

## COMPETENCY ASSESSMENT: TRAIN-147 – Phlebotomy (Venepuncture) Practical Procedures

Name: <u>Tracy</u> <u>Hutchcroft</u>	Trainer:	Target Completion Date:	13/8/18
		Actual Completion Date:	13/8/18
		Review Date:	13/8/21

### SCOPE OF COMPETENCY

- Scope of Service: Ward and Out-Patient sample collection
- Competency: Primary Sample Collection – Venepuncture practical

### TRAINING MATERIALS

- INT-SOP-121
- TRAIN-145
- EXT-GUI-163

	Tasks to be Assessed	Passed Y/N	Completed		
			Trainee	Trainer	Date
1.0	Has evidence to confirm that they are aware of the theory behind venepuncture	Y			
Assessment	Confirm that they have completed the venepuncture theory and been signed off as competent (TRAIN146)  Confirm date:				
2.0	Demonstrates knowledge and understanding of what actions should be taken in the event of: <ul style="list-style-type: none"> <li>• A patient fainting</li> <li>• Suspected cardiac arrest</li> <li>• Haematoma formation</li> <li>• Arterial puncture</li> <li>• Accidental Inoculation Injury (Needle stick)</li> </ul>	✓ ✓ ✓ ✓ ✓	TH	EF	13/8/18
Assessment	Ask what they would do in the following situations? <ul style="list-style-type: none"> <li>• A patient fainting?</li> </ul> Was this correct? YES / NO		TH	EF	13/8/18
	<ul style="list-style-type: none"> <li>• Suspected cardiac arrest?</li> </ul> Was this correct? YES / NO		TH	EF	
	<ul style="list-style-type: none"> <li>• Haematoma formation?</li> </ul> Was this correct? YES / NO		TH	EF	

	<ul style="list-style-type: none"> <li>Arterial puncture?</li> </ul> <p>Was this correct? <input checked="" type="radio"/> YES / NO</p> <ul style="list-style-type: none"> <li>Accidental Inoculation Injury (Needle stick)?</li> </ul> <p>Was this correct? <input checked="" type="radio"/> YES / NO</p>		TH	EF	13/8/18
3.0	Demonstrates ability to obtain verbal consent from the patient prior to venepuncture				
Assessment	<p>Observe them with 5 patients and confirm that they correctly obtained verbal consent prior to venepuncture:-</p> <p>Patient 1: <input checked="" type="radio"/> YES / NO</p> <p>Patient 2: <input checked="" type="radio"/> YES / NO</p> <p>Patient 3: <input checked="" type="radio"/> YES / NO</p> <p>Patient 4: <input checked="" type="radio"/> YES / NO</p> <p>Patient 5: <input checked="" type="radio"/> YES / NO</p>		TH	EF	13/8/18
4.0	<p>Performs all personal checks prior to and after completion of venepuncture including:</p> <ul style="list-style-type: none"> <li>Washing hands</li> <li>Use of appropriate PPE (white coat, gloves etc.)</li> </ul>	✓ ✓			
Assessment	<p>Observe them with 5 patients and confirm that they correctly performed all personal checks and used the appropriate PPE:-</p> <p>Patient 1: <input checked="" type="radio"/> YES / NO</p> <p>Patient 2: <input checked="" type="radio"/> YES / NO</p> <p>Patient 3: <input checked="" type="radio"/> YES / NO</p> <p>Patient 4: <input checked="" type="radio"/> YES / NO</p> <p>Patient 5: <input checked="" type="radio"/> YES / NO</p>		TH	EF	13/8/18
5.0	<p>Demonstrates verifying details contained on the request form including:</p> <ul style="list-style-type: none"> <li>Full name</li> <li>Date of Birth</li> <li>NHS number</li> <li>Request source (GP, Ward, Consultant, etc.)</li> </ul>	✓ ✓ ✓ ✓			

Assessment	<p>Observe them with 5 patients and confirm that they correctly verified personal information:-</p> <p>Patient 1: YES / NO</p> <p>Patient 2: YES / NO</p> <p>Patient 3: YES / NO</p> <p>Patient 4: YES / NO</p> <p>Patient 5: YES / NO</p>				
6.0	<p>Demonstrates correct patient identification for a <b>conscious</b> patient including:</p> <ul style="list-style-type: none"> <li>• Full name</li> <li>• Date of birth</li> </ul>	✓ ✓			
Assessment	<p>Observe them with 5 conscious patients and confirm that they correctly performed the patient identification steps for each:-</p> <p>Patient 1: YES / NO</p> <p>Patient 2: YES / NO</p> <p>Patient 3: YES / NO</p> <p>Patient 4: YES / NO</p> <p>Patient 5: YES / NO</p>				
7.0	<p>Can demonstrate correct patient identification procedure for an unconscious patient/patient unable to respond verbally or patient deemed not competent to respond including:</p> <ul style="list-style-type: none"> <li>• Checking the details on wristbands or other attached identifiers</li> <li>• Full name</li> <li>• Date of birth</li> <li>• NHS number</li> </ul>	✓ ✓ ✓ ✓			
Assessment	<p>Observe them with 5 unconscious patients/ unable to respond/not competent to respond and confirm that they correctly performed the patient identification steps:-</p> <p>Patient 1: YES / NO</p> <p>Patient 2: YES / NO</p> <p>Patient 3: YES / NO</p>				

	<p>Patient 4: YES / NO</p> <p>Patient 5: YES / NO</p> <p>NB. If insufficient patients available in this 'group' state number actually observed and complete checks above:- Number:-</p> <p>N.B If no patients available in this 'group' for observational assessment, verbal discussion of checks to undertake will be accepted. Key themes to be listed below;</p> <p>Check wristband, Ask family, Ask ward staff try to wake patient - say who I am and what I am going to do.</p>	n/a				TH	EF	13/8/18
8.0	<p>Demonstrates how to use a tourniquet correctly including;</p> <ul style="list-style-type: none"> <li>• Positioning</li> <li>• Importance of stasis</li> </ul>							
Assessment	<p>Observe them with 5 patients and confirm that they correctly positioned and used the tourniquet for each:-</p> <p>Patient 1: YES / NO</p> <p>Patient 2: YES / NO</p> <p>Patient 3: YES / NO</p> <p>Patient 4: YES / NO</p> <p>Patient 5: YES / NO</p>					TH	EF	13/8/18
9.0	<p>Demonstrates ability to take a venous blood sample including;</p> <ul style="list-style-type: none"> <li>• Preparing the skin properly</li> <li>• Allow skin to dry adequately/dry skin</li> <li>• Position and use the tourniquet appropriately</li> <li>• Select a suitable site for venepuncture</li> <li>• Use correct tubes for test(s) requested</li> <li>• Take samples in correct order of draw</li> <li>• Mix samples appropriately</li> <li>• Remove needle using appropriate technique</li> <li>• Dispose of used needle safely</li> <li>• Check with patient regarding allergy to plaster / cotton wool</li> </ul>	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>				TH	EF	13/8/18

	<ul style="list-style-type: none"> <li>Apply a dressing at the end of venepuncture</li> <li>Ensure patient has stopped bleeding prior to discharge from the department</li> </ul>	✓ ✓			
Assessment	<p>Ask them to verbally state the procedure for taking blood.</p> <p>Was this correct? <input checked="" type="radio"/> YES / NO</p> <p>Observe them actually taking blood from 5 patients and confirm that all steps were followed:-</p> <p>Patient 1: <input checked="" type="radio"/> YES / NO</p> <p>Patient 2: <input checked="" type="radio"/> YES / NO</p> <p>Patient 3: <input checked="" type="radio"/> YES / NO</p> <p>Patient 4: <input checked="" type="radio"/> YES / NO</p> <p>Patient 5: <input checked="" type="radio"/> YES / NO</p>		TH	EF	13/8/18
10.0	<p>Demonstrates ability to label venous blood sample including:</p> <ul style="list-style-type: none"> <li>Labelling sample at the time it was taken</li> <li>Full name</li> <li>Date of birth</li> <li>NHS number</li> <li>Date and time of sample collection</li> <li>Signature / initials of member of staff taking sample</li> </ul>	✓ ✓ ✓ ✓ ✓	TH	EF	13/8/18
Assessment	<p>Check all samples from 5 patients and confirm that all were labelled correctly as above.</p> <p>Patient 1: <input checked="" type="radio"/> YES / NO Number of sample tubes:</p> <p>Patient 2: <input checked="" type="radio"/> YES / NO Number of sample tubes:</p> <p>Patient 3: <input checked="" type="radio"/> YES / NO Number of sample tubes:</p> <p>Patient 4: <input checked="" type="radio"/> YES / NO Number of sample tubes:</p> <p>Patient 5: <input checked="" type="radio"/> YES / NO Number of sample tubes:</p>	2 2 4 3 2	TH TH TH TH TH	EF EF EF EF EF	13/8/18

11.0	Demonstrates ability to complete required fields on request form including: <ul style="list-style-type: none"> <li>Signing the request form to document who has taken the sample</li> <li>Date and time of sample collection</li> </ul>	✓ ✓	TH	EF	13/8/18
Assessment	Check form for accuracy of required information:  Patient 1: YES/NO Patient 2: YES/NO Patient 3: YES/NO Patient 4: YES/NO Patient 5: YES/NO		TH	EF	13/8/18
12.0	Demonstrates ability to perform Phlebotomy according to procedures.				
Assessment	Confirm that they have been assessed using the NPSA (National Patient Safety Agency) competency assessment:  Confirm Assessor: Emily FOTHERINGHAM. Date: 13/8/18		TH	EF	13/8/18
13.0	Demonstrate the ability and knowledge on how to dispose of sharps safely and according to Trust Policies	✓			
Assessment	Ask what coloured top sharps bins they should be using. Colour stated: Yellow with orange lid. Was this correct? YES/NO  Ask how full the bins should be filled before being disposed of Answer: up to black line, 1 month after open date. Was this correct? YES/NO  Ask how they would dispose of the full and 'locked' sharps bins Answer: Fill in label. Black tie Dispose in the clinical waste bin in compound. Was this correct? YES/NO		TH	EF	13/8/18
			TH	EF	13/8/18
			TH	EF	13/8/18

Comments:	
Name:	Date:

Competent to perform procedure relevant to grade: <input checked="" type="radio"/> Yes <input type="radio"/> No	
Signature Trainer: <i>E. Fotheringham</i>	Signature Trainee: <i>T. H. Hubchaff</i>
Date: 13/8/18	Date: 13-8-18

Follow-up action identified:	
Follow-up action completed:	
Trainer:	Date:

