

**About this Unit**

This standard covers obtaining and maintaining vascular access for haemodialysis therapy where this is accepted as appropriate according to the individual's condition and your employer's guidelines on this function.

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> </ul>
<ul style="list-style-type: none"> <li>◆ <b>The following forms of evidence ARE mandatory:</b></li> </ul>
<ul style="list-style-type: none"> <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>, you could be observed giving assistance to the individual as they connect the cannula or catheter to the dialysis line according to protocol.</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 which factors you have to consider when assessing and choosing the best site for cannulation.</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>

**F068 04 (CHS30) Obtain and maintain vascular access for, and cease access following, haemodialysis therapy**

**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 and maintaining vascular access for, and ceasing access following haemodialysis therapy.	
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 working within your own sphere of competence and seeking advice when faced with situations outside your sphere of competence.	
5 The importance of applying standard precautions to the obtaining and maintaining of vascular access for, and ceasing access following, haemodialysis therapy and the potential consequences of poor practice.	
6 The structure of blood vessels.	
7 Blood clotting processes and factors influencing blood clotting.	
8 How the individuals dignity might be compromised during access procedures and what measures to take to avoid this.	
9 How to provide support to individuals which is appropriate to their needs and concerns.	
10 The different types of vascular access and why different types of access are used for different individuals.	
11 What factors to consider when assessing and choosing the best site for cannulation, and why it is important to choose an appropriate site.	
12 The type and function of materials and equipment used to obtain, maintain and cease vascular access for haemodialysis.	
13 The particular requirements when dealing with new fistulas.	
14 The importance of having close and effective observation of the individual, the vascular access site and the dialysis machine monitors when connecting the needle and the dialysis line.	

You need to show that you know, understand and can apply in practice:	Enter Evidence Numbers
15 Why it is important to maintain the safety, placement, and patency of access during dialysis.	
16 What to look for when assessing venous catheters.	
17 The complications and problems may occur during cannulation and connection procedures, how you would recognise them and what action you would take.	
18 The types of problems that might occur in relation to blood flow and vascular access, how you would recognise them and what action you would take.	
19 How to prepare different types of vascular access sites.	
20 How to insert and secure cannula for dialysis.	
21 The importance of effective blood flow, how you would check it and what action you may take if there is poor blood flow.	
22 How to monitor blood flow, what to look for in terms of the individuals condition, the dialysis machine monitors and the vascular access site.	
23 How patency of access during therapy is maintained.	
24 How to disconnect lines and remove cannula.	
25 When and how to treat and dress vascular access sites.	
26 The information that needs to be recorded and/or reported regarding: (a) obtaining and maintaining vascular access for haemodialysis therapy (b) on cessation of vascular access	
27 The importance of completing documentation clearly, legibly and accurately.	
28 The importance of immediately reporting any issues which are outside your own sphere of competence without delay to the relevant member of staff.	

Performance Criteria		DO	RA	EW	Q	P	WT	PD
		1	Apply standard precautions for infection prevention and control and other relevant health and safety measures.					
2	Confirm the individual's identity and confirm the planned action.							
3	Give the individual relevant information, support and reassurance in a manner which is sensitive to their needs and concerns.							
4	Gain valid consent to carry out the planned activity.							
5	Identify potential sites and types of vascular access correctly (if there is more than one) with the appropriate member of the care team, and assess using the relevant criteria and protocols which site is the most appropriate to use.							
6	Recognise any problems with the vascular access and report them immediately to the appropriate member of the care team.							
7	Prepare and clean the vascular access site effectively according to the plan of care and agreed protocols.							
8	Insert the appropriate size and type of cannula(e) if cannulation is required, and secure them safely and correctly and in a manner which aims to cause minimum discomfort to the individual and to maximise the continuing viability of the vascular access.							
9	Confirm effective blood flow, using the relevant criteria or protocols, before connecting the individual to the extra-corporeal circuit, taking appropriate action if the blood is not flowing effectively.							
10	Administer the prescribed anti-coagulant if this is required according to the prescription and protocols.							
11	Connect the cannula(e) or catheter and dialysis line according to protocol, correctly at the appropriate time in a manner likely to prevent infection.							

Performance Criteria	DO	RA	EW	Q	P	WT	PD
	12 Recognise adverse reactions to, and problems with, the procedure promptly and take the appropriate action to resolve them according to the individual, the setting and the problem and/or refer them to an appropriate member of the care team according to protocols.						
13 Encourage individuals to recognise and report any unusual or unexpected change or feeling during therapy.							
14 Monitor the patency of the vascular access effectively during haemodialysis therapy and make appropriate adjustments to maintain the effective flow of blood.							
15 Recognise any problems with blood flow promptly and take action appropriate to the individual and the problem immediately.							
16 Confirm the administration of products to avoid blood coagulation has occurred as specified in the plan of care.							
17 Disconnect the cannula(e) or catheter and dialysis line(s) at the appropriate time and remove it in a manner which aims to cause minimum discomfort to the individual and maximise the continuing viability of the vascular access.							
18 Apply the appropriate dressing to the vascular access site according to the type of access and the plan of care.							

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

RA = Reflective Account  
P = Product (Work)

Q = Questions  
WT = Witness Testimony

*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: .....