

Phlebotomy clinical competencies: Evidence of Clinical Practice

Name:	Role:
Base:	Date initial training completed:

Competency Statement: To become a competent practitioner, it is the responsibility of each person to undertake supervised practice in order to perform phlebotomy in a safe and skilled manner. Please document successful phlebotomy attempts. You must have achieved 10 successful attempts before completing the competencies

Performance Criteria	Assessment Method	Level achieved	Date	Assessors signature
Details; gender, age vein used	Comments e.g. number of insertions, reason	Pass or fail		
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Phlebotomy clinical competencies

Name:	Role:
Base:	Date initial training completed:

Competency Statement:

The participant must perform this activity without assistance and/or direct supervision (level 3)
See page 5 for level descriptors

Performance Criteria	Assessment Method	Level achieved	Date	Assessor/self assessed
The Participant will be able to:				
1. The staff member must be able to demonstrate the following clinical skills				
a) Identify and select appropriate equipment including <ul style="list-style-type: none"> • Needle • Collection system • Winged needle collection sets • Blood collection bottles for routine tests 	Direct observation and questioning			
b) Correctly identify the patient by open questioning, and explain the procedure to gain informed consent	direct observation			
c) Select suitable phlebotomy sites	Direct observation			
d) Prepare puncture site and identify if the patient requires skin to be cleansed, if so what to use	Direct observation			
e) Correctly apply and use a disposable tourniquet	Direct observation			
f) State optimum time for tourniquet application	Direct observation			
g) Perform phlebotomy safely using an aseptic technique	Direct observation			
h) Perform phlebotomy safely causing minimum distress to patient. Using appropriate techniques to reduce distress and anxiety.	Direct observation			
i) State the correct filling order of sample tubes (Order of draw)	Discussion and explanation			
j) Invert sample tubes to ensure adequate mixing of tube additive.	Direct observation			
k) Did the member of staff remove gloves, decontaminate hands then label all samples correctly at the patients side	Direct observation			
l) Dispose of sharps immediately after use in the correct sharps bin	Direct observation			

Performance Criteria	Assessment Method	Level achieved	Date	Assessor/self assessed
m) Does the sample tube show the following information <ul style="list-style-type: none"> • Full name • Date of Birth • NHS Number • Gender • Date sample taken • Are all details correct • Signature if required 	Direct observation			
2. Health and safety				
Did the member of staff identify				
a) Safe practice when assembling and handling sharps	Direct observation			
b) Carry out effective risk assessment using appropriate personal protective clothing e.g. gloves and apron	Direct observation			
c) Name the main blood borne viruses and their risks	Questioning and answers			
d) State the trust procedure when dealing with a sharps injury	Questioning and answers			
e) Identify potential adverse incidents or near misses and report same to supervisor	Questioning and answers			
3. Infection Control				
The staff member can:				
a) Demonstrate effective hand washing in accordance with Trust policy	Direct observation			
b) Demonstrate aseptic technique	Direct observation			
c) Identify single use items	Questioning and answers			
d) Describe how components of the technique may change according to the degree of risk	Questioning and answers			

Source: SH CP 83 Phlebotomy Procedure SHFT 2013

Date all elements of Competency Tool completed _____

Name _____ Signature _____ Status _____ Date _____

For Assessor

I confirm that I have assessed the above named Registered Nurse and that he/she has demonstrated an overall competence in continence assessment at level _____

Assessor _____ Signature _____ Status _____ Date _____

For Self Assessment

I confirm that I have assessed my overall competence in continence assessment at level _____

Name _____ Signature _____ Status _____ Date _____

Review Dates:	Competent Yes / No	Registered Nurse Signature	Verifier signature	Comments