

**COMPETENCY ASSESSMENT - VENIPUNCTURE**

|                                                                                                                                                                                                                                                                                                                                             |  |                      |                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| <b>EMPLOYEE NAME</b>                                                                                                                                                                                                                                                                                                                        |  | <b>DATE</b>          |                                                                                                                                         |
| <b>POSITION</b>                                                                                                                                                                                                                                                                                                                             |  | <b>DEPARTMENT</b>    |                                                                                                                                         |
| <b>LOCATION</b>                                                                                                                                                                                                                                                                                                                             |  | <b>ASSESSOR NAME</b> |                                                                                                                                         |
| <b>SKILL OR TASK TO BE ASSESSED:</b><br><br>Collection of Blood Specimen by Venipuncture                                                                                                                                                                                                                                                    |  |                      |                                                                                                                                         |
| <b>MINIMUM STANDARDS TO BE MET:</b><br><br>Checklist developed to include key steps in procedure. All steps must be performed correctly by the person being assessed. Where direct observation is not possible, the assessor will ask the question of how to handle the particular task.                                                    |  |                      |                                                                                                                                         |
| <b>METHOD OF ASSESSMENT:</b><br><br><input type="checkbox"/> Administration of oral and/or written tests<br><input checked="" type="checkbox"/> Observation of required skills and procedure outcome<br><input checked="" type="checkbox"/> Response to oral queries related to the procedures<br><input type="checkbox"/> Other – Specify: |  |                      |                                                                                                                                         |
| <b>DIRECT OBSERVATION CRITERIA:</b><br><br>1. SAFETY PRECAUTIONS<br><br>2. PREPARATION<br><br>3. VENIPUNCTURE<br><br>4. PROBLEM SOLVING                                                                                                                                                                                                     |  |                      | <b>CRITERIA MET</b><br><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |
| <b>OUTCOME OF ASSESSMENT: ACCEPTABLE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                                                                                                                          |  |                      |                                                                                                                                         |
| <b>IF OUTCOME OF ASSESSMENT <i>NOT</i> ACCEPTABLE, DESCRIBE CORRECTIVE ACTIONS/RETRAINING</b>                                                                                                                                                                                                                                               |  |                      |                                                                                                                                         |

**Sample Venipuncture Competency Assessment**

Remove header and insert company information – edit document as necessary

|                                    |              |
|------------------------------------|--------------|
| <b>ASSESSOR COMMENTS:</b>          |              |
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| <b>EMPLOYEE COMMENTS:</b>          |              |
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| <b>MANAGER COMMENTS</b>            |              |
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|                                    |              |
| <b>ASSESSMENT COMPLETION DATE:</b> |              |
| <b>SIGNATURE OF ASSESSOR:</b>      | <b>DATE:</b> |
| <b>SIGNATURE OF EMPLOYEE:</b>      | <b>DATE:</b> |

### **DIRECT OBSERVATIONS**

If observation is not possible, ask the employee how this task would be performed.

| <b>TASK</b>                  | <b>EXPECTED OUTCOME</b>                                                                                                                       | <b>ACCEPTABLE?<br/>(OBSERVER REPLY)<br/>YES / NO</b> |
|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| <b>1. SAFETY PRECAUTIONS</b> |                                                                                                                                               |                                                      |
| Patient Position             | Patient comfortably seating and elbow supported (e.g., pillow under elbow if sitting on bed)                                                  |                                                      |
| Isolation Precautions        | Observe isolation precautions where applicable                                                                                                |                                                      |
| <b>2. PREPARATION</b>        |                                                                                                                                               |                                                      |
| Hand Hygiene                 | Change gloves and wash hands between patients                                                                                                 |                                                      |
| Assembling Supplies          | Assemble supplies required for patient                                                                                                        |                                                      |
| Performing PPI               | Verify patient's identification using minimum two unique identifiers including name and health care number.                                   |                                                      |
|                              | Ask patient to state name, do not offer name.                                                                                                 |                                                      |
| Site Selection               | Select Median Cubital or Cephalic where possible                                                                                              |                                                      |
|                              | Do not use underside of wrist, leg, ankle, or foot                                                                                            |                                                      |
| Site Preparation             | Use alcohol swab, wipe firmly using outward circular motion                                                                                   |                                                      |
| Tourniquet Use               | Apply 3-4 inches above site                                                                                                                   |                                                      |
| <b>3. VENIPUNCTURE</b>       |                                                                                                                                               |                                                      |
| Needle Bevel                 | Ensure the bevel of the needle is facing up.                                                                                                  |                                                      |
| Anchoring Vein               | Pull skin (usually below) at venipuncture site to anchor the vein.                                                                            |                                                      |
| Degree of Entry              | Align the needle to a 15-degree angle to the skin.                                                                                            |                                                      |
| Release of Tourniquet        | Release tourniquet after blood begins to flow.                                                                                                |                                                      |
| Order of Draw                | Follow the correct order of draw in compliance with vendor and laboratory instructions.                                                       |                                                      |
| Filling Tubes                | Tubes completely filled (to full capacity).                                                                                                   |                                                      |
| Mixing Tubes                 | Each tube gently mixed in compliance with vendor and laboratory instructions.                                                                 |                                                      |
| Removing Needle              | Remove needle quickly – do not apply pressure to gauze until needle is removed.                                                               |                                                      |
| Applying Pressure            | Ask patient to keep arm straight and apply pressure to gauze for at least 2 minutes (phlebotomist apply pressure if patient unable).          |                                                      |
| Disposal of Supplies         | Safety mechanism engaged on needle or placed directly in sharps container. Never re-cap needle if device does not have integrated safety cap. |                                                      |
|                              | Dispose assembly in sharps container.<br>Do not re-use barrel.                                                                                |                                                      |

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|                        |                                                                                                                                    |                                                                       |  |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--|
| Labeling of Specimen   | Specimens are labeled in the presence of the patient using two unique identifiers, collection date, time, and collectors initials. |                                                                       |  |
| Releasing Patient      | Ask if patient feels ok.                                                                                                           |                                                                       |  |
|                        | Confirm that bleeding has stopped.                                                                                                 |                                                                       |  |
| 4. PROBLEM SOLVING     |                                                                                                                                    |                                                                       |  |
| Adjusting Needle       | Do not Probe                                                                                                                       |                                                                       |  |
|                        | Pull Back Slightly                                                                                                                 |                                                                       |  |
|                        | Push tube onto vacutainer                                                                                                          |                                                                       |  |
|                        | Try another site                                                                                                                   |                                                                       |  |
| More than two attempts | After two unsuccessful attempts, have a co-worker perform the venipuncture.                                                        |                                                                       |  |
| Pain Experienced       | Artery Punctured                                                                                                                   | Remove needle immediately.                                            |  |
|                        |                                                                                                                                    | Apply pressure for minimum 5 minutes.                                 |  |
|                        |                                                                                                                                    | Inform patient of what happened.                                      |  |
|                        |                                                                                                                                    | Advise to see Dr. if pain persists or increased swelling or bruising. |  |
|                        |                                                                                                                                    | Document according to Agency policy                                   |  |
|                        | Nerve is touched                                                                                                                   | Remove needle immediately.                                            |  |
|                        |                                                                                                                                    | Explain what has happened.                                            |  |
|                        |                                                                                                                                    | Advise to see Dr. if pain continues or becomes worse.                 |  |
|                        |                                                                                                                                    | Document according to Agency policy.                                  |  |