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Training the Trainer course. I hope that I have inspired to share my thoughts with you. Once again I have put anything in your PDF – if you need to know something else, please ask me.

Gracefully Yours,
Roger Hoke
BSc (Hons) PG Cert TLHE, RODP.

References

and nosocomial methicillin-resistant Staphylococcus aureus infections. J
Infect Dis 2001; 49: 59-61

4. Re-usable tourniquets have been shown to have the potential to spread nosocomial infections [Berman et al, 1986], that are intended to be reusable, and those designed to be disposable, single use items. The former is often constructed of a thick, woven elastic material, which may contain natural rubber latex, and invariably incorporates a plastic or metal quick release mechanism. Disposable tourniquets often consist of little more than a simple strip of synthetic, latex free, stretch material. The advantage is easy to apply, whereas disposable tourniquets require the user to apply them correctly as a flat band to avoid patching the skin. For some time there has been considerable discussion over where and on which type of patient repair is justified [2]. A separate study examined 100 tourniquets from a cross section of healthcare workers from a large teaching hospital [Rourke et al, 2002]. The results showed that 75 (37.5%) of tourniquets were visibly blood-stained. It was estimated that 69.2% of laboratory phlebotomists' tourniquets carried visible bloodstains following 53.3% of tourniquets being visibly bloodstained.

In a similar study [Göldner et al, 2005] found that 50% (n = 200) of the nurses sampled were using re-usable tourniquets. Additionally all 50 in the sample group (100%) contained heavy growth of skin flora including coagulase negative staphylococci, staphylococcus epidermidis, coagulase positive staphylococci and aerobic and anaerobic coagulase negative staphylococci. Other important bacterial cultures were obtained from three (6%) of the 50 nurses sampled. These included E. coli, (4%), Enterococcus faecalis, (2%), Pseudomonas (2%) Stenotrophomonas maltophilia (2%) and methicillin-resistant Staphylococcus aureus (1%). High bacterial colonisation may be attributable to bacteria being trapped within re-useable tourniquets [Göldner et al, 2005].

More recently another study found that when tourniquets were replaced on a daily basis, MRSA could be decreased to nearly 25% of the nurses sampled [Lenth et al, 2006].

As part of an Inter-Professional Learning Unit (IPLU) for healthcare workers from University of Portsmouth and Southampton (Group 62), the students were asked to evaluate the two types of tourniquet and make recommendations based on risk to patients. Where additional funding was required, the students recorded costs and to provide a case for funding they presented their findings to senior Trust Management and the Infection Prevention and Control team.

Although the cost of introducing single use disposable tourniquets was considered to be a convinving argument that costs could be met from an organisational perspective, the students estimated the average cost of treating a bacteraemia at £7000. The same amount would buy 100 disposable tourniquets.

Portsmouth Hospitals NHS Trust has amended its policy on appropriateness and access inclusive phlebotomy and have now changed exclusively to single use, disposable tourniquets.

Roger Hoke is Clinical Educator at Portsmouth Hospitals NHS Trust.

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References

[1] Berman DS, Shaeffler S, Simberkoff MS. Tourniquets
and nosocomial methicillin-resistant Staphylococcus aureus infections. J
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Tourniquets are traditionally used in phlebotomy and venous cannulation to encourage distension of the veins and to facilitate blood flow. Two types of tourniquets are available those that are intended to be reusable, and those designed to be disposable, single use items. The former is often constructed of a thick, woven elastic material, which may contain natural rubber latex, and invariably incorporates a plastic or metal quick release mechanism. Disposable tourniquets often consist of little more than a simple strip of synthetic, latex free, stretch material. The advantage is easy to apply, whereas disposable tourniquets require the user to apply them correctly as a flat band to avoid patching the skin. For some time there has been considerable discussion over where and on which type of patient repair is justified [2]. A separate study examined 100 tourniquets from a cross section of healthcare workers from a large teaching hospital [Rourke et al, 2002]. The results showed that 75 (37.5%) of tourniquets were visibly blood-stained. It was estimated that 69.2% of laboratory phlebotomists’ tourniquets carried visible bloodstains following 53.3% of tourniquets being visibly bloodstained.

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The last AGM was held in the Education Centre at Ashton House. The AGM was well attended and to the point with delegations given information on what the committee has been doing. Though the committee is not high profile they have been bowing away on being part of the membership attending many meetings and of course the IBMS Congress.

Education, training and care still are the effect that this would have had on the skin of an 8-year-old, or something the star nurses realised this method needed to be changed.

Five years later another clinician and 1...ontinuous funding of this - its patient friendly and ease of use is amazing. We combine clinical experience with an expert panel of this - its patient friendly and ease of use is amazing. We combine clinical experience with an expert panel of this - its patient friendly and ease of use is amazing. We combine clinical experience with an expert panel of this - its patient friendly and ease of use is amazing. We combine clinical experience with an expert panel of this - its patient friendly and ease of use is amazing. We combine clinical experience with an expert panel of this - its patient friendly and ease of use is amaz...