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)

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

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

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. ____________________________
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 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. False – In 2006, the FDA lowered the defect rate for patient examination medical gloves to 2.5 percent. 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 prevent latex degradation, gloves should be discarded after three months.

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 minimal dexterity and/or involve more than brief patient contact.

4. Chemicals can dissolve gloves. True – The most common types of chemicals 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 penetration 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
   - a-rays
   - UV light
   - temperatures above 33°C
   - 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 acidic chemical odour.

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 hand washing 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