workplace fit for purpose.

Dates and venues 2011

(other venues can be arranged for group bookings)

19th & 20th March 2011 at Staines Middlesex

25th & 26th June 2011 at Whitehouse Hotel Telford Midlands

1st & 2nd October 2011 at Whitehouse Hotel Telford Midlands

All Train the trainer courses start at 10.00 Saturday to 17.00 & complete on Sunday 09.00 – 14.00 and cost £450 for members £ 550 for non members this is inclusive of a NAP training CD Rom and manual with ongoing support to design your training individual to your work place.

Facilitated by Jacqui Hough
Please email Jacqui.hough@asph.nhs.uk for a booking form



Paediatric Venepuncture Training

Dates and venues 2011

2nd April 2011 at Birmingham Children's Hospital

18th June 2011 at Birmingham Children's Hospital

10th September 2011 at Birmingham Children's Hospital

12th November 2011 at Birmingham Children's Hospital

All the courses start at 10.00 and run until 14.00.
Places are restricted to 6 per session and cost £75 per person,
Theory and simulated practice for children of 12 months and upwards.

Paediatric Courses are facilitated by David Rist,
Phlebotomy Manager at Birmingham Children's Hospital.
Please email Jacqui.hough@asph.nhs.uk for a booking form

Proud to be a Phlebotomist?

This will be the theme for this years National Association of Phlebotomists

AGM and Conference

which is being held in the Governor's Hall at
St Thomas' Hospital, (www.guysandstthomas.nhs.uk)
Westminster Bridge Road, London, SE1 7EH
(walking distance from Waterloo underground station)



on Saturday 9th April 2011

AGM
will start promptly at
10.00
(2010 members only)

Conference
10.30 – 15.45
(a light lunch will be provided)

Speakers
There will be guest speakers on
MSC
(Modernizing Scientific Careers)
and
Quality Issues

Plus a chance to see what all the product companies have to offer!



AGM and Conference 2011

BOOK YOUR PLACE NOW

Just fill in your details below and send to Jacqui Hough, Ashford Hospital Blood Tests, London Road, Ashford, Middlesex, TW15 3AA, alternatively email your details to Jacqui.hough@asph.nhs.uk members FREE, cost to non-members £50

Name _____ Position _____

Membership no. _____ Payment Y / N (payment for non members £50)

Work address _____

Home address _____

Email address _____ Contact telephone no. _____



10 Truths about Gloves

Our wonderful friend and colleague Dennis Ernst provides yet more valuable information which we wanted to share with you.

Gloves are an integral part of personal protective equipment for healthcare professionals assigned blood specimen collection responsibilities, and are a key component of every infection control program. But how much do you know about the quality and limitations of the gloves you wear? Do you inspect every pair that you don? Do you know the glove type that is most likely to leak? Do gloves have an expiration date? To test your knowledge, answer the true/false statements below:

1. According to the U.S. Food and Drug Administration (FDA), manufacturing standards state that it's acceptable for patient examination gloves to have holes. True – In 2006, the FDA lowered the defect rate for patient examination medical gloves to 2.5 percent.(1,2) This means that up to three exam gloves in a lot of 500 can be defective and still comply with the FDA's standard. Because defects may occur during the manufacturing process, every pair of gloves should be inspected before use.

2. Hot, sweaty hands can compromise the integrity of latex gloves. True – In approximately 50 minutes, heat and perspiration emitted by the hands can break down latex to the point that viruses such as hepatitis B and HIV can penetrate. To ensure uncompromised barrier protection, a latex glove should not be worn for more than 30 minutes.

3. Compared to latex and nitrile, vinyl is less likely to leak and allow penetration of organisms. False – Vinyl gloves are more likely to

leak and allow pathogens to pass through when compared to latex and nitrile. Nitrile is superior to latex and vinyl in terms of resisting perforation. But when holes do occur in nitrile gloves, they enlarge much quicker. From a material integrity standpoint, latex or nitrile gloves are preferable to vinyl for clinical procedures that require manual dexterity and/or involve more than brief patient contact. (3)

4. Chemicals can dissolve gloves. True – The most common types of gloves used in clinical laboratories are susceptible to the effects of a variety of chemicals. No one glove material is resistant to all chemicals. For example, some petroleum-based hand lotions can dissolve latex. If unsure about a particular chemical's effect on the gloves you wear, check the chemical penetrance charts published by the glove manufacturer.

5. Latex gloves should be dated when opened and discarded after three months. True – Latex can be compromised by a variety of environmental factors, including exposure to:

- ozone;
- x-rays;
- UV light;
- temperatures above 33° Celsius;
- humidity levels exceeding 40 percent.

To prevent latex degradation, gloves should be stored in a cool and dry environment, free from electrical equipment or light sources. Date individual boxes when they are opened and discard any remaining gloves after three months.(1)

6. Latex gloves have been known to spontaneously combust. True - In 1996, the FDA issued a public health advisory after the spontaneous combustion of latex gloves caused four fires in different states.(4) The fires occurred in warehouses where large quantities of non-sterile, powder-free, latex gloves that had been imported from China were stored on pallets. The most important contributing factors identified were extreme heat and the bulk of gloves stored, with the FDA making the following recommendations:

- Avoid a large inventory of powder-free latex gloves.
- Remove shrink wrap from pallets of stacked cartons.
- Restack/reconfigure cartons to promote cooling ventilation.
- Regularly check gloves for signs of deterioration, such as discoloration, brittleness, tackiness, or an acrid chemical odour.
- Rotate glove stock using "first-in-first-out" practices.

7. Latex particles can become airborne if powder is present in latex gloves.

True – When powder is present in latex gloves, the protein responsible for latex allergies can attach to it. When gloves are removed, the particles can become airborne for up to five hours and serve as a route of exposure to others who are sensitive to latex. Because of the potential for respiratory reactions in allergic individuals, it is generally recommended that latex gloves containing powder be avoided. However, advancements with latex glove manufacturing technologies

provide the option of powder-free latex with lower protein content.(3)

8. The reactions associated with latex allergy are always mild. False – The reactions experienced in patients and healthcare workers sensitive to natural rubber latex can range from mild to life-threatening.(3) The number of healthcare workers experiencing latex allergies or hypersensitivity is estimated to be 2 to 17 percent.(3) The FDA has received reports of 16 healthcare worker deaths directly attributable to exposure to medical devices that contain latex.(5)

9. The barrier integrity of any glove may be compromised by routine practices.

True – Jewellery, long fingernails, and artificial nails may snag or puncture gloves and should be avoided. Incompatible hand lotions may compromise the glove's integrity and improper donning, such as pulling too hard on gloves, may tear them. If the fit is too loose, the glove may catch on equipment or other objects. If too tight, the glove is subject to tear due to excessive stress.(3)

10. Gloves provide no protection against a needlestick.

False - Studies show that when a contaminated needle pierces a glove, the material of the glove wipes off up to 86 percent of the blood from the needle before it passes into your tissue. That means you have a lesser inoculation of whatever virus could be in the blood that you're exposed to.(6)

References

1. Davis, D. *Gloves: Lab Safety: Uncommon Knowledge About Common Objects. Lab Med 2008;39(9):576.*
2. U.S. Department of Health and Human Services. Food and Drug Administration. 21CFR800.20; Subpart B—Requirements for Specific Medical Devices; Patient examination gloves and surgeons' gloves; sample plans and test method for leakage defects; adulteration. Link. Accessed 1/11/11.
3. Experts Address Glove-Related Latex Allergies. Inf Cntrl Today. Link. Accessed 1/12/11.
4. U.S. Department of Health and Human Services. Food and Drug Administration. FDA Public Health Advisory: Potential risk of spontaneous combustion in large quantities of patient examination gloves. June 27, 1996. Link. Accessed 1/11/11.
5. Latex Allergy: an emerging healthcare epidemic. Applied Medical. <http://www.appliedmedical.com>. Accessed 1/12/11.
6. Ernst D. Ballance L. (ed) *Blood Specimen Collection FAQs.* Center for Phlebotomy Education. Corydon, Indiana. 2008.

What future for Phlebotomy Education?



By David Rist - Phlebotomy Manager, Birmingham Children's Hospital

Since its creation the National Association of Phlebotomists has campaigned for a bespoke phlebotomy qualification. The Association was heavily involved in the writing of National Occupational Standards for Phlebotomy and has a long standing relationship with Skills for Health and the Federation of Clinical Scientists. Currently, there is no stand alone qualification for phlebotomy due in part to the insistence of Skills for Health that phlebotomy is a clinical skill that can be taught to anyone and so is better suited as a stand alone module within, a larger vocational qualification in Health. Standalone units in venepuncture, capillary collection and blood gas sample collection, have existed for a number of years and although phlebotomists have been able to access these units and obtain certificates of competence based on them they have not had access to a full NVQ 3 qualification. Completion of a full NVQ in Health and Social care or blood donor support has not been appropriate for the majority of phlebotomists whose sole function is the collection of blood samples.

In 2009 an NVQ3 in Pathology Support became available from City and Guilds and Edexcel. Although not specifically aimed at phlebotomists there

are sufficient units within the award that are appropriate for phlebotomy. 2011 will see the introduction of Modernising Scientific Careers, a new education/training frame work for Healthcare Scientists. There is a particular strand of MSC that relates to support roles in AfC bands 1-4. As part of the work being done to develop the training and education needs of this group MSC are working with Skills for Health to deliver training packages specialist areas including phlebotomy, which is specifically mentioned in the England Action plan.

A number of NHS employers are already talking to Higher Education Institutions about the development of bespoke phlebotomy courses that meet local need.

The coming year may see the gradual introduction of specific education and development pathways for support staff hopefully Phlebotomy will be at the forefront.

Any phlebotomist who wishes to pursue a phlebotomy related qualification should contact their manager, have it agreed and form part of their PDR. They should then approach their training department and see what help is available.