

**HAEMATOLOGY / ONCOLOGY WARD & DAY UNIT  
STANDARD OPERATING PROCEDURE**

**Therapeutic Venesection  
for Healthcare Assistants (bands 2 - 4)**

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**Document review history**

Please note all changes to this current version/issue of document are identified by a vertical line in the left margin.

Review Date	Reviewed by	Brief summary of changes
2015		NEW document
2016	A Holland	Grammar; formatting; content

## Introduction

Therapeutic venesection involves removing a set amount of blood volume from patients in the haematology setting, who have either a raised haematocrit (polycythaemia) or iron overload (haemochromatosis).

## Purpose

To develop a Standard Operating Procedure (SOP) for Health Care Assistants (HCA) Band 2- 4 working at Heart of England NHS Foundation Trust (HEFT), who have been assessed as competent, to perform venesection procedures as part of their duties for haematology patients. The procedure will be carried out after instruction from the day unit registered nurse (RN). The HCA will be supervised and supported as necessary by the RN.

## Procedure

Patients will be assessed in the haematology clinic by a haematology doctor. If the haemoglobin (Hb) is greater than 120g/l (men) or greater than 110g/l (women) then the venesection can proceed. If the Hb is below this, or cannot be done for any other reason a RN will make the decision to delay the venesection and arrange for the patient to be reviewed or discussed with a haematology doctor on the same day.

For patients who have haemochromatosis a blood test for ferritin should be taken monthly, or as instructed by a doctor/RN/ACP. The HCA should document on Dendrite that the blood test has been taken. The RN will be responsible for interpreting ferritin levels and all blood results prior to instructing the HCA to carry out the venesection procedure.

If the ferritin levels are less than 50µg/l, and the transferritin saturation <16% the RN will review if the venesection should be withheld. The RN will refer the patient back to the haematologist/GP/ACP for monitoring and maintenance treatment (indefinitely).

For patients who have polycythaemia, blood tests for haematocrit (hct) levels will be taken monthly or as instructed by a doctor/RN. The HCA should document on Dendrite that the blood test has been taken. Haematocrit levels and all blood results will be reviewed by the RN prior to instructing the HCA to carry out the venesection procedure.

## Expected outcome(s)

- Safe Removal of set amount of blood as requested by the Haematologist.
- The patient's comfort and safety is maintained throughout the therapeutic venesection procedure in accordance with this standard operating procedure.

## Patient care

- A RN will arrange for the procedure to proceed. Prior to undertaking the procedure the HCA must complete the pre procedure checklist (appendix A). If there are no identified problems the HCA will be given the final instruction from the RN.
- Patients will be treated in line with their individual disease specific protocols/multidisciplinary team outcomes; patient treatment plan (signed by the medical team managing the patients care). The care will be confirmed by the RN prior to the HCA performing the procedure.
- The HCA must obtain verbal consent from the patient.
- The RN will interpret all blood results prior to the HCA performing the procedure. If **Hb is below 110g/l** the RN must refer the patient back to the clinician as the procedure would NOT normally proceed.
- The large palpable veins of the antecubital fossa are used for this procedure. If the HCA is unable to access these they should seek assistance.
- A doctor will refer patients for therapeutic venesection, clearly documenting the volume (in mls) to be venesected, the frequency of blood tests and what fluid replacement is required if the patient requires **ISOVOLAEMIC VENESECTION** (if fluid replacement is needed), **ONLY** a RN can perform the procedure.
- It is the RN's responsibility to arrange and perform the venesection if patient requires an isovolaemic procedure (i.e. Intravenous fluid replacement).

The RN will confirm, for the HCA, the doctors documented instructions or treatment plan regarding volume of blood to be venesected and if any blood tests are required pre or during venesection.

The RN is responsible for ensuring that each patient has, as a minimum, a yearly review appointment either in the haematology clinic or at their General Practitioner's.

## Contraindications-the HCA will not perform the procedure if:

1. The patient does not give consent for the procedure
2. The patient shows signs of unstable cardiovascular function compared to previous baseline observations or has a low blood pressure triggering MEWS of 1 or above or any other triggers on mews scoring system
3. The patient is under 16 years old
4. There is no RN immediately available to give support and check treatment plan and blood results prior to procedure.

**Limitations to Practice-the HCA must seek advice from a RN if:**

1. The patient has scarred or friable veins due to previous venesection and may require a medical clinician or RN to perform cannulation for the procedure.
2. The patient has not had at least 1 litre of fluid to drink and something to eat prior to venesection; the HCA must discuss this with the RN prior to commencing the venesection.
3. The patient presents with any of the following as an issue they must be referred to the RN so that the haematology doctor can be consulted prior to the venesection.
  - The patient has had previous problems with venesection
  - The patient bruises easily
  - The patient has fainted in the past in association with venesection
  - The patient has previously manifested the symptoms of hypovolaemic shock during venesection
  - The patient weigh less than 49 kilograms
  - The patient is menstruating
  - The patient is known to be pregnant
  - The patient has recently had/about to undergo surgery
  - The most suitable vein is close to a pulse

If any issues are identified, all discussions and actions taken must be clearly documented in the patient notes.

• **Equipment/Supplies required**

- Suitable chair / bed
- Prescription for procedure
- Personal protective equipment (non-sterile gloves and disposable plastic apron, goggles)
- Large sharps container (large enough to accommodate 1 or more blood bags and associated tubing i.e. 2.5ltr or 5ltr).
- Disposable tourniquet/ Manual BP Cuff- (if so then Clinnell Wipes to decontaminate)
- Sterile gauze and micropore tape
- 2% chlorhexidine in 70% Alcohol wipe
- Blood pack unit with integral needle
- Blood weighing scales

- Ametop/empla cream or ethyl chloride spray. If this is required then the HCA must ask the RN to apply prescribed cream or spray (as per the current Trust Medicines policy), a minimum of 20 minutes before the procedure.

## Personnel Responsibility/Accountability

- Whenever a HCA performs a task, the ultimate accountability for the patient remains with the delegating RN. At no time should clinical decisions be made by the HCA. The HCA must report immediately to the RN with any concerns, to enable the RN to make a judgment about the appropriate course of action.
- The HCA is accountable for their own actions and should never undertake care or perform tasks for which they have not received education/training and been assessed as competent. However it is the responsibility of the RN delegating the task/care to ensure that the HCA is competent to carry it out; ensuring the safety of the patient is paramount (Nursing and Midwifery Council, 2015)
- HCAs involved in venesection must have been assessed as competent in venepuncture and Aseptic Non Touch Technique (ANTT), in addition to being assessed as competent to undertake this procedure.
- HCAs must demonstrate competence supported by the required level of knowledge before being delegated particular tasks. HCAs have a duty to inform the delegating professional if they do not have competence to perform a task. (Royal College of Nursing, 2013)
- All HCAs **must** abide by this Standard Operating Procedure.

## Education and Training

- Training in therapeutic venesection, clinical skill and assessments will be provided by the senior nurse in the day unit, Clinical Educator or Clinical Nurse Specialist or ACP.
- Staff undertaking training and assessment in Therapeutic Venesection must be also competent in undertaking Venepuncture.
- Those acting as trainers / assessors in clinical practice must hold an assessors qualification and must be certified as competent in the procedure themselves and be undertaking the procedure regularly.
- Assessment of competence covers both theoretical knowledge and practical skills. Theoretical knowledge can be achieved by attendance at approved training and accessing education support material.
- Evidence of completion of an equivalent training in another Trust.
- Practical skills will be assessed against performance criteria.
- Training for other aspects covered by this policy can be achieved by attending approved study days such as venepuncture.

**Standard Operating Procedure for HCAs**

ACTION	RATIONALE
Confirm patient identity verbally with patient , and ensure wristband is put on prior to the procedure	Ensure right patient receives the correct procedure in accordance with current Trust policies and procedures
<p>Ensure patient understands treatment procedure and has given informed verbal consent.</p> <p>Inform patient of potential side effects, e.g. potential bruising, bleeding, fainting</p>	For patient to understand the risks and benefits of the planned procedure prior to giving consent for it to be performed.
<p>Ensure patient is comfortable; lying flat on bed or in chair at an angle of approximately 45 degrees (particularly for first venesection.)</p> <p>Support arm using a pillow or arm rest during procedure</p> <p>Ensure the patient has not taken Anti-Hypertensive medications</p>	<p>To ensure patient comfort.</p> <p>To mitigate potential risk of injury to patient if they faint/fall during the procedure.</p> <p>To ensure that the patient does not require isovolaemic venesection</p>
Complete pre procedure check list (Appendix A)	To ensure patient is fit for procedure or identify any contra indications/reasons why the procedure should not take place.
Confirm treatment plan, with the RN including blood tests needed and volume of blood to be removed.	To ensure correct treatment plan is followed, and correct volume of blood is removed,
Record a full set of observations on MEWS chart. If observations fall outside the normal parameters shown on the chart, inform RN who will contact medical staff for advice prior to commencing procedure.	To ensure patient is fit for procedure and provide a base line to monitor patient's condition during and after procedure
Wash and dry hands in accordance with current Trust guidelines/ANTT policy	To reduce risk of Health Care Associated Infection (HCAI)
Gather equipment needed on a cleaned tray or trolley and take to patient	To reduce risk of HCAI and ensure procedure is completed efficiently and safely

Have free standing scales ready at bed side or chair side in preparation for weighing bag of blood	To ensure correct volume of blood is removed.
<b>ACTION</b>	<b>RATIONALE</b>
Wash and dry hands, or apply alcohol gel in accordance with current Trust guidelines/ANTT policy.	To reduce risk of HCAI
Don plastic apron	Utilisation of appropriate PPE
Apply disposable tourniquet or blood pressure cuff inflated to <diastolic several inches above the chosen antecubital fossa  Feel for the brachial artery, ensure that vein selection is distal to this	To reduce risk of vein damage during the procedure and potential loss of blood flow  To reduce the risk of arterial puncture
Clean venepuncture site with 2% Chlorhexidine in 70% alcohol wipe, remembering that the chosen vein needs to be able to accommodate the large bore needle	To reduce risk of HCAI.  Ensure selection of adequate vein
Don clean non-sterile gloves	Protect HCA from potential risk of blood contamination
Insert needle into vein using ANTT, support at correct angle with gauze and secure with tape. If the blood is flowing freely, loosen the tourniquet but do not remove it.  Only 2 attempts at venepuncture to be made by HCA. HCA to escalate to RN if access not gained after two attempts.	Gain access to vein and ensure adequate blood flow  In accordance with Trust policy to minimise risk of pain/injury to patient
If blood is flowing too quickly then release the tourniquet. If blood is flowing too slowly then increase the pressure to obtain a faster flow, making sure this does not cause the patient any discomfort or impede the radial pulse. The flow may also be helped if the patient opens and closes their fist.	To maintain blood flow and minimise patient discomfort



<p>Place venesection pack loosely onto the weighing scales – while keeping needle secured with tape and gauze and the tubing secured with tape to the patients arm.</p>	<p>To monitor volume of blood being removed from patient and prevent dislodgment of the needle.</p>
<p style="text-align: center;"><b>ACTION</b></p>	<p style="text-align: center;"><b>RATIONALE</b></p>
<p>HCA to remain with the patient during the procedure and check regularly that the blood continues to flow (if the tubing is warm to touch – blood is flowing freely; if the tubing is cold to the touch – blood flow has ceased and action should be taken to remedy the situation). Slight movement of the needle may help, also ask patient to open and close fist or use a hand grip ball to increase flow.</p> <p>Approx 450grams (450mls) of blood should be removed unless otherwise stated by the RN</p>	<p>To ensure successful completion of the procedure</p> <p>Maintain patient comfort and safety at all times.</p>
<p>During procedure assess peripheral circulation distal to the insertion site. Observe for signs of decreased circulation such as pallor, discolouration of the hand or numbness/tingling of the fingers. If this occurs reduce pressure of tourniquet and immediately inform RN of concerns. Observe the colour of blood flow.</p>	<p>Maintain patient safety by monitoring for potential vascular / nerve damage and initiating immediate remedial action</p>
<p>Take blood samples if directed to do so by the RN, using the blood collection reservoir on the venesection pack.</p>	<p>To reduce the need for inserting a needle into the patients vein.</p>
<p>When scales measure correct amount, according to doctors/RN instructions, remove tourniquet keeping the arm straight.</p>	<p>To ensure correct volume of blood is removed</p> <p>To prevent leakage of blood and haematoma formation.</p>
<p>At the end of the procedure clamp the tubing and remove the needle and apply firm pressure with gauze swab. Ask patient to apply firm pressure to puncture site.</p>	<p>To stop blood flow and prevent haematoma formation.</p>
<p>Hold venesection pack upright. Cover the needle with the sharp safe device and dispose of filled bag</p>	<p>To prevent needle stick injury and minimise HCA</p>

<p>into large sharps bin (NB Equipment may vary and should be used according to manufacturer's instructions).</p> <p>Dispose of equipment and sharps bin in accordance with current Trust sharps and waste policy</p> <p>Decontaminate Blood Pressure Cuff if used</p>	<p>exposure to patient's blood</p>
<p style="text-align: center;"><b>ACTION</b></p>	<p style="text-align: center;"><b>RATIONALE</b></p>
<p>Complete and document a full MEWS assessment (BP to be obtained on the opposite arm to the procedure),</p> <p>If observations are within normal parameters, sit patient up, check venepuncture site and tape for any signs of bleeding/swelling.</p>	<p>Ensure patient's condition is stable and detect any potential complications</p> <p>To observe for and prevent further bleeding, haematoma formation or bruising</p>
<p><b>If MEWS observations outside normal parameters or there are concerns about the patient's condition such as feeling dizzy, nauseous or clammy, leave the patient lying down, give oral fluids if they are able to tolerate them. Immediately inform RN who will contact the medical staff if there is any concern regarding the patient's condition.</b></p> <p><b>Repeat MEWS observations after 10 minutes. If no improvement the registered nurse will contact the medical staff for advice.</b></p> <p>MEWS Escalation policy can be found here: <a href="http://sharepoint/policies/Office%20Documents/">http://sharepoint/policies/Office%20Documents/</a></p>	<p>Identify and treat any side effects/complications following the procedure (The patient may need IV fluid replacement)</p>
<p>Ensure patient rests for at least 20-30 minutes post procedure before getting off the bed/chair. The patient should be given a drink (i.e. tea, coffee, water or squash).</p>	<p>To maintain haemostasis and replace lost fluids.</p>
<p>Advise the patient that they should:</p> <ul style="list-style-type: none"> <li>• Keep the pressure dressing in place for approximately 6 hrs.</li> <li>• Avoid smoking for at least one hour pre and post venesection</li> <li>• Avoid strenuous exercise or work for 6 – 8</li> </ul>	<p>To maintain clean venepuncture site and patient safety</p> <p>To minimise any adverse side effects caused from either activities, which may affect the patients haemodynamic stability if undertaken immediately post this venesection procedure</p>

<p>hours post venesection</p> <ul style="list-style-type: none"> <li>• Maintain adequate fluid intake (minimum intake 500 mLs)</li> </ul>	<p>To maintain haemostasis and replace lost fluids</p>
<p>Record all MEWS scores on the MEWS observation chart and record the procedure on Dendrite prior to the patient leaving the department. The patient can then be discharged.</p>	<p>To maintain an accurate record of the patient experience; healthcare interventions and treatment and ensure continuity of care.</p>

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**Appendix A: HCA Venesection pre procedure checklist**

**Patient name:**..... **Patient PID:** .....

**All of the following questions must be answered by the patient**

1. How are you feeling today?		
2. Have you taken any hypertensive medication today?	<b>Yes</b>	<b>No</b>
3. Have you had something to eat and drink before attending for treatment?	<b>Yes</b>	<b>No</b>
4. Do you bruise or bleed easily?	<b>Yes</b>	<b>No</b>
5. Are you pregnant?	<b>Yes</b>	<b>No</b>
6. Have you had any previous problems during the venesection procedure?	<b>Yes</b>	<b>No</b>
7. Have you ever fainted / been taken ill during venesection?	<b>Yes</b>	<b>No</b>
8. Have you ever suffered from dizzy spells prior to, during or after any previous venesection?	<b>Yes</b>	<b>No</b>

If the patient states they are **not in good health** or answers **YES to Q 2, 4, 5, 6, 7 or 8**  
The **Health Care Assistant** must refer the patient either to the registered nurse or doctor for further assessment.

**All of the following questions must be answered by the HCA**

Is the patient a GHH patient on the NEQAS Study List?	<b>Yes</b>	<b>No</b>
If so speak to nurse in charge regarding the correct venesection bag for this Study		
Have you weighed the patient?	<b>Yes</b>	<b>No</b>
For patients that weigh under 49 kgs the volume of blood to be removed must be decided by a registered practitioner and documented clearly on the treatment plan.		
Have you been given instructions to proceed by the RN?	<b>Yes</b>	<b>No</b>

**HCA name:** ..... **HCA signature:** .....

**Date:** .....

## Therapeutic Venesection Competency

<b>1. Summary</b>	<p>For all HCAs bands 2- 4 to demonstrate competence in therapeutic venesection as part of their clinical role; through knowledge, skills and application in practice. This competency must be achieved within 3 months of the venesection study day or theory session.</p>
<b>2. Scope</b>	<p>This competence applies to the safe extraction of blood from the antecubital fossa of an adult patient requiring therapeutic venesection. This competence DOES NOT apply to the use of other potential anatomical sites for venesection.</p>
<b>1. Applicable to</b>	<p>All HCAs (bands 2-4) who are required to undertake therapeutic venesection as part of their job description and/or clinical role.</p> <p>A HCA who has not practised venesection for more than 3 months must repeat both the theory and supervised practice in their clinical area</p>
<b>4. <u>Relevant occupational standards?</u></b>	<p>National Occupational Standards (NOS) Skills for Health Unit92012)</p> <p>Skills for Health (2012) The National Occupational Standards database of competences.</p> <p>Skills for Health (2013) Code of Conduct for Health Care Assistants and Social Care Workers in England. [Online] Available at: <a href="http://www.skillsforhealth.org.uk/images/services/code-of-conduct/Code%20of%20Conduct%20Healthcare%20Support.pdf">http://www.skillsforhealth.org.uk/images/services/code-of-conduct/Code%20of%20Conduct%20Healthcare%20Support.pdf</a></p>
<b>5. Related Policy and Legislation</b>	<p><b>All the Heart of England NHS Foundation Trust (HEFT) current policies and procedures are available on the Trust intranet site; you must always ensure you refer to the most recent policy.</b></p> <p><u>HEFT POLICY</u> Aseptic Non Touch Technique (ANTT), Policy and Procedure for the Positive Identification of Patients, Infection Prevention Strategy, Hand Hygiene, Safe Handling and Disposal of Sharps, Consent to Examination or Treatment, Mews Policy and Escalation Pathway for Adult, Record Keeping In HealthCare Records, Uniform and dress code policy, Blood Transfusion Policy and Procedures, Mews Escalation Policy</p> <p>Code of Practice for the Prevention and Control of Health Care Associated Infections EPIC 3 Guidelines (2014). NMC (2009) Record Keeping: Guidance for Nurses and Midwives, NMC (2015) The Code; Standards of Conduct, Performance and Ethics for Nurses and Midwives, NMC (2013) Reporting Lack of Competence, Department of health (2008), National Patient Safety Agency (NPSA)(2006) Safer Practice notice 14.</p> <p>Royal College of Nursing (RCN) (2013) The Nursing Team: Common goals, different roles. The Royal College of Nursing Briefing; RCN (2015)<i>Accountability and delegation</i> A guide for the nursing team.</p>

**6. Eligible to Assess** A qualified assessor with either a recognised assessor qualification or, as a minimum, evidence of a recognised University based course of study in assessment.  
 Assessors must also be competent to undertake venesection and have been undertaking the role regularly for a minimum of 6 months as part of their current duties and can demonstrate evidence of practice.

**7. Standard to be Achieved** The HCA must be able to perform the skill safely and effectively without direct supervision and demonstrate the underpinning knowledge to support it, according to the standards set out by HEFT ,in addition to the aforementioned occupational/regulatory bodies and current evidence base.


**8. Training Required** Must have been assessed as competent in venepuncture MEWS and ANTT  
 Have undertaken and completed an initial in-house therapeutic venesection training session for underpinning knowledge and theory.

- Retraining and reassessment will be necessary if HCA has not practiced for 3 months.  
 Supervised practice in the clinical area (a minimum of 6 supervised practices should be undertaken, although further practices can be undertaken if required).

**9. Training Available** HEFT individual training programme includes:  
  
 An in-house therapeutic venesection training session for knowledge and theory

**10. Authors** **Sue Weaving / Martina Keane**  
 Macmillan Haematology CNS / Clinical Educator CNS  
 Date 26/02/2016 Review 26/02/2018

Approved by  
 Dr M Nikolousis, Clinical Director.  
 Date.....10/06/2015.....

<b>Criteria for achieving Competence</b> <b>To demonstrate Competence the Practitioner must be able to:-</b>	<b>Please indicate pass/ fail against each statement</b>	<b>Core questions for knowledge evidence</b> <b>Heart of England </b> <b>NHS Foundation Trust</b>
<p><b>Preparation</b></p> <ul style="list-style-type: none"> <li>▪ Justify the rationale for venesection as per patient's individual protocol</li> <li>▪ Identify and assemble correct equipment to be used and prepare the environment to ensure it is conducive to an ANTT as per HEFT policy.</li> <li>▪ Provide a clear explanation of the procedure to the patient; obtain &amp; document informed consent.</li> <li>▪ Ensure the patient is in a comfortable and safe position that promotes safety, privacy and dignity.</li> </ul> <p><b>Infection Control</b></p> <ul style="list-style-type: none"> <li>▪ Demonstrate the correct procedure for hand decontamination in accordance with HEFT policy.</li> <li>▪ Demonstrate the use of personal protective equipment in accordance with HEFT policy.</li> <li>▪ Demonstrate the correct disposal of waste and sharps equipment in accordance with HEFT policy.</li> </ul> <p><b>Procedure</b></p> <ul style="list-style-type: none"> <li>▪ Demonstrate the process for positive identification of patient and confirmation of allergy status as per HEFT Patient Identification policy.</li> <li>▪ Articulate how to confirm the patient's details if the patient is unable to do so e.g. unconscious.</li> <li>▪ Undertake baseline observations.</li> <li>▪ Demonstrate the correct procedure for the preparing of the sterile field.</li> <li>▪ Conduct a comprehensive assessment of the patient, including feeling for brachial artery, identify a suitable venesection site and select an appropriate vein.</li> <li>▪ Demonstrate correct use of a disposable tourniquet and/or blood pressure cuff</li> <li>▪ Demonstrate the correct procedure for cleaning of the skin.</li> <li>▪ Demonstrate safe insertion of venesection needle using ANTT</li> <li>▪ Ensure venesection needle is secured, using correct dressing</li> <li>▪ Ensure flow of blood is maintained and obtain correct volume/weight of blood</li> <li>▪ Take blood samples from blood collection set tubing, as appropriate, towards the end of the venesection process</li> <li>▪ Demonstrate safe withdrawal of needle and disposal of sharps and used equipment.</li> <li>▪ Demonstrate the correct application of an appropriate pressure dressing.</li> <li>▪ Discuss and perform patient observations post procedure, check needle puncture site for bleeding prior to discharge.</li> <li>▪ Advise patient on aftercare, discharge safely.</li> </ul> <p><b>Record Keeping</b></p> <ul style="list-style-type: none"> <li>▪ Document the procedure accurately, articulating the rationale and the importance for clear, concise and accurate record keeping.</li> </ul> <p><b>Knowledge</b></p>		<p>1) What 7 questions must you ask the patient prior to commencing the procedure?</p> <p>2) What range of blood tests would you expect to be available prior to venesection?</p> <p>3) What are the contraindications to venesection and when would you seek medical advice?</p> <p>4) State the actions you would take if the patient complained of feeling unwell, lightheaded or dizzy during the Venesection procedure.</p> <p>5) State the actions you would take in the event of a sharps injury.</p> <p>6) Name three Trust Policies/Guidelines which link to Performing a Therapeutic Venesection.</p> <p>7) What action do you take if your patient becomes unwell during or after the procedure?</p>



<ul style="list-style-type: none"> <li>▪ Verbalise the underpinning knowledge of venesection through answers to core questions</li> </ul>		
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HCA Name .....

Trust ID No .....

Assessor Name .....

Trust ID No .....

**COPY TO BE PLACED ON THE PRACTITIONER'S PERSONAL FILE**



## Completion of Competence

This is to state that ..... has passed the **Therapeutic Venesection competency** within the standards set by Haematology/Oncology Directorate at HEFT on .....(date)

This has incorporated the following topics:-

- Understanding of the organisations policy on therapeutic venesection.
- Understanding of indications for the procedure according to individual patient protocols.
- Understanding of accountability for expanded practice.
- Anatomy and physiology in relation to therapeutic venesection
- Knowledge of related health and safety regulations, infection control and universal precautions in relation to therapeutic venesection.
- The safe use of associated equipment.
- Identification of potential complications of the procedure and remedial action to be taken.

First Attempt: Pass  Fail  Second Attempt: Pass  Fail

If fail, please refer to the **Assessment of Competence Policy (2007)** on the Trust's Policies and Procedures website.

Assessor Name..... Trust ID No.....

Assessor Signature..... Date.....

I have signed below to confirm that I have had a theoretical and practical instruction on how to safely and competently perform therapeutic venesection and agree to comply with the policy and procedures of the Trust.

I acknowledge that it is my responsibility to maintain and update my knowledge and skills relating to this competency.

Practitioner Name..... Trust ID No.....

Practitioner Signature..... Date.....

**COPY TO BE PLACED ON PRACTITIONER'S PERSONAL FILE**



## HCA Venesection Competency - Evidence of supervised practice

**HCA Name:** ..... **Clinical Area:**

.....

**Assessor Name:** .....

You have completed the venesection training and can now practice this skill under supervision. You must complete a minimum of 6 supervised practices although more can be undertaken if either you or your assessor feels you have not reached the required level of competency.

You are required to complete the competency process within **3 months** from the date of your attendance. Please store the master copy of this form with your competency document, keep a copy of all documents for your own records and give a copy to your manager.

Your assessor must sign your competency document to certify you as competent but, any competent practitioner who frequently carries out venepuncture and has over 6 months experience can sign this document to certify that they have supervised your safe practice.

	<b>Details of Procedure</b>	<b>Date</b>	<b>Assessor's Signature</b>	<b>HEFT ID Number</b>
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				