

## DL00 04 (CHS132) Obtain venous blood samples

### About this Unit

This standard covers the use of venepuncture/phlebotomy techniques and procedures to obtain venous blood samples from individuals for investigations.

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

| <b>SPECIFIC EVIDENCE REQUIREMENTS FOR THIS UNIT</b>   |
|---|
| <b>Simulation:</b>  |
| <ul style="list-style-type: none"> <li>◆ Simulation is <b>NOT</b> permitted for any part of this Unit.</li> <li>◆ <b>The following forms of evidence ARE mandatory:</b></li> <li>◆ <b>Direct Observation:</b> 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. <b>For example</b>, how you apply standard precautions for infection prevention and control any other relevant health and safety measures. Your assessor could use a checklist to assess this.</li> <li>◆ <b>Professional discussion:</b> Describes your actions in a particular situation and reflect on the reason(s) why you practice that way. <b>For example</b>, discuss with your assessor/expert witness what factors you have to consider when selecting a vein for the blood sample.</li> </ul>  |
| <b>Competence of performance and knowledge could also be demonstrated using a variety of evidence from the following:</b>   |
| <ul style="list-style-type: none"> <li>◆ <b>Reflective Account:</b> 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.</li> <li>◆ <b>Questioning/professional discussion:</b> 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.</li> <li>◆ <b>Expert Witness:</b> 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.</li> <li>◆ <b>Witness Testimony:</b> Can be a confirmation or authentication of the activities described in your evidence which your assessor or mentor has not seen.</li> <li>◆ <b>Products:</b> 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.</li> <li>◆ <b>Prior Learning:</b> 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.</li> <li>◆ <b>Simulation:</b> 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.</li> </ul> |
| <b>GENERAL GUIDANCE</b>   |
| <ul style="list-style-type: none"> <li>◆ 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.</li> <li>◆ Evidence must be provided for ALL of the performance criteria, ALL of the knowledge.</li> <li>◆ 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.</li> <li>◆ All evidence must relate to your own work practice.</li> </ul>  |

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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.**

| <b>You need to show that you know, understand and can apply in practice:</b>  | <b>Enter Evidence Numbers</b> |
|---|-------------------------------|
| 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 venous 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 working within your own sphere of competence and seeking advice when faced with situations outside your sphere of competence.   |                               |
| 6 The importance of applying standard precautions to obtaining venous blood samples and the potential consequences of poor practice.  |                               |
| 7 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.   |                               |
| 8 The structure of blood vessels.   |                               |
| 9 The position of accessible veins for venous access in relation to arteries, nerves and other anatomical structures.   |                               |
| 10 Blood clotting processes and factors influencing blood clotting.   |                               |
| 11 The contra-indications and changes in behaviour and condition, which indicate that the procedure should be stopped, and advice sought.   |                               |
| 12 The concerns which individuals may have in relation to you obtaining venous blood.   |                               |
| 13 How to prepare individuals for obtaining venous blood, including how their personal beliefs and preferences may affect their preparation.  |                               |
| 14 What is likely to cause discomfort to individuals during and after obtaining venous blood, and how such discomfort can be minimised.   |                               |

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| <b>You need to show that you know, understand and can apply in practice:</b>   | <b>Enter Evidence Numbers</b> |
|--|-------------------------------|
| 15 Common adverse reactions/events to blood sampling, how to recognise them and the action(s) to take if they occur.                                 |                               |
| 16 The type and function of different blood collection systems.  |                               |
| 17 What dressings are needed for different types of puncture sites, how to apply and what advice to give individuals on caring for the site.         |                               |
| 18 The factors to consider in selecting the best site to use for venous access.  |                               |
| 19 The equipment and materials needed for venepuncture/phlebotomy and how to check and prepare blood collection systems.                             |                               |
| 20 The importance of ensuring venous access sites are cleaned effectively, and how and when this should be done.                                     |                               |
| 21 The correct use of tourniquets.   |                               |
| 22 The importance of correctly and safely inserting and removing needles.  |                               |
| 23 How to recognise an arterial puncture and the action to take if this occurs.  |                               |
| 24 The factors involved in the procedure which could affect the quality of the blood.  |                               |
| 25 The remedial action you can take if there are problems in obtaining blood.  |                               |
| 26 The complications and problems may occur during venepuncture, how to recognise them and what action(s) to take.                                   |                               |
| 27 When and how to dress venous puncture sites.  |                               |
| 28 The information that needs to be recorded on labels and other documentation.  |                               |
| 29 The importance of completing labels and documentation clearly, legibly and accurately   |                               |
| 30 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 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:<br>(a) an appropriate site<br>(b) appropriate equipment for obtaining the venous blood   |    |    |    |   |   |    |    |
| 5                    | Apply, use and release a tourniquet at appropriate stages of the procedure.  |    |    |    |   |   |    |    |
| 6                    | Gain venous access using the selected blood collection system, in a manner which will cause minimum discomfort to the individual.  |    |    |    |   |   |    |    |
| 7                    | Obtain the blood from the selected site:<br>(a) in the correct container according to investigation required<br>(b) in the correct volume<br>(c) in the correct order when taking multiple samples |    |    |    |   |   |    |    |
| 8                    | 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.  |    |    |    |   |   |    |    |
| 9                    | Mix the blood and anti-coagulant thoroughly when anti-coagulated blood is needed.  |    |    |    |   |   |    |    |
| 10                   | Promptly identify any indication that the individual may be suffering any adverse reaction/event to the procedure and act accordingly.   |    |    |    |   |   |    |    |
| 11                   | Remove blood collection equipment and stop blood flow with sufficient pressure at the correct point and for the sufficient length of time to ensure bleeding has stopped.                          |    |    |    |   |   |    |    |
| 12                   | Apply a suitable dressing to the puncture site according to guidelines and/or protocols, and advise the individual about how to care for the site.   |    |    |    |   |   |    |    |
| 13                   | Label blood samples clearly, accurately and legibly, using computer prepared labels where appropriate  |    |    |    |   |   |    |    |

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| <b>Performance Criteria</b>  | <b>DO</b> | <b>RA</b> | <b>EW</b> | <b>Q</b> | <b>P</b> | <b>WT</b> | <b>PD</b> |
|--|-----------|-----------|-----------|----------|----------|-----------|-----------|
| 14 Place samples in the appropriate packaging and ensure the correct request forms are attached.   |           |           |           |          |          |           |           |
| 15 Place samples in the nominated place for collection and transportation, ensuring the blood is kept at the required temperature to maintain its integrity. |           |           |           |          |          |           |           |
| 16 Document all relevant information clearly, accurately and correctly in the appropriate records.   |           |           |           |          |          |           |           |
| 17 Ensure immediate transport of the blood to the relevant department when blood sampling and investigations are urgent.                                     |           |           |           |          |          |           |           |

*DO = Direct Observation*  
*EW = Expert Witness*  
*PD = Professional Discussion*

*RA = Reflective Account*  
*P = Product (Work)*

*Q = Questions*  
*WT = Witness Testimony*

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*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: .....