DK9X 04 (CHS131) Obtain and test capillary blood samples

About this Unit

This standard covers the collection of capillary blood samples using either manual or automated lancets, testing of the sample where this is required or sending it elsewhere for laboratory testing.

Samples may include those for blood sugar determination, haemoglobin levels and neonatal blood spot testing of the newborn.

Users of this standard will need to ensure that practice reflects up-to-date information and policies.

Your **knowledge and understanding** will be specifically related to legal requirements and codes of practice and conduct applicable to your job, and the NHS Knowledge and Skills Framework. This will relate to your work activities; the job you are doing, and the setting, eg in hospital and community, domiciliary, residential care, and the individuals you are working with.

Values — the values underpinning this Unit are embedded within the 2009 NHS Code of Conduct for Health Care Support Workers. These are stated in full within the Assessment Strategy and Guidance document for the awards.

Key Words and Concepts — a glossary of definitions, key words and concepts used in this Unit is contained in the Assessment Strategy and Guidance document.

In occupational standards it is quite common to find words or phrases used which you will be familiar with, but which, in the detail of the standards, may be used in a very particular way. **You should read the Assessment Strategy and Guidance document before you begin working with the standards and refer to it if you are unsure about anything in the Unit.**

Specific Evidence Requirements for the Unit
It is essential that you adhere to the Evidence Requirements for this Unit

SPECIFIC EVIDENCE REQUIREMENTS FOR THIS UNIT
Simulation:
♦ Simulation is **NOT** permitted for any part of this Unit.
♦ **The following forms of evidence ARE mandatory:**
♦ **Direct Observation:** Your assessor or expert witness must observe you in real work activities. Their confirmation of your practice will provide evidence for a significant amount of the performance criteria in this Unit. **For example**, selecting and preparing the site and using the correct sequence to test the capillary sample. ♦ **Professional discussion:** Describes your actions in a particular situation and reflect on the reason(s) why you practice that way. **For example**, the particular precautions you take when working with blood, how and when to label samples if required.
Competence of performance and knowledge could also be demonstrated using a variety of evidence from the following:
♦ **Reflective Account:** These are written pieces of work which allow you to reflect on the course of action you took in a specific situation to identify any learning from the piece of work and to describe what you might do differently in the light of your new knowledge. ♦ **Questioning/professional discussion**: May be used to provide evidence of knowledge, legislation, policies and procedures which cannot be fully evidenced through direct observation or reflective accounts. In addition your assessor/mentor or expert witness may also ask questions to clarify aspects of your practice. ♦ **Expert Witness**: A designated expert witness, eg a senior member of staff, may provide a direct observation of your practice, or record a professional discussion they have held with you on a specific piece of practice. ♦ **Witness Testimony**: Can be a confirmation or authentication of the activities described in your evidence which your assessor or mentor has not seen. ♦ **Products:** These can be any record that you would normally use within your normal role, eg you should not put confidential records in your portfolio; they can remain where they are normally stored and be checked by your assessor and internal verifier. ♦ **Prior Learning:** You may be able to use recorded prior learning from a course of training you have attended within the last two years. Discussion on the relevance of this should form part of your assessment plan for each Unit. ♦ **Simulation:** There may be times when you have to demonstrate you are competent in a situation that does not arise naturally through your work role, eg dealing with violent or abusive behaviour. The Evidence Requirements in each Unit provide specific guidance regarding the use of simulation.
GENERAL GUIDANCE
♦ Prior to commencing this Unit you should agree and complete an assessment plan with your assessor which details the assessment methods you will be using, and the tasks you will be undertaking to demonstrate your competence. ♦ Evidence must be provided for ALL of the performance criteria, ALL of the knowledge. ♦ The evidence must reflect the policies and procedures of your workplace and be linked to current legislation, values and the principles of best practice within the Health Care sector. This will include the National Service Standards for your areas of work. ♦ All evidence must relate to your own work practice.

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KNOWLEDGE SPECIFICATION FOR THIS UNIT

Competent practice is a combination of the application of skills and knowledge informed by values and ethics. This specification details the knowledge and understanding required to carry out competent practice in the performance described in this Unit.

When using this specification **it is important to read the knowledge requirements in relation to expectations and requirements of your job role**.

You need to provide evidence for ALL knowledge points listed below. There are a variety of ways this can be achieved so it is essential that you read the 'knowledge evidence' section of the Assessment Guidance.

	You need to show that you know, understand and can apply in practice:	**Enter Evidence Numbers**
1	The current European and National legislation, national guidelines, organisational policies and protocols in accordance with Clinical/Corporate Governance which affect your work practice in relation to obtaining and testing capillary blood samples.	
2	Your responsibilities and accountability in relation to the current European and National legislation, national guidelines and local policies and protocols and Clinical/Corporate Governance.	
3	The duty to report any acts or omissions in care that could be detrimental to yourself, other individuals or your employer.	
4	The importance of obtaining positive confirmation of individuals' identity and consent before starting the procedure, and effective ways of getting positive identification.	
5	The importance of confidentiality and the measures taken to ensure it is appropriately maintained.	
6	The importance of working within your own sphere of competence and seeking advice when faced with situations outside your sphere of competence.	
7	The importance of applying standard precautions to obtaining and testing capillary blood samples and the potential consequences of poor practice.	
8	How infection is spread and how its spread may be limited, including how to use or apply the particular infection control measures needed when working with blood.	
9	The structure and purpose of capillary blood vessels.	
10	Blood clotting processes and factors influencing blood clotting.	
11	The normal or expected results for particular tests and therefore what constitutes an abnormal result.	
12	The different reasons for obtaining capillary blood samples taken.	
13	The concerns that individuals may have in relation to capillary blood sampling.	
14	The sites which can be used for capillary sampling and what the factors that need to be considered in selecting the best site to use including the individual's own preference.	
15	Why it is important to clean the sites from which you will obtain samples, and the appropriate ways of doing this.	

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You need to show that you know, understand and can apply in practice:		Enter Evidence Numbers
16	The limits of your role and the circumstances in which you would need to refer to another person.	
17	The contra-indications which indicate that capillary sampling should be stopped and advice sought.	
18	What is likely to cause discomfort to individuals during and after the collection of capillary blood samples, and how such discomfort can be minimised.	
19	What can cause problems in obtaining capillary blood samples, what can be done to stimulate blood flow and when another site should be used.	
20	The common adverse reactions/events which individuals may have to blood sampling, how to recognise them and action(s) to take if they occur.	
21	The equipment and materials are needed for capillary blood sampling and testing.	
22	The sorts of equipment and materials which are sensitive to environmental changes and how this affects their storage and use.	
23	Which equipment and instruments are re-usable and which must be discarded after one use.	
24	How and when to label samples if required.	
25	The importance of ensuring sites for capillary blood sampling are cleaned effectively, and how and when this should be done.	
26	The process and procedure for obtaining capillary blood samples, including the correct sequence of actions.	
27	The factors involved in the procedures which could affect the quality of the blood.	
28	The importance of collecting capillary blood samples of the right quality, and how.	
29	The complications and problems that may occur during the collection of capillary blood samples, how to recognise them and what action(s) to take.	
30	How to perform relevant tests of capillary blood samples.	
31	How to record test results, and the importance of clear and accurate documentation.	
32	The information that needs to be recorded on labels and other documentation when sending capillary blood samples to the laboratory.	
33	The importance of completing labels and documentation clearly, legibly and accurately, and the possible consequences of confusing samples or incorrect labelling.	
34	The importance of immediately reporting any issues which are outside your own sphere of competence without delay to the relevant member of staff.	

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Performance Criteria	DO	RA	EW	Q	P	WT	PD
1 Apply standard precautions for infection prevention and control and any other relevant health and safety measures.							
2 Give the individual relevant information, support and reassurance in a manner which is sensitive to their needs and concerns.							
3 Gain valid consent to carry out the planned activity.							
4 Select and prepare the site for obtaining the capillary blood sample immediately before the blood is obtained, in line with organisational procedures.							
5 Obtain the required amount of blood of the required quality, using the selected materials and equipment into the container(s) and/or onto the appropriate strips or slides, in the correct order and in a manner which will cause minimum discomfort to the individual.							
6 Take appropriate action to stimulate the flow of blood if there is a problem obtaining blood from the selected site, or choose an alternative site.							
7 Apply pressure to the puncture site following completion to encourage closure and blood clotting.							
8 Promptly identify any indication that the individual may be suffering any adverse reaction/event to the procedure and act accordingly.							
9 Where the sample is to be sent for laboratory testing: (a) label the sample, if it is not to be tested immediately clearly, accurately and legibly, using computer prepared labels where appropriate (b) place sample in the appropriate packaging, ensure the correct request forms are attached and put in the appropriate place for transport or storage if required (c) ensure immediate transport of the sample to the relevant department when blood sampling and investigations are urgent							

Performance Criteria	DO	RA	EW	Q	P	WT	PD
10 Document all relevant information clearly, accurately and correctly in the appropriate records.							
11 When appropriate, test the blood sample correctly using the appropriate method in line with organisational procedure.							
12 Recognise and interpret results accurately or pass them onto an appropriate staff member for interpretation.							
13 Record results fully and accurately in the appropriate manner and place and report to the appropriate staff member.							
14 Give clear and accurate information to the individual about the results of tests, if available and within the limits of your responsibility.							
15 Respond to questions from the individual clearly and accurately in an appropriate manner, level and pace or refer them to an appropriate staff member.							
16 Ensure that the individual is informed if any further action is required/the next stage in the process.							

DO = Direct Observation *RA = Reflective Account* *Q = Questions*
EW = Expert Witness *P = Product (Work)* *WT = Witness Testimony*
PD = Professional Discussion

To be completed by the candidate
I SUBMIT THIS AS A COMPLETE UNIT

Candidate's name: ……

Candidate's signature: ……..

Date: ……..

To be completed by the assessor
It is a shared responsibility of both the candidate and assessor to claim evidence, however, it is the responsibility of the assessor to ensure the accuracy/validity of each evidence claim and make the final decision.

I CERTIFY THAT SUFFICIENT EVIDENCE HAS BEEN PRODUCED TO MEET ALL THE ELEMENTS, PCS AND KNOWLEDGE OF THIS UNIT.

Assessor's name: ……..

Assessor's signature: ……..

Date: ……..

Assessor/Internal verifier feedback

To be completed by the internal verifier if applicable
This section only needs to be completed if the Unit is sampled by the internal verifier

Internal verifier's name: ……

Internal verifier's signature: ……..

Date: ……..……..