

+Delete as appropriate	Standard Operating Procedure
DOCUMENT TITLE:	Venesection for HCA's Band 3 & 4
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DOCUMENT REPLACES Which Version	NEW
LEAD EXECUTIVE DIRECTOR DGM	Director of Nursing
AUTHOR(S): Note should <u>not</u> include names	Elective Centre Infusion Suite Burnley General Hospital East Lancashire NHS Trust
TARGET AUDIENCE:	All Trust Personnel
DOCUMENT PURPOSE:	To ensure all staff across ELHT healthcare manage and deliver safe effective care to patients requiring venesections within the trust.
To be read in conjunction with (identify which internal documents)	Elht Waste Management Policy CO71. V4.2 (2018) Elht Clinical Observation Policy CP37 V1.4 (2018) Standing Operating procedure for use, insertion, care, maintenance and removal of a peripheral intravenous cannula SOP 008 Version 2. Asceptic non Touch Technique (ANTT) policy IC24 Hand Hygiene policy IC01 Standard Infection Control Precautions IC08 Policy and code of practice for the prevention of inoculation sharps injuries CP2 Standing operating procedure for measuring adult fluid status (SOP 017)

SUPPORTING REFERENCES	<p>SHOT Report (2017), available at www.shot-uk.org</p> <p>The Hospital Transfusion Committee Terms of Reference HSC 2007/001 'Better Blood Transfusion' Department of Health 2007</p> <p>NPSA 'Safer Practice Notice SPN14', Right patient, Right Blood</p> <p>UK Blood Safety and Quality Regulations 2005, Statutory Instrument 2005, No. 50 (available at www.dh.gov.uk)</p> <p>BCSH guideline for the administration of blood components (2012)</p> <p>Health Act 2010 Code of Practice for Prevention and Control of Healthcare Associated Infections.</p> <p>National Institute for Health Care Excellence (NICE) Guidance Quality Standard QS61, Vascular Access Devices April 2014.</p>	
CONSULTATION		
	Committee/Group	Date
Consultation	<p>Theatre Directorate Patient Safety and Risk committee</p> <p>DCS Patient Safety and Risk committee</p>	<p>9 October 2019</p> <p>September 2019</p>
Approval Committee	Theatre Patient Safety and Risk committee	9 October 2019
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- 1. Introduction**
- 2. Purpose**
- 3. Procedure requirements**
- 4. Expected Outcomes**
- 5. Patient care**
- 6. Contraindications to prevent venesection**
- 7. Limitations to practice**
- 8. Equipment required**
- 9. Standard Operating Procedure for HCA's**
- 10. References**

Appendix 1: HCA Venesection pre procedure Checklist

Appendix 2: Therapeutic Venesection Competency

Appendix 3: HCA Venesection Competency - Evidence of Supervised Practice

Appendix 4: Completion of Competence

Appendix 5: Measuring and Monitoring Tool

1. Introduction

Therapeutic venesection involves removing a set amount of blood volume from patients in the safe hospital setting, who have either a raised haematocrit (polycythaemia) or iron overload (haemochromatosis).

2. Purpose

To develop a Standard Operating Procedure (SOP) for Health Care Assistants (HCA) Band 3-4 working at East Lancashire NHS Trust, who have been assessed as competent, to perform venesection procedures as part of their duties for haematology and Gastroenterology patients. The procedure will be carried out after instruction from the registered nurse (RN). The HCA will be supervised and supported as necessary by the RN.

3. Procedure

Patients will be assessed in the clinic by the Consultant. If the haemoglobin (Hb) is greater than 110g/l then the venesection can proceed. If the Hb is below this or it cannot be done for any other reason a RN will make the decision to delay the venesection and arrange for the patient to be reviewed or discussed with the referring Consultant.

For patients who have haemochromatosis a blood test for ferritin should be taken weekly to commence or as instructed by the referring Consultant. It should then be documented that the blood test has been taken. The RN will be responsible for interpreting ferritin levels and all blood results prior to instructing the HCA to carry out the venesection procedure.

If the ferritin levels are less than 50µg/l, and the transferritin saturation <16% the RN will review if the venesection should be withheld. The RN will refer the patient back to the referring Consultant for a monitoring and maintenance plan.

For patients who have polycythaemia, blood tests for haematocrit (hct) levels will be taken weekly to commence or as instructed by a Consultant. The HCA should document that the blood test has been taken. Haematocrit levels and all blood results will be reviewed by the RN prior to instructing the HCA to carry out the venesection procedure.

4. Expected outcome(s)

- Safe Removal of set amount of blood as requested by the referring Consultant.
- The patient's comfort and safety is maintained throughout the therapeutic venesection procedure in accordance with this standard operating procedure.

5. Patient care

A RN will arrange for the procedure to proceed. Prior to undertaking the procedure, the HCA must complete the pre-procedure checklist. If there are no identified problems the HCA will be given the final instruction from the RN.

Patients will be treated in line with their individual disease specific protocols or patient treatment plan as advised by the referring consultant. The care will be confirmed by the RN prior to the HCA performing the procedure.

- The HCA must obtain verbal consent from the patient.
- The RN will interpret all blood results prior to the HCA performing the procedure. If Hb is below 110g/l the RN must refer the patient back to the Consultant as the procedure would NOT normally proceed.

- The large palpable veins of the antecubital fossa are used for this procedure. If the HCA is unable to access these, they should seek assistance.
- A Consultant will refer patients for therapeutic venesection, clearly documenting the volume (in mls) to be venesected, the frequency of blood tests and what fluid replacement is required if the patient requires ISOVOLAEMIC VENESECTION (if fluid replacement is needed), ONLY a RN can perform the procedure.
- It is the RN's responsibility to arrange and perform the venesection if patient requires an isovolaemic procedure (i.e. Intravenous fluid replacement).
- The RN will confirm, for the HCA, the Consultants documented instructions or treatment plan regarding volume of blood to be venesected and if any blood tests are required pre or during venesection.
- The RN is responsible for ensuring that each patient has yearly reviews with the referring Consultant.

6. Contraindications-the HCA will not perform the procedure if:

- The patient does not give consent for the procedure
- Patient shows signs of unstable cardiovascular function compared to previous baseline observations or has a low blood pressure triggering EWS of 1 or above or any other triggers on NEWS scoring system
- The patient is under 16 years old

- There is no RN immediately available to give support and check treatment plan and blood results prior to procedure.

7. Limitations to Practice-the HCA must seek advice from a RN if:

1. The patient has scarred or friable veins due to previous venesection and may require a medical clinician or RN to perform cannulation for the procedure.
2. The patient has not had at least 1 litre of fluid to drink and something to eat prior to venesection; the HCA must discuss this with the RN prior to commencing the venesection.
3. The patient presents with any of the following as an issue they must be referred to the RN so they can seek guidance from the referring consultant prior to the commencing with the venesection.
 - The patient has had previous problems with venesection
 - The patient bruises easily
 - The patient has fainted in the past in association with venesection
 - The patient has previously manifested the symptoms of hypovolaemic shock during venesection
 - The patient weight is less than 49 kilograms
 - The patient is menstruating
 - The patient is known to be pregnant
 - The patient has recently had/about to undergo surgery
 - The most suitable vein is close to a pulse

If any issues are identified, all discussions and actions taken must be clearly documented in the patient notes.

8. Equipment/Supplies required

- Suitable chair / bed
- Prescription for procedure if required
- Personal protective equipment (non-sterile gloves and disposable plastic apron, goggles)
- Large sharps container (large enough to accommodate 1 or more blood bags and associated tubing i.e. 2.5ltr or 5ltr).
- Disposable tourniquet
- Sterile gauze, bandage and micropore tape
- 2% chlorhexidine in 70% Alcohol wipe
- Blood pack unit with integral needle
- Blood weighing scales
- Ametop/emla cream or ethyl chloride spray. If this is required then the HCA must ask the RN to apply prescribed cream or spray (as per the current Trust Medicines policy), a minimum of 20 minutes before the procedure.

9. Personnel Responsibility/Accountability

Whenever a HCA performs a task, the ultimate accountability for the patient remains with the delegating RN. At no time should clinical decisions be made by the HCA. The HCA must report immediately to the RN with any concerns, to enable the RN to make a judgment about the appropriate course of action.

The HCA is accountable for their own actions and should never undertake care or perform tasks for which they have not received education/training and been assessed as competent. However, it is the responsibility of the RN delegating the task/care to ensure that the HCA is competent to carry it out; ensuring the safety of the patient is paramount (Nursing and Midwifery Council, 2015)

HCAs involved in venesection must have been assessed as competent in venepuncture and Aseptic Non-Touch Technique (ANTT), in addition to being assessed as competent to undertake this procedure.

HCAs must demonstrate competence supported by the required level of knowledge before being delegated particular tasks. HCAs have a duty to inform the delegating professional if they do not have competence to perform a task. (Royal College of Nursing, 2013)

All HCAs must abide by this Standard Operating Procedure.

10. Education and Training

Training in therapeutic venesection, clinical skill and assessments will be provided by the senior nurse in the day unit, Clinical Educator.

Staff undertaking training and assessment in Therapeutic Venesection must be also competent in undertaking Venepuncture.

Those acting as trainers / assessors in clinical practice must hold an assessors qualification and must be certified as competent in the procedure themselves and be undertaking the procedure regularly.

Assessment of competence covers both theoretical knowledge and practical skills. Theoretical knowledge can be achieved by attendance at approved training and accessing education support material.

Evidence of completion of an equivalent training in another Trust.

Practical skills will be assessed against performance criteria.

Training for other aspects covered by this policy can be achieved by attending approved study days such as venepuncture.

11. Standing Operating Procedure for HCA's

ACTION	RATIONALE
<p>Confirm patient identity verbally with patient, and ensure wristband is put on prior to the procedure</p>	<p>Ensure right patient receives the correct procedure in accordance with current Trust policies and procedures</p>
<p>Ensure patient understands treatment procedure and has given informed verbal consent.</p> <p>Inform patient of potential side effects, e.g. potential bruising, bleeding, fainting</p>	<p>For patient to understand the risks and benefits of the planned procedure prior to giving consent for it to be performed.</p>
<p>Ensure patient is comfortable; lying flat on bed or in chair at an angle of approximately 45 degrees (particularly for first venesection.)</p> <p>Support arm using a pillow or arm rest during procedure</p> <p>Ensure the patient has not taken Anti-Hypertensive medications</p>	<p>To ensure patient comfort.</p> <p>To mitigate potential risk of injury to patient if they faint/fall during the procedure.</p> <p>To ensure that the patient does not require isovolaemic venesection</p>
<p>Complete pre- procedure check list</p>	<p>To ensure patient is fit for procedure or identify any contra indications/reasons why the procedure should not take place.</p>
<p>Confirm treatment plan, with the RN including blood tests needed and volume of blood to be removed.</p>	<p>To ensure correct treatment plan is followed, and correct volume of blood is removed,</p>
<p>Record a full set of observations on NEWS chart. If observations fall outside the normal parameters shown on the chart, inform RN who will contact medical staff for advice prior to commencing procedure.</p>	<p>To ensure patient is fit for procedure and provide a base line to monitor patient's condition during and after procedure</p>

<p>Wash and dry hands in accordance with current trust ANTT policy</p> <p>Gather equipment needed on a cleaned tray or trolley and take to patient</p>	<p>To reduce risk of Health Care Associate infections (HCAI)</p> <p>To reduce risk of HCAI and ensure procedure is completed efficiently and safely</p>
ACTION	RATIONALE
<p>Have free standing scales ready at bed side or chair side in preparation for weighing bag of blood</p>	<p>To ensure correct volume of blood is removed.</p>
<p>Wash and dry hands or apply alcohol gel in accordance with current Trust guidelines/ANTT policy.</p>	<p>To reduce risk of HCAI</p>
<p>Apply plastic apron</p>	<p>Utilisation of appropriate PPE</p>
<p>Apply disposable tourniquet to <diastolic several inches above the chosen antecubital fossa Feel for the brachial artery, ensure that vein selection is distal to this.</p>	<p>To reduce risk of vein damage during the procedure and potential loss of blood flow To reduce the risk of arterial puncture</p>
<p>Clean venepuncture site with 2% Chlorhexidine in 70% alcohol wipe, remembering that the chosen vein needs to be able to accommodate the large bore needle</p>	<p>To reduce risk of HCAI. Ensure selection of adequate vein</p>
<p>Apply clean non-sterile gloves</p>	<p>Protect HCA from potential risk of blood contamination</p>
<p>Insert needle into vein using ANTT, support at correct angle with gauze and secure with tape. If the blood is flowing freely, loosen the tourniquet but do not remove it.</p>	<p>Gain access to vein and ensure adequate blood flow</p>

<p>Only 2 attempts at venepuncture to be made by HCA. HCA to escalate to RN if access not gained after two attempts.</p> <p>If blood is flowing too quickly then release the tourniquet.</p>	<p>In accordance with Trust policy to minimise risk of pain/injury to patient</p>
<p>ACTION</p>	<p>RATIONALE</p>
<p>If blood is flowing too slowly then increase the pressure to obtain a faster flow, making sure this does not cause the patient any discomfort or impede the radial pulse.</p> <p>The flow may also be helped if the patient opens and closes their fist.</p> <p>Place venesection pack loosely onto the weighing scales – while keeping needle secured with tape and gauze and the tubing secured with tape to the patients arm.</p>	<p>To maintain blood flow and minimise patient discomfort</p> <p>To monitor volume of blood being removed from patient and prevent dislodgment of the needle.</p>
<p>HCA to remain with the patient during the procedure and check regularly that the blood continues to flow (if the tubing is warm to touch – blood is flowing freely; if the tubing is cold to the touch – blood flow has ceased and action should be taken to remedy the situation).</p> <p>Slight movement of the needle may help, also ask patient to open and close fist or use a hand grip ball to increase flow.</p> <p>Approx 7mls/kg of blood should be removed, however, do not to exceed 450mls unless otherwise stated</p>	<p>To ensure successful completion of the procedure</p> <p>To Maintain patient comfort and safety</p>
<p>During procedure assess peripheral circulation distal to the insertion site.</p> <p>Observe for signs of decreased circulation such as pallor, discolouration of the hand or numbness/tingling of the fingers.</p> <p>If this occurs reduce pressure of tourniquet and immediately inform RN of concerns. Observe the colour of blood flow.</p>	<p>Maintain patient safety by monitoring for potential vascular / nerve damage and initiating immediate remedial action</p>

<p>Take blood samples if directed to do so by the RN, using the blood collection reservoir on the venesection pack.</p> <p>When scales measure correct amount, according to referrers instructions, remove tourniquet keeping the arm straight.</p>	<p>To reduce the need for inserting a needle into the patients vein.</p> <p>To ensure correct volume of blood is removed</p> <p>To prevent leakage of blood and haematoma formation.</p>
<p>ACTION</p>	<p>RATIONALE</p>
<p>At the end of the procedure clamp the tubing and remove the needle and apply firm pressure with a gauze swab.</p> <p>Ask the patient to apply firm pressure to puncture site.</p> <p>Apply the bandage securing it with mepore tape.</p>	<p>To stop blood flow and prevent haematoma formation.</p>
<p>Hold venesection pack upright. Cover the needle with the sharp safe device and dispose of the filled bag into a large sharps bin.</p> <p>Dispose of the sharps bin as per trust policy</p>	<p>To prevent needle stick injury and minimise HCA exposure to patient's blood</p>
<p>Complete and document a full NEWS assessment (BP to be obtained on the opposite arm to the procedure),</p> <p>If observations are within normal parameters, sit patient up, check venepuncture site and tape for any signs of bleeding/swelling</p>	<p>Ensure patient's condition is stable and detect any potential complications</p> <p>To observe for and prevent further bleeding, haematoma formation or bruising</p>
<p>If NEWS observations outside normal parameters or there are concerns about the patient's condition such as feeling dizzy, nauseous or clammy, leave the patient lying down, Inform the supporting RN and give oral fluids if they can tolerate them.</p>	<p>Identify and treat any side effects/complications following the procedure (The patient may need IV fluid replacement)</p>

<p>Repeat NEWS observations after 10 minutes. If no improvement the registered nurse will contact the medical staff for advice.</p> <p>Ensure patient rests for at least 20-30 minutes post procedure before getting of the chair.</p> <p>The patient should be given a drink (i.e tea, coffee, water or squash).</p>	<p>To maintain haemostasis and replace lost fluids</p>
<p>Advise the patient that they should:</p> <p>Keep the pressure dressing in place for approximately 6 hrs.</p> <p>Avoid smoking for at least one hour pre and post venesection</p> <p>Avoid strenuous exercise or work for 6 – 8 hours post venesection</p> <p>Maintain adequate fluid intake (minimum intake 500 mLs)</p>	<p>To maintain clean venepuncture site and patient safety</p> <p>To minimise any adverse side effects caused from either activities, which may affect the patients haemodynamic stability if undertaken immediately post this venesection procedure</p> <p>To maintain haemostasis and replace lost fluids</p>
<p>Record all NEWS scores on the NEWS observation chart and record the procedure on Dendrite prior to the patient leaving the department. The patient can then be discharged.</p>	<p>To maintain an accurate record of the patient experience; healthcare interventions and treatment and ensure continuity of care.</p>

12. Therapeutic Venesection Competence(s)

<p><u>Summary</u></p>	<p>For all band 3-4 HCA's to demonstrate competence in therapeutic venesection through attainment of relevant knowledge, skills and application in practice, integrated as part of their usual role.</p> <p>This competency is to be achieved with the individual practitioner identifying their own lack of individual theoretical and clinical</p>
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	<p>knowledge so that these can be addressed during the supervision / training. Competence must be achieved within 3 months of training</p>
<u>Scope</u>	<p>To encompass all patients within haematology/gastroenterology directorate requiring therapeutic venesection as part of their medical treatment: -</p> <ol style="list-style-type: none"> 1. To impart knowledge and information to the patient including potential side effects 2. To safely perform venesections according to Trust policy/guidelines
<u>Applicable to</u>	<p>All band 3-4 HCS's who are required to undertake therapeutic venesection as part of their job description Registered Practitioners caring for patients requiring therapeutic venesection</p>
<u>Relevant occupational standards</u>	<p>National Occupational Standards-Skills for Health (2012) https://www.skillsforhealth.org.uk Knowledge and skills Framework (KSF)</p>
<u>Related Policy and Legislation</u>	<p>General Collection of specimens for virology investigations from patients (ELHT, 2019)</p> <p>Hand hygiene policy (ELHT, 2019)</p> <p>Medicines Policy (ELHT, 2019)</p> <p>Record keeping: Guidance for nurses and midwives (NMC, 2009)</p> <p>Standards for medicines management (NMC, 2008)</p> <p>Standards to support learning and assessment in practice (NMC, 2008)</p> <p>Standard infection control precautions (ELHT,2018)</p> <p>The Code: Standards of conduct, performance and ethics for nurses and midwives (NMC, 2008)</p>

<p><u>Eligible to Assess</u></p>	<p>Experienced Registered practitioners deemed competent to undertake role through formal education, supervision and assessment of competence</p> <p>The person must be undertaking the role regularly as part of their current duties and can demonstrate evidence of practice.</p> <p>Must comply with NMC standards to support learning and assessment in practice (2008)</p> <p>The final competency must be signed off by a senior or band 6 nurse, or above, who is already deemed competent in the procedure.</p>
<p><u>Standard to be Achieved</u></p>	<p>All HCA's band 3-4 must be able to perform the skill safely and effectively without direct supervision and be able to demonstrate the underpinning knowledge to support it. Registered Nurses who delegate the HCA to proceed with venesection</p> <p>They:-</p> <p>Must be registered with the NMC on nursing part of register.</p> <p>Have evidence of appropriate training / experience to achieve competence in</p> <ul style="list-style-type: none"> • Competent in venous cannulation • Assessment of patients for therapeutic venesection • Assembly of equipment for venesections • Ability to follow appropriate protocol / policy for therapeutic venesections • Understand accountability • Undertake professional development activities to maintain their competence

	<p>Have sufficient knowledge to act upon information gained during consultation with patients</p>
<p><u>Training Required</u></p>	<p>Must have been assessed as competent in venepuncture and cannulation.</p> <p>Have undertaken and completed an initial in-house training session.</p> <p>Demonstrable and countersigned evidence of adequate supervised practice sessions to acquire robust theoretical and practical knowledge – a minimum of 6 in total.</p>
<p><u>Training Available</u></p>	<p>ELHT: individual training programme includes:</p> <ol style="list-style-type: none"> 1. Rationale of risks and benefits for therapeutic venesection 2. Equipment assembly for use during procedure 3. Personal protection equipment (PPE) used during procedure 4. Performing venesection procedure 5. Patient education 6. Disposal of equipment after the completion of the procedure <p>The content of the Training will be updated in line with associated changes in evidence based clinical practice.</p> <p>It is expected that such training will be related to work place-based practise</p>
<p><u>Authors</u></p>	<p>Loretta Grant -Elective Centre BGH Jagdish Adiyodi - Haematology RBH</p> <p>Approved By:</p> <p>Date:</p>

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Appendix 1: HCA Venesection pre procedure checklist

Patient name:.....

Patient PID:

All of the following questions must be answered by the patient

1. How are you feeling today?		
2. Have you taken any hypertensive medication today?	Yes	No
3. Have you had something to eat and drink before attending for treatment?	Yes	No
4. Do you bruise or bleed easily?	Yes	No
5. Are you pregnant?	Yes	No
6. Have you had any previous problems during the venesection procedure?	Yes	No
7. Have you ever fainted / been taken ill during venesection?	Yes	No
8. Have you ever suffered from dizzy spells prior to, during or after any previous venesection?	Yes	No

If the patient states they are **not in good health** or answers **YES to Q 2, 4, 5, 6, 7 or 8**
The Health Care Assistant must refer the patient either to the registered nurse or consultant for further assessment.

Have you weighed the patient? For patients that weigh under 49 kgs the volume of blood to be removed must be decided by a registered practitioner and documented clearly on the treatment plan.	Yes	No
Have you been given instructions to proceed by the RN?	Yes	No

HCA name:

HCA signature:

Date:

Appendix 2. Criteria for achieving Competence

Criteria for achieving Competence To demonstrate Competence the practitioner must be able to:	Please indicate pass or fail against each statement	Core questions for Knowledge Evidence
<p>Preparation</p> <ul style="list-style-type: none"> ▪ Justify the rationale for venesection as per patient's individual protocol ▪ Identify and assemble correct equipment to be used and prepare the environment to ensure it is conducive to an ANTT as per ELHT policy. ▪ Provide a clear explanation of the procedure to the patient; obtain & document informed consent. ▪ Ensure the patient is in a comfortable and safe position that promotes safety, privacy and dignity. <p>Infection Control</p> <ul style="list-style-type: none"> ▪ Demonstrate the correct procedure for hand decontamination in accordance with ELHT policy. ▪ Demonstrate the use of personal protective equipment in accordance with ELHT policy. ▪ Demonstrate the correct disposal of waste and sharps equipment in accordance with ELHT policy. <p>Procedure</p> <ul style="list-style-type: none"> ▪ Demonstrate the process for positive identification of patient and confirmation of allergy status as per ELHT Patient Identification policy. ▪ Articulate how to confirm the patient's details if the patient is unable to do so e.g. unconscious. ▪ Undertake baseline observations. 		<ol style="list-style-type: none"> 1. What 7 questions must you ask the patient prior to commencing the procedure? 2. What range of blood tests would you expect to be available prior to venesection? 3. What are the contraindications to venesection and when would you seek medical advice? 4. State the actions you would take if the patient complained of feeling unwell, lightheaded or dizzy during the Venesection procedure. 5. State the actions you would take in the event of a sharp's injury. 6. Name three Trust Policies/Guidelines which link to Performing a Therapeutic Venesection. 7. What action do you take if your patient becomes unwell during or after the procedure?

<ul style="list-style-type: none"> ▪ Demonstrate the correct procedure for the preparing of the sterile field. ▪ Conduct a comprehensive assessment of the patient, including feeling for brachial artery, identify a suitable venesection site and select an appropriate vein. ▪ Demonstrate correct use of a disposable tourniquet ▪ Demonstrate the correct procedure for cleaning of the skin. ▪ Demonstrate safe insertion of venesection needle using ANTT ▪ Ensure venesection needle is secured, using correct dressing ▪ Ensure flow of blood is maintained and obtain correct volume/weight of blood ▪ Take blood samples from blood collection set tubing, as appropriate, towards the end of the venesection process ▪ Demonstrate safe withdrawal of needle and disposal of sharps and used equipment. ▪ Demonstrate the correct application of an appropriate pressure dressing. ▪ Discuss and perform patient observations post procedure, check needle puncture site for bleeding prior to discharge. ▪ Advise patient on aftercare, discharge safely. <p>Record Keeping</p> <ul style="list-style-type: none"> ▪ Document the procedure accurately, articulating the rationale and the importance for clear, concise and accurate record keeping. <p>Knowledge</p> <ul style="list-style-type: none"> ▪ Verbalise the underpinning knowledge of venesection through answers to core questions 		
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HCA NameTrust ID No

Assessor NameTrust ID No.....

Appendix 3. HCA Venesection Competency - Evidence of Supervised Practice.

HCA Name:.....

Assessors Name :

You have completed the venesection training and can now practice this skill under supervision. You must complete a minimum of 6 supervised practices although more can be undertaken if either you or your assessor feels you have not reached the required level of competency.

You are required to complete the competency process within **3 months** from the date of your attendance. Please store the master copy of this form with your competency document, keep a copy of all documents for your own records and give a copy to your manager.

Your assessor must sign your competency document to certify you as competent but, any competent practitioner who frequently carries out venepuncture and has over 6 months experience can sign this document to certify that they have supervised your safe practice.

	Details of Procedure	Date	Assessors Signature	ELHT ID Number
1.				
2.				
3.				
4.				
5.				
6				

Appendix 4: Completion of Competence

This is to state that has passed the **Therapeutic Venesection competency** within the standards set by Haematology/Oncology Directorate at ELHT on(date)

This has incorporated the following topics:-

- Understanding of the organisations policy on therapeutic venesection.
- Understanding of indications for the procedure according to individual patient protocols.
- Understanding of accountability for expanded practice.
- Anatomy and physiology in relation to therapeutic venesection
- Knowledge of related health and safety regulations, infection control and universal precautions in relation to therapeutic venesection.
- The safe use of associated equipment.
- Identification of potential complications of the procedure and remedial action to be taken.

First Attempt: Pass Fail
 Second Attempt: Pass Fail

If fail, please refer to the Assessment of Competence Policy (2007) on the Trust's Policies and Procedures website.

Assessor Name.....

Trust ID No.....

Assessor Signature..... **Date**.....

I have signed below to confirm that I have had a theoretical and practical instruction on how to safely and competently perform therapeutic venesection and agree to comply with the policy and procedures of the Trust.
 I acknowledge that it is my responsibility to maintain and update my knowledge and skills relating to this competency.

Practitioner Name..... **Trust ID No**.....

Practitioner Signature..... **Date**.....

Appendix 5: Measuring and Monitoring Tool:

As a minimum author(s) of procedural documents including Trust-wide SOPs will be expected to monitor compliance with the effective implementation of such documents through the use of tools such as audits in line with the timescales they have set. (Please complete the following table to demonstrate compliance)

Aspect of compliance being measured or monitored.	Individual responsible for the monitoring	Tool and method of monitoring	Frequency of monitoring	Responsible Group or Committee for monitoring
Safety of patients receiving Venesections Avoidance of Vaso- Vagal episodes within the unit	Staff involved in performing Venesections.	Audit IR1	3 monthly	Managers & Matron Elective Centre/Infusion Suite