

Competency document to support the conduct of venepuncture.

Competency document to support the care of an adult patient requiring venepuncture.

The learner will be able to fully demonstrate the knowledge and skills required for venepuncture.

Each practice area has speciality competencies particular to the care of their patients. Venepuncture is considered a speciality competency as it is not carried out in all areas of the Trust.

Working through this competency document will support you in the provision of evidence of your learning and development to become proficient in the performance of venepuncture.

This competency package is designed for you to provide evidence of continuing competence and ongoing development required for your professional portfolio, revalidation and staff development review. Once the competencies are completed, evidence can be added periodically to demonstrate how you are keeping your skills and knowledge up to date and maintaining your competence.

Competence

The Nursing and Midwifery Council (NMC, 2018) - The Code requires that you must:

- *keep your knowledge and skills up to date.*
- *have the knowledge and skills for safe and effective practice when working without direct supervision.*
- *recognise and work within the limits of your competence.*
- *keep your knowledge and skills up to date throughout your working life.*
- *take part in appropriate learning and practice activities that maintain and develop your competence and improve performance.*
- *complete the necessary training before carrying out a new role.*
- *maintain the knowledge and skills you need for safe and effective practice.*

The Health and Care Professional Council (HCPC, 2024) - Standards of conduct, performance and ethics for allied health professional (AHP) states that duties as a registrant you must

- *provide (to us and any relevant regulators) any important information about your conduct and competence.*
- *Keep your professional knowledge and skills up to date.*
- *Act within the limits of your knowledge, skills and experience and, if necessary, refer the matter to another practitioner.*
- *Effectively supervise tasks that you have asked other people to carry out.*

Competence is therefore a combination of skills, knowledge and the ability to apply these principles to practice in diverse situations and circumstances, the evidence you produce as you work through this pack and in the future should reflect this. As skill minus knowledge / understanding / appropriate attitude **does not** equate with competent practice.

Assessment of practice

You should seek support from a practitioner already competent in venepuncture. The competency assessment framework below should be completed, and the chosen assessor should work through all the elements with you until you both deem that you are proficient in venepuncture.

Reflective Practice

Continuous Professional Development (HCPC, 2024) and Revalidation (NMC, 2019) are essential elements of lifelong learning. It enables you to review your practice, improve standards of care and maintain your registration. It is expected that you prepare reflective accounts of your learning in practice and identify your future learning needs. Different models of reflection may be used one suggested format is from the NMC:

- *what was the nature of the CPD activity?*
- *what did you learn from the development of competence in venepuncture?*
- *how did this change or improve your practice as a result?*
- *how is this relevant to the Code? (NMC, 2018)*
- *how is this relevant to the Standards? (HCPC, 2024)*

You and your assessor should discuss these accounts and develop any action plans required to meet the learning needs identified through the reflective process.

How will I be assessed?

This document contains competency elements that must be attained in order that you show overall achievement of proficiency. This competency package represents the minimum standard expected for a healthcare worker in the organisation. Completion of

these competencies along with your reflective accounts of learning in practice will provide evidence for demonstrating the achievement of the required knowledge and skill framework domains.

The WASP framework has been used to host the required competencies, identifying the process of achievement of proficiency for every skill through measuring competency for each individual element of the skill. It uses the scoring system below to provide a robust assessment of each element at every stage of learning. All steps may be revisited as necessary until proficiency is achieved

and agreed by the assessor. To ensure that staff assess at the same standard, each competency element has specific criteria that must be met.

Witnessed – Observe or witness the skill prior to being supervised.

Assimilated – Demonstrate sound knowledge base for the competency, including Trust Policies, Nursing & Midwifery Strategy, and professional and legal issues relating to the competency elements. Assimilation of knowledge can be assessed through observation of practice, or through questioning and/or discussion and/or simulation of situations relating to the competency.

Score is as follows:-

1 = Demonstrates fundamental knowledge and understanding of this element of the competency.

2 = Demonstrates broad knowledge and understanding

3 = Demonstrates an in-depth knowledge and understanding of the issues supporting the element of the competency / skill.

Supervised – Practice under supervision to demonstrate understanding and competence. Score as follows:-

1 = Needs further practice

2 = Shows aptitude

3 = Demonstrates skilled and professional practice

Understanding and competence as part of “Supervised” can be assessed through observation of practice, or through questioning / discussion / simulation of situations relating to the competency if these situations have not arisen within the supervisory period. The “Supervision” element of the competency may be continuous observation by the assessor until he or she is confident that skilled, professional practice has been achieved by the candidate and can be signed off as “Proficient”.

Proficient - Competent in both knowledge and skill elements of the competency

Both the “Assimilated” and “Supervised” aspects of the competency can be scored more than once as necessary, and the combination of in-depth knowledge and understanding, coupled with skilled professional practice equals proficiency.

On the title page of the WASP framework, it is documented how the competency links to:

1. NMC Code (2018)
2. HCPC Standards (2024)
3. South Tees Accredited Quality Care Standards (STAQC)

These links have been provided to facilitate understanding of how all these elements combine to ensure competence, and consequently the high standard of patient care and patient safety that the organisation expects. It is strongly advised that you use the links to help you fulfil your competencies.

The use of the competency framework is designed to highlight areas to help you monitor your progress and identify areas for further development. You will be encouraged and supported to work on these key areas.

On completion, please complete the final meeting form on page 17, getting this signed by your assessor, and send a copy to:

Education and Practice Development Team.
Murray Building
South Tees NHS Foundation Trust
The James Cook University Hospital **OR**
Email: stees.clinicalskills@nhs.net

<u>Venepuncture Competency Document</u>	
<i>Links to the NMC Code (2018):</i>	1,2,3,4,5,6,7,8,9,10,11,13,14,15,16,17,19,20,23,25.
<i>Links to the HCPC standards (2024)</i>	1, 2, 3, 5, 6, 7, 8, 9, 10.
<i>South Tees Accredited Quality Care (STAQC):</i>	D1: 10,13,17,18, 22, 23 D2: 1, 2, 7, 21, 22, 25, 37, 39, 41, 47, 48, 57 D3: 5, 26, 29, 38, 51, 52, 53, 58, 65, 91, 92, 93, 99, 101 D4: 3, 4, 41
Competency Standard Statement	To fulfil the requirements for safe and accountable practice in the skill on venepuncture in accordance with Trust Policy.
W	WITNESSED Observe or witness the skill, it is considered good practice that the learner will have had the opportunity to observe the procedure prior to being supervised.
A	ASSIMILATED Understands the underpinning knowledge associated with each element of the competency, score as follows: 1 = Demonstrates fundamental knowledge and understanding 2 = Demonstrates broad knowledge and understanding 3 = Demonstrates in depth knowledge and understanding
S	SUPERVISED Practice under supervision to demonstrate understanding, score as follows: 1 = Needs further practice 2 = Shows aptitude 3 = Demonstrates skilled and professional practice (at level 3.)
P	PROFICIENT Competent in both knowledge and skill elements of the competency.

Competency element	Rationale	W	A (Score)	S (Score)	P
Demonstrate awareness of accountability issues and patient safety regarding venepuncture.	To ensure the learner is working within the scope of practice (NMC Code 2018; HCPC Standards 2016).				
Demonstrate an understanding of the need for patient consent and when to apply the mental capacity act.	To ensure patient receives adequate information to make an informed choice and gives valid consent (Policy G13; G38; NMC 2018)				
Demonstrate an understanding of the process in positively identifying a patient as follows: a) verbally asking the patient their first and second name and date of birth b) check the details against the prescription c) Check these details including hospital /NHS number against the name band d) check first line of address (<i>if working in a clinic or outpatient departments</i>)	To prevent errors occurring due to misidentification (Policy G38; EFLM, 2018)				
Demonstrate knowledge in infection control and standard Aseptic Non-Touch Technique (ANTT) in relation to venepuncture, identifying: a) Key parts – needle tip b) Key site – venepuncture site	To reduce the risk of introducing infection into the vein. (Policies HIC1, 04, 14, 19, 28, 36, 39, G125; Nursing Times 2011).				
Demonstrate health and safety risks associated with venepuncture and measures in minimising these risks i.e. <i>needle stick injury and transmission of blood borne infections.</i>	To promote safety to patients, self and colleagues (Lavery & Ingham 2005; HIC 04; HS16).				
Demonstrate principles of site selection to perform venepuncture and the factors which would negate selecting a particular site.	To aid appropriate assessment of the patient for venepuncture, reduce risk and improve				

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the patient's experience. (Policy G125; HIC 36; EFLM, 2018)

Competency element	Rationale	W	A (Score)	S (Score)	P
Demonstrate techniques that can be implemented to safely identify a vein such as: a) using a tourniquet b) lowering the arm from potential site c) keeping site warm d) using devices such as vein viewer	To enhance knowledge and skills of the conduct of venepuncture (Policy G125; Lavery & Ingham 2005; EFLM, 2018).				
Demonstrate knowledge in correct use of the available venepuncture equipment and rationale for the choice: a) Quickshield and G21, G22 needles, b) Safety blood collection set G21, G23 c) accessory equipment i.e. the holdex and transfer unit.	To reduce risk and promote patient's experience (Policy G125).				
Demonstrate factors (<i>as below</i>) that can aid a successful venepuncture. a) good lighting b) nicely fitting gloves c) sit/stand directly facing the site at same level.	To aid appropriate assessment and promote patient's experience (Policy G125; HIC 36; Lavery & Ingham 2005; EFLM, 2018).				
Demonstrate knowledge on the order of draw of samples commonly collected in the department.	To enhance sample quality and minimise contamination (Policy G125)				
Demonstrate knowledge in the process to be undertaken in failed venepuncture (<i>as listed below</i>).at second attempt: a) release tourniquet, b) apply pressure onto puncture site c) seek assistance from colleagues competent in venepuncture.	To enhance the patient experience and minimise trauma (G125; HIC 36)				

Competency element	Rationale	W	A (Score)	S (Score)	P
Demonstrate an understanding of complications that may arise due to venepuncture ie <i>bruising, haematoma, nerve pain, and infection to site</i> . For each explain: a) actions that can be taken to minimise the complication from occurring. b) management in the event of the complication occurring	To reduce risk and improve the patient's experience. (Policy G125, HIC 36, HS 16).				
Demonstrate an understanding of common errors occurring in venepuncture and factors impacting sample quality i.e. <i>no blood flow, unlabeled tubes, mislabeled tubes, insufficient, clotted and haemolysed sample</i> . For each explain: a) actions that can be taken to minimise this from happening.	To enhance patient's experience and recovery (Policy G125; EFLM, 2018).				
Pre-procedure					
Print out or complete request form, collect all the necessary equipment and ensure it is in date.	To minimise risk of undermining sample quality and integrity of the results (Policy G125; EFLM, 2018)				
Decontaminate hands, don appropriate PPE	To reduce the risk of sample contamination and introducing microorganisms into the blood stream (HIC policies 01, 04, 14, 19).				
Introduce self and positively identify patient. Discuss any previous issues with venepuncture including allergies	To minimise risk of mismatching sample with the patient and promote safety (Policies G125; G38; EFLM, 2018).				
Obtain informed consent to perform the procedure.	To ensure the patient fully understands the reason for the procedure, what it involves and the potential risks (NMC 2015; NMC 2013; Policy G13; Mental Capacity Act).				

Competency element	Rationale	W	A (Score)	S (Score)	P
Procedure					
Provides adequate physical and psychological preparation and appropriately positions the patient	To enhance patient experience and aid successful venipuncture (Policy G125; EFLM, 2018; Lavery & Ingham 2005).				
Decontaminate hands, perform visual assessment and confirm venous access. <i>or</i> apply a tourniquet 8 to 10cm from venepuncture site, select vein; release the tourniquet . Decontaminate hands,(not Present on current checklist)	To deliver the patient care in an efficient and precise manner through effective assessment (Lovdeya et al 2014; Policy G125;EFLM, 2018)				
Wear or change gloves. Clean site for 30 seconds using chlorhexidine 2% in 70% alcohol wipe in a crosshatch technique, allow to air dry for another 30 seconds.	To reduce the risk of infection and maintain asepsis (Lovdeya et al 2014; Nursing Times, 2011; Policy G125),				
Appropriately and safely assemble equipment, ensure key parts are protected.	To facilitate patient's experience and minimise harm (Policy G125; Nursing Times, 2011; EFLM, 2018)				
Apply the tourniquet firmly with two fingers between skin and tourniquet to prevent occluding arterial flow. Maintain ANTT ; avoid re-palpating or allowing unsterile items be in contact with cleansed site	To prevent occlusion of arterial flow and minimise risk-of trauma to the patient (Policy G125).				
Pull skin taut from 2cm below intended puncture site to anchor the vein	To enhance the process of venipuncture and enhance the patient experience (Policy G125, EFLM, 2018; Lavery & Ingham 2005).				
Warn patient of imminent needle insertion; guide the needle smoothly at an angle of 15 to 30° depending on size and depth of the vein	To ensure successful conduct of the procedure (Policy 125; EFLM, 2018; Lavery & Ingham 2005).				
Introduce collection tube and release tourniquet at the flow of blood into the tube.	To minimise risk of sample haemolysing (Policy G125; EFLM, 2018).				

Competency element	Rationale	W	A (Score)	S (Score)	P
Collect multiple blood samples as per Trust order of draw and invert the tubes 4-10 times. Do not shake the tube as this haemolyses the sample.	To enhance mixing of sample with additive and minimise risk of sample haemolysis due to turbulence (Policy G125).				
Lightly place low lint dressing above insertion site, safely activate the locking system on venepuncture device (if using <i>safety blood collection set</i>) or activate the sheath against hard surface on the withdrawal of the needle (if using <i>Quickshield</i>),	To minimise risk of introducing microorganisms to insertion site and to minimise risk of needle stick injury (Policies HIC 04; HS 16).				
Immediately dispose of the collection set into a sharps bin at the point of use. Apply pressure onto the site for approximately 1 minute and then a plaster.	To minimise risk of needle stick injury (HS 16; HIC 04) and reduce risk of bleeding post venepuncture (Policy G125; EFLM, 2018)				
Ensure the patient is left clean, dry and comfortable. Correctly dispose of clinical waste, perform hand hygiene.	To promote patient's experience and reduce risk of infection (HS 12; HIC 14; HIC 04)				
Post procedure					
Label sample before leaving patient's bedside, place in sample bags.	To minimise risk of mismatching sample with patient (Policy G 28).				
Place sample in container / pneumatic tube (POD) ready for delivery to the laboratory.	To facilitate sample turnaround time (HIC 28)				
Staff Member (Print Name)	NMC or HCPC Number	Staff Member (Signature)			
Assessor (Print Name)	NMC or HCPC	Assessor/ (Signature)			

Competency Achieved	Yes/No				Date:
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Record of Learning & Achievement (ROLA) - Evidence Log Sheets

Date	<i>Competency Element - Venepuncture</i> Use these ROLA sheets to keep an on-going record of your learning and development. Reflect upon each time you perform Venepuncture. Anything you see as relevant or significant, where possible use a reflective approach in your entries and refer to current evidence to underpin your work.

Record of Learning & Achievement (ROLA) - Evidence Log Sheets

Date	<i>Competency Element - Venepuncture</i> Use these ROLA sheets to keep an on-going record of your learning and development. Reflect upon each time you perform Venepuncture. Anything you see as relevant or significant, where possible use a reflective approach in your entries and refer to current evidence to underpin your work.

Reflection on Learning in Practice

You should now reflect on what you have learnt by completing this competency and identify any future learning needs.

Describe the learning activity?
How many hours was the session?
What have you learnt?
How will this influence your practice?
What further learning needs has this identified?

Associated policies and references

Hospital Infection Control Policies

HIC 01 Standard Principles of Infection Control policy

HIC 04 Blood – borne virus and inoculation incident policy

HIC14 Hand hygiene policy

HIC 19 Decontamination policy

HIC 28 Pathology specimens and transport policy

HIC 39 Taking Blood Cultures

HIC 36 - Insertion and management of peripheral intravenous cannula and associated devices policy

General Policies

G 13 Consent to examination and treatment policy

G 28 Blood Product Transfusion Policy

G 38 Policy and Procedure for the Positive Identification of Patients

G 80 Healthcare Records Standards Policy

G 125 Adult Venepuncture Policy

Health and Safety Policies

HS12 Waste Management Policy

HS16 Dealing with the Safe Handling of Sharps policy

HS20, Reporting under RIDDOR.

References

Nursing Times (2011) ANTT: a standard approach to aseptic technique (Online) <https://www.nursingtimes.net/clinical-archive/infection-control/antt-a-standard-approach-to-aseptic-technique-09-09-2011/> [accessed 29/01/2021]

European Federation of Clinical Chemistry and Laboratory Medicine (2018) Recommendation for venous blood sampling (online): https://www.researchgate.net/publication/326378790_EFLM_Paper_Joint_EFLM-COLABIOCLI_Recommendation_for_venous_blood_sampling [accessed 29/01/2021].

Health and Care Professional Council (2016) Standards of conduct, performance and ethics (online) <https://www.hcpc-uk.org/standards/standards-of-conduct-performance-and-ethics/> (Accessed 10/12/24)

Lovedaya, H.P. Wilsona, J.A., Pratta, R., Golsorkhia, M., Tinglea, A., Baka, A., Brownea, J., Prietob, J., Wilcoxc, M. (2014) epic3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England (Online) https://improvement.nhs.uk/documents/847/epic3_National_Evidence-Based_Guidelines_for_Preventing_HCAI_in_NHSE.pdf {Accessed 21/01/2021 }

Lavery, I. & Ingham, P. (2005). 'Venepuncture best practice'. *Nursing Standard*, **19**(49):55-66.

Mccaughey, E. J.; Vecellio, E. Lake, R.; Ling, L.; Burnett, L.; Chesher, D.; Braye, S.; and (2016) 'Key factors influencing the incidence of hemolysis: A critical appraisal of current evidence', *Critical Reviews in Clinical Laboratory Sciences*, **54**: 59-72.

National Institute for Health and Clinical Excellence (2012). Prevention and control of healthcare-associated infections in primary and community care (online) <https://www.nice.org.uk/guidance/cg139/resources/healthcareassociated-infections-prevention-and-control-in-primary-and-community-care-pdf-35109518767045> [accessed 29/01/2021].

Nursing and Midwifery Council (2013) Informed consent 1: legal basis and implications for practice (online) <https://www.nursingtimes.net/roles/nurse-educators/informed-consent-1-legal-basis-and-implications-for-practice-21-05-2018/> [accessed 29/01/2021]

Nursing and Midwifery Council (2018) The Code: Professional standards of practice and behaviour for nurses and midwives (online) <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf> [accessed 01/05/2024].

Nurses and Midwives Council (NMC 2015) Revalidation: your step-by-step guide through the process (online) <http://revalidation.nmc.org.uk/> [accessed 21/01/2021].

Final Meeting: Venepuncture

Staff members name:

Job title:

Ward/Department:

Email address where certificate should be sent:

Assessor's Name:

Date of workshop attended:/...../.....

Date of competency completion:/...../.....

Discussion between assessor & the staff member completing to identify and agree that the:

- Workshop has been attended
- The competency packs have been completed and the staff member has meet the criteria to carry out venepuncture.
- Adheres to ANTT principle.
- The staff member will carry out this clinical skill frequently enough to remain competent.

Comments from the assessor:

Comments from the staff member after completion:

Signatures: Staff members signature.....PIN.....
Assessors signature:PIN.....
Assessor print name/designation.....

On completion of this form please retain a copy in your portfolio, file a copy in your personnel file and send a copy to:

stees.clinicalskills@nhs.net or

Education and Practice Development Team, Second Floor, Murray Building, JCUH.

Guideline for venepuncture using an aseptic non-touch technique (ANTT)

Elements of Performance
Print web ice form/ complete request form, select appropriate equipment (<i>Quickshield</i> or <i>Safety Blood collection set</i>), ensure it is in date. Introduce self; positively identify patient and confirm by checking patient's four identifiers (<i>first and second name, DOB and Hospital number</i>). These should be cross referenced verbally with the patient/relative/carer, health care records (HCRs), wristband worn by the patient and against the web-ice/request form.
Explain the procedure to the patient, then either obtain informed verbal consent, or if the patient is assessed as not having capacity, act in their best interest (<i>Mental Capacity Act 2005</i>).
Discuss any previous issues with venepuncture including allergies
Perform hand hygiene, wear gloves and an apron.
Visualise vein and palpate to confirm; or apply a tourniquet 8 to 10cm from venepuncture site, select vein; release the tourniquet.
Clean the identified venepuncture site for 30 seconds using chlorhexidine 2% in 70% alcohol wipe in a crosshatch motion, allow to air dry for another 30 seconds.
Assemble barrel and needle with the dot (or numbers if using safety blood collection set) facing up, This is to ensure the bevel is in the correct position.
Apply the tourniquet firmly with two fingers between skin and tourniquet to prevent occluding arterial flow. Maintain ANTT ; avoid re-palpating or allowing unsterile items be in contact with cleansed site.
Pull skin taut from 2cm below intended puncture site to anchor the vein.
Warn patient of imminent needle insertion; guide the needle smoothly at an angle of 15 to 30 ^o depending on size and depth of the vein.
Introduce sample collection tube and release tourniquet at the flow of blood into the tube.
Collect multiple blood samples as per order of draw and invert the tubes 4-10 times. Do not shake the tube as this haemolyses the sample.
Lightly place low lint dressing above insertion site, activate the locking system on needle (if using safety blood collection set) <i>or</i> remove the needle and activate the sheath against hard surface (if using Quickshield), immediately dispose of the collection set into a sharps bin. Apply pressure onto the site for approximately 1 minute and then apply a plaster.
Correctly dispose of clinical waste, perform hand hygiene.
Label sample collection tube correctly at the patient's bedside, place in the appropriate specimen sample bags.
Ensure samples are placed in appropriate container ready for delivery to the laboratory.