

## Competency Assessment & Assessor Guidance Notes (*in italics*)

### Obtaining Venous Blood Samples

#### Objective

This competency maps to the National Occupational Standard CHS 132 developed by Skills for Health in June 2010. This competency covers patient identification, obtaining blood samples and the labelling of blood samples for a patient who may need a transfusion of blood components and meets national standards for labelling blood samples required for transfusion.

#### Knowledge and skills framework

This competence has indicative links with the following dimensions and levels within the NHS Knowledge and Skills Framework (October 2004) for the relevant staff groups:

Dimension: Communication, Health and Safety, Quality, Health and Well-being, HWB6 Assessment and Treatment Planning, HWB7 Interventions and Treatment, HWB8 Biomedical Investigation and Intervention Level: 1

#### Assessment

This stand alone assessment is relevant to any staff member required to carry out this activity to support safer blood transfusion by ensuring the correct blood component is given to the correct patient.

**To achieve competency ALL core competencies (theoretical elements and performance criteria) contained in this document must be assessed and passed.** Assessment can be performed on a one to one basis either in real time or via simulation. Assessment is required every 3 years or as per local training needs analysis. For further information or if difficulties are encountered please contact the local Hospital Transfusion Team.

#### References

British Committee for Standards in Haematology (BSCH) 2009 Guidelines for the administration of blood and blood components

[http://www.bcsghguidelines.com/documents/Admin\\_blood\\_components\\_bcsgh\\_05012010.pdf](http://www.bcsghguidelines.com/documents/Admin_blood_components_bcsgh_05012010.pdf)

National Patient Safety Agency Safer Practice Notice (14) Right Patient, Right Blood. (November 2006)

<http://www.nrls.npsa.nhs.uk/resources/?entryid45=59805>

Skills for Health CHS 132 Obtain venous blood samples (June 2010)

<https://tools.skillsforhealth.org.uk/competence/show/html/id/2711/>

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**Assessee to keep this completed document as evidence of assessment.**

Staff Name:	Name of assessor:
Job title:	Job title:
Grade:	Signature:
Ward/Speciality:	Date of assessment:
Hospital:	<b>Pass</b> <input type="checkbox"/>  <b>Refer</b> <input type="checkbox"/>
Signature:	
Unique Numeric identifier/ESR number (if known)	

**Knowledge & assessment standards**

To achieve clinical competency you are required to undertake and pass **both** the theoretical AND practical (performance criteria) elements of this assessment.

**Theoretical Element**

Theory can be demonstrated by correctly answering the questions in the theoretical element of this assessment below.

Question	Suggested Model Answers	J or x
What policies and guidelines are in place regarding obtaining venous blood samples?	<i>Local Policies on blood transfusion, venepuncture, patient identification, infection control.</i>	
Who are you accountable to?	<i>The public, the patient, employer, professional body e.g. NMC, GMC, HPC.</i>	
What are your legal and professional responsibilities* with regards to venepuncture? * i.e. Legal and moral duty of a professional to apply his or her knowledge in ways that benefit the patient, and the Trust, without causing any injury to either	<i>Duty to report any acts of omissions in care that could be detrimental to me, other individuals or my employer. Work within sphere of competence and seek advice when faced with situations outside sphere of competence. Keep educationally up to date. Do not delegate tasks inappropriately.</i>	
What are the risks associated with bleeding more than one patient at a time?	<i>Wrong patients blood in tube or wrong patient details written on tube due to mismatching patient details/blood tubes.</i>	
What is an open question?	<i>One which requires an answer that is more than yes or no e.g. "tell me your name &amp; date of birth".</i>	

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Question	Suggested Model Answers	√ or x
Why are open questions used when identifying patients?	<i>To ensure the correct patient is bled because if a patient is nervous, deaf or confused, they may give the incorrect answer.</i>	
What is the correct procedure if the patient is unconscious or unable to give verbal identification?	<i>Use the wristband, confirm patient's full name/date of birth with another member of staff or a family member who is familiar with the patient.</i>	
What would you do if you were asked to take a pre-transfusion sample from an in-patient without an identity band?	<i>Not take the sample until the patient has been correctly identified and an identity band put on.</i>	
What factors do you take into consideration when selecting the best site to use?	<i>Non dominant arm, opposite side to CVA, good blood vessels, opposite side to mastectomy, not using a drip arm.</i>	
Name the structures/veins found in the forearm which may be used during venepuncture.	<i>Veins &amp; artery (e.g. Median cubital vein, cephalic vein, Basilic vein, brachial artery) &amp; tendons/nerves.</i>	
How do you minimise discomfort and address individuals concerns?	<i>Prepare patient, good position of arm, patient sitting or lying, explanations of procedure, listening to patient concerns.</i>	
What complications and problems may occur during venepuncture, how do you recognise them and what action do you take?	<i>Complications are: Bruise, haematoma, nerve damage, phlebitis and thrombophlebitis and arterial puncture. Recognised by: bleeding, fainting, pain, numbness, peripheral shut down. Action: Stop procedure, seek advice, treat appropriately, document incident.</i>	
List signs that might indicate an arterial puncture.	<i>Rapid or pulsating blood flow, bright red blood, severe or sharp pain on needle entry.</i>	
What action would you take if you accessed an artery?	<i>Release tourniquet, remove needle, apply direct pressure for a minimum of 5 mins and until haemostasis achieved, document incident.</i>	
What technique problems can cause haemolysis in a blood sample?	<i>Shaking the vacuum-based blood collection tube e.g. vacutainer or monovette tube too vigorously, transferring blood from a needle &amp; syringe into a vacutainer, incorrect order of sample draw when using vacutainers.</i>	
What advice is given on caring for the site?	<i>Pressure to be applied with gauze over the venepuncture site, the arm should be relaxed not bent, appropriate dressing applied when bleeding has stopped.</i>	
What information must be present on the request form for pre-transfusion tests?	<i>First name, last name, date of birth, unique identifying (NHS) number, gender, name &amp; signature of requester &amp; person taking the sample, indicate special transfusion requirements.</i>	
When and how are blood samples labelled?	<i>As soon as the sample has been collected, handwritten using a ball-point pen (or, patient ID stickers for <u>non</u>-transfusion samples), at the bedside, by the person taking the samples checking details match the wristband.</i>	
What are the dangers of using pre-labelled sample tubes?	<i>Getting distracted, going to the wrong patient and filling it with blood from the wrong patient which ultimately may lead to ABO mismatch transfusion.</i>	

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## Observational assessment

Performance Criteria Candidate to achieve ALL criteria to demonstrate competence	Please tick relevant box to indicate if pass or refer	
	Yes	No
<b>1. Did the member of staff check each of the following are present on the transfusion request form:</b>		
a) first name, last name?		
b) date of birth?		
c) unique numeric identifier?		
<b>2. Did the member of staff:</b>		
a) Introduce themselves to the patient?		
b) Gain valid consent to carry out the procedure?		
<b>3a. Patient identification for conscious patient</b> Did the member of staff <u>ask the patient</u> to state their:		
a) first name, last name?		
b) date of birth?		
Did the member of staff check:		
c) patient's response matched those details on the wristband or other attached identifier and the transfusion request form?		
d) the unique numeric identifier on the wristband matched that on the transfusion request form?		
<b>3b. Patient identification for unconscious patient or patient unable to verbally respond</b>		
Did the member of staff check following details on the wristband or other attached identifier match those on the transfusion request form:		
a) first name, last name?		
b) date of birth?		
c) unique numeric identifier?		
<b>4. Personal checks</b>		
a) Did the member of staff wash their hands?		
b) Did the member of staff use personal protective equipment?		
c) Select and prepare appropriate equipment for obtaining blood sample?		
<b>5. Taking the venous blood sample</b>		
Did the member of staff:		
a) prepare the skin properly?		
b) use the tourniquet appropriately?		
c) minimise discomfort for the patient?		
d) take blood appropriately alongside other sampling procedures?		
e) monitor the patient's responses?		
f) remove needles using an appropriate technique?		
g) apply a dressing at the end of the procedure?		

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Performance Criteria Candidate to achieve ALL criteria to demonstrate competence	Please tick relevant box to indicate if pass or refer	
	Yes	No
<b>6. Labelling the blood sample once taken</b>		
Did the member of staff label the blood sample at the patient's side as soon as it was taken? <b>(NB: transfusion samples must be handwritten)</b>		
Does the label include the following information:		
a) first name, last name?		
b) date of birth?		
c) unique numeric identifier?		
d) gender?		
e) date/time?		
f) identity of the person taking the blood sample?		
<b>7. Did the member of staff complete the transfusion request form with the following:</b>		
a) identity of the person taking the blood sample?		
b) the date/time of the blood sample?		
<b>8. Did the member of staff bleed only one patient at a time?</b>		
<b>9. Was the blood sample despatched in the appropriate manner?</b>		
<b>10. Did the member of staff dispose of the used equipment safely?</b>		
<b>11. Did the member of staff document relevant information in the appropriate records?</b>		

**Referral or failure to pass:** If the staff member/assessee has not achieved all of the performance criteria and the theoretical element of this assessment, then competency has not been achieved. Please refer to local policy for subsequent actions.

#### **Administrative Action now required**

1. Original copy of this document to be held by the staff member/assessee. Any additional copies of documentation to be kept as per local policy.
2. **The staff member/assessee is responsible for retaining this document and presenting it to their next employer.** Failure to present this document when asked by subsequent employers will result in the staff member having to repeat the assessment.
3. This competency is valid for 3 years from the date of assessment.
4. The assessor is responsible for completing all sections, **detaching the final section (page 7) and returning it to the local person responsible for ESR data entry and/or local Hospital Transfusion Team contact as per local policy.** (Failure to record achievement on to ESR will result in the assessment not being 'transferable' & will result in the staff member/assessee having to repeat the assessment when they move Trusts).

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**✂-----Please complete, detach return this section to local contact\*-----  
 (You may also wish to photocopy this section for your records).**

### Obtaining Venous Blood Samples

To be completed by the assessor: I confirm that the staff member named below has completed the required theoretical and practical elements and achieved understanding and competence in obtaining venous blood samples.

Staff Name:	Name of assessor:
Job title:	Job title:
Grade:	Signature:
Ward/Speciality:	Date of assessment:
Hospital:	<b>Pass</b> <input type="checkbox"/>  <b>Refer</b> <input type="checkbox"/>
Signature:	
Unique Numeric identifier/ESR number (if known)	

**\*The local contact is where successful achievement of competency needs to be recorded locally and onto ESR (electronic staff record). The contact may be in either; the Post Graduate department, the Transfusion Team and/or the ESR department**

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