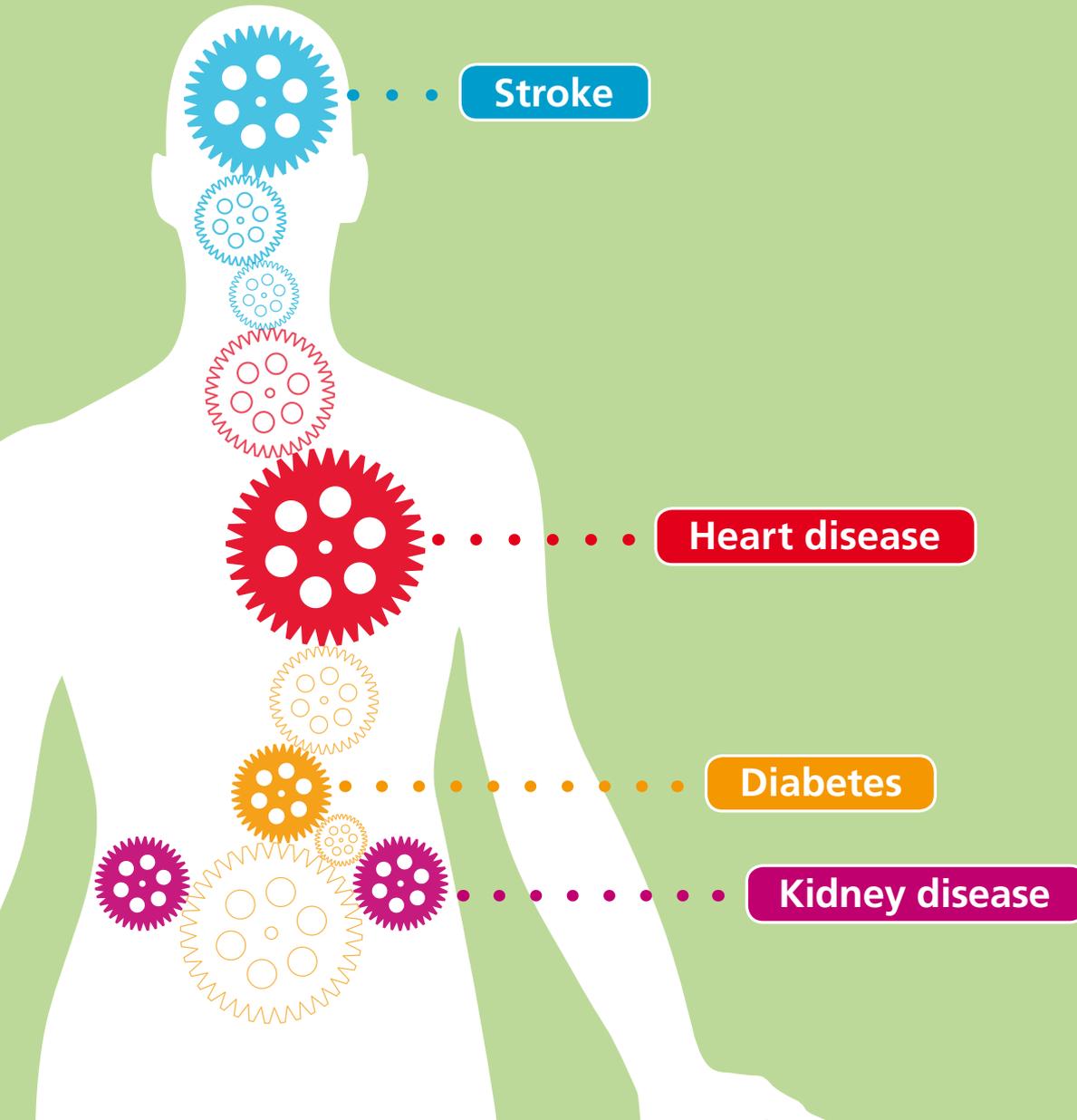
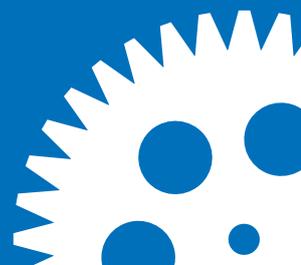


# Vascular Risk Assessment: Workforce Competences



## Free NHS Health Check

Helping you prevent heart disease, stroke,  
diabetes and kidney disease.



## **Introduction**

The vascular risk assessment and management programme - formerly known as the vascular check programme and now called NHS Health Check - is a national initiative. The tests, measurements and risk management interventions that make up the NHS Health Check can be delivered in different settings and by different workforce models. For example, the use of health trainers, healthcare assistants and pharmacy assistants in both primary care and pharmacy has been crucial to many approaches by PCTs. In some instances, new teams of primary care nurses and healthcare assistants have been mobilised for the sole reason of implementing the NHS Health Check.

## **Purpose of this document**

Depending on the model of delivery PCTs choose to implement their NHS Health Check programme, consideration may need to be given to workforce training and capacity. The Department of Health and Skills for Health have therefore compiled these workforce competences from the existing Skills for Health database to support PCTs in any necessary training of their staff. This document contains relevant competencies for all staff who may be involved in NHS Health Checks, including health trainers, pharmacists, pharmacy staff, healthcare assistants, nurses and GPs.

The competences covered include, amongst others, phlebotomy, infection control and lifestyle advice. There are separate competences for blood and measurements as some models of service may require a demarcation in roles.

The competences and their underpinning criteria can be used to support the commissioning of training for those who will be involved in the NHS Health Check service.

# **CVD EF3 Carry out assessment with individuals at risk of developing Cardiovascular Disease**

## **About this workforce competence**

This workforce competence is about assessing individuals at risk of developing Cardiovascular Disease.

## **Links**

This workforce competence links with the following dimensions and levels within the NHS Knowledge and Skills Framework (August 2004).

Dimension: Health and Wellbeing 1 – Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing, Level 2.

## **Origin**

This workforce competence was developed by Skills for Health and replaces CHD EF3.

## **Key words, concepts and scope of this workforce competence**

### **Scope**

This section provides guidance on possible areas to be covered in this workforce competence

#### **Physical indicators of risk of Cardiovascular Disease**

- weight
- height
- body mass index
- waist measurement
- blood pressure
- blood cholesterol level
- blood glucose level
- renal functions

#### **Lifestyle factors that may affect levels of risk of Cardiovascular Disease**

- physical activity
- smoking
- diet
- stress
- alcohol consumption

## Performance Criteria

You need to

1. explain clearly to individuals
  - your own role and its scope, your responsibilities and accountability
  - the information that will be obtained and stored in records and with whom this information might be shared
  - what is involved in the assessment
2. respect individuals' privacy, dignity (*ie using the individual's name of choice, being courteous and polite*), wishes and beliefs (*eg who may work with the individual, who else may need to be present, preparation for certain activities*)
3. minimise any unnecessary discomfort and encourage individuals' full participation in the assessment
4. obtain individuals' informed consent to the assessment process
5. use appropriate tools and methodologies to measure individuals' physical indicators of risk of Cardiovascular Disease
6. find out about factors in individuals' family history and lifestyle that may affect their levels of risk
7. find out any symptoms individuals have that may indicate they have Cardiovascular Disease
8. find out about any other conditions individuals have that may affect their levels of risk
9. calculate individuals' level of risk based on your measurements and findings
10. refer people to other practitioners when their needs are beyond own role or scope of practice.

# Knowledge and Understanding

*You need to apply the following:*

## Generic work-related knowledge

### ***Communication and interpersonal relationships***

- K1. how to ask questions, listen carefully and summarise back
- K2. how to present information and advice in ways which are appropriate for different people

### ***Information and knowledge management***

- K3. how information obtained from individuals should be recorded and stored
- K4. who might see information obtained from individuals
- K5. the principle of confidentiality and what information may be given to whom

## Generic healthcare knowledge

### ***Anatomy and physiology***

- K6. basic cardiovascular anatomy, physiology and biochemistry

### ***Consent***

- K7. the principle of informed consent, and how to obtain informed consent from individuals

### ***Testing, measurement and assessment***

- K8. how to carry out a clinical examination of individuals
- K9. how to measure individuals' weight, height, waist and body mass index
- K10. how to measure individuals' blood pressure
- K11. how to measure individuals' blood cholesterol level
- K12. how to measure individuals' blood glucose level
- K13. how to measure blood creatinine level

K14. how to test renal function

### ***Working with individuals***

K15. the importance of respecting individuals' privacy, dignity, wishes and beliefs, and how to do so

K16. the importance of minimising any unnecessary discomfort, and how to do so

### **Specialist healthcare knowledge**

K17. the nature of Cardiovascular Disease, its different forms and its physical, psychological and social effects on individuals and their families

K18. the factors which determine the risk of Cardiovascular Disease and the relative impact of these factors

K19. how factors in people's lifestyles (*ie physical activity, smoking, diet, stress, alcohol consumption*) can affect their risk of developing Cardiovascular Disease

K20. how to interpret physical indicators of risk of Cardiovascular Disease and symptoms

K21. how to interpret the results of tests and measurements for individuals at significant risk of developing Cardiovascular Disease

K22. how to calculate individuals' levels of risk of developing Cardiovascular Disease

### ***Testing, measurement and assessment***

K23. appropriate tools and methodologies to measure individuals' physical indicators of risk of Cardiovascular Disease

K24. validated tools to assess individuals' level of risk of Cardiovascular Disease, and how to use them effectively

### **Context-specific knowledge**

#### ***Local knowledge***

K25. people's health and wellbeing needs and the overall context in which they live

#### ***Reflective practice***

K26. own role and its scope

K27. own responsibilities and accountability.

# **CVD ED2 Provide information and advice about how to reduce the risk of Cardiovascular Disease**

## **About this workforce competence**

This workforce competence is about providing people with information and advice about how they can reduce their risk of Cardiovascular Disease.

## **Links**

This workforce competence links with the following dimensions and levels within the NHS Knowledge and Skills Framework (August 2004).

Dimension: Health and Wellbeing 1 – Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing, Level 1.

## **Origin**

This workforce competence was developed by Skills for Health and replaces CHD ED2.

## **Key words, concepts and scope of this workforce competence**

### **Scope**

This section provides guidance on possible areas to be covered in this workforce competence

#### **Opportunities to provide information and advice**

- during your day-to-day work
- on particular occasions such as conferences, meetings and mailings

#### **Ways of providing information and advice**

- speaking to individuals or groups
- inviting specialists to speak to groups
- providing written information and advice
- providing information and advice through the media

## Performance Criteria

*You need to*

11. identify the opportunities you have for providing information and advice about how to reduce the risk of Cardiovascular Disease
12. assess people's knowledge about Cardiovascular Disease, the risk factors and what they need to know in order to reduce their own and others' risk of Cardiovascular Disease
13. enable people to correct any misunderstandings they may have about Cardiovascular Disease and the risk factors
14. provide the information and advice people need about Cardiovascular Disease and the risk factors in ways that are appropriate to the people concerned.

# Knowledge and Understanding

*You need to apply:*

## Generic work-related knowledge

### *Communication and interpersonal relationships*

- K28. how to ask questions, listen carefully and summarise back
- K29. how to present information and advice in ways which are appropriate for different people

## Generic healthcare knowledge

### *Information and knowledge management*

- K30. the information people need in order to be able to make informed lifestyle choices

## Specialist healthcare knowledge

### *Cardiovascular Disease*

- K31. the factors which determine the risk of Cardiovascular Disease and the relative impact of these factors
- K32. how factors in people's lifestyles (*ie physical activity, smoking, diet, stress, alcohol consumption*) can affect their risk of developing Cardiovascular Disease
- K33. the nature of Cardiovascular Disease, its different forms and its physical, psychological and social effects on individuals and their families
- K34. research-based evidence of the impact of environmental, social, lifestyle and behavioural factors on the incidence of Cardiovascular Disease
- K35. the potential effects that modification of lifestyle and risk factors may have on individuals
- K36. work environments and ways of working that encourage the adoption of behaviour and activities that reduce the risk of Cardiovascular Disease

## **Context-specific knowledge**

### ***Organisational context***

- K37.** the opportunities you have to provide information and advice and encourage people to adopt behaviour and activities that reduce the risk of Cardiovascular Disease both as part of your day-to-day work and on special occasions.

## **CHS131 Obtain and test capillary blood samples**

### **About this workforce competence**

This workforce competence covers the collection of capillary blood samples using either manual or automated lancets, testing of the sample where this is required or sending it elsewhere for laboratory testing.

Samples may include those for blood sugar determination, haemoglobin levels and neonatal blood spot testing of the newborn.

Users of this competence will need to ensure that practice reflects up to date information and policies.

### **Links**

*This workforce competence has indicative links with the following dimensions and levels within the NHS Knowledge and Skills Framework (October 2004)*

Dimension: HWB6 Assessment and treatment planning

Level: 1

### **Searchable key words**

Blood samples, blood specimen, take capillary blood, test capillary blood

### **Origin**

This workforce competence was developed by Skills for Health in August 2004.

Reviewed October 2007.

## CHS131 Obtain and test capillary blood samples

### Glossary

*This section provides explanations and definitions of the terms used in this workforce competence. In competences, it is quite common to find words or phrases used which you will be familiar with, but which, in the detail of the competence, may be used in a very particular way.*

<b>Clinical/Corporate Governance</b>	<p><b>Clinical Governance</b> is a framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.</p> <p><b>Corporate governance</b> is the set of processes, customs, policies, laws and institutions affecting the way in which a corporation is directed, administered or controlled.</p>
<b>Hand hygiene</b>	Hand washing, or using alcohol-based hand rub products to remove or destroy transient microorganisms
<b>Personal protective equipment (PPE)</b>	<p>PPE is additional to the uniform code for your specific working environment and may include:</p> <ul style="list-style-type: none"><li>a) gloves</li><li>b) aprons, gowns, overalls (single-use, fluid- repellent, disposable)</li><li>c) masks</li><li>d) eye protection</li><li>e) X-ray lead apron</li></ul>
<b>Valid consent</b>	<p>England definition</p> <p>For consent to be valid, it must be given voluntarily by an appropriately informed person (the patient or where relevant someone with parental responsibility for a patient under the age of 18) who has the capacity to consent to the intervention in question. Acquiescence where the person does not know what the intervention entails is not "consent".</p> <p>NI definition</p> <p>For consent to be valid, it must be given voluntarily by an appropriately informed person (the individual or where relevant someone with parental responsibility for a young person under the age of 18) who has the capacity to consent to the intervention in question. Acquiescence where the person does not know what the intervention entails is not "consent".</p> <p>Wales definition</p> <p>For consent to be valid, it must be given voluntarily by an appropriately informed person who has the capacity to consent to the intervention in question. The informed person may either be the patient, someone with parental responsibility or a person who has authority under a Power of Attorney. Consent will not be legally valid if the patient has not been given adequate information or</p>

where they are under the undue influence of another. Acquiescence where the person does not know what the intervention entails is not "consent". Where a patient does not have capacity to give consent, then treatment may be given providing it is given in accordance with the Mental Capacity Act 2005.

#### Scotland definition

In order for valid consent to treatment to exist, the patient must have been given, and been able to understand, a certain degree of information about the nature, purpose and possible outcomes of the proposed treatment. The caselaw in Scotland and England broadly suggests that, for the purpose of avoiding civil liability for treatment without consent, a doctor must provide such information as would be provided by a responsible body of medical opinion

## CHS131 Obtain and test capillary blood samples

### Scope

*This section provides guidance on possible areas to be covered in this workforce competence.*

<b>Adverse reaction/event</b>	May include: <ul style="list-style-type: none"><li>a) anxiety/fear</li><li>b) pain</li><li>c) re-bleed</li><li>d) haematoma</li><li>e) nerve damage</li></ul>
<b>Appropriate staff member</b>	May include: <ul style="list-style-type: none"><li>a) registered nurse</li><li>b) midwife</li><li>c) health visitor</li><li>d) doctor</li></ul>
<b>Health &amp; Safety measures</b>	May include: <ul style="list-style-type: none"><li>a) safe moving and handling techniques</li><li>b) untoward incident procedures</li></ul>
<b>Materials and equipment</b>	Including those for: <ul style="list-style-type: none"><li>a) preparing and caring for the sampling site</li><li>b) obtaining the sample such as manual and automated lancets; capillary devices, blood sugar monitors, slides,</li><li>c) testing the sample</li><li>d) recording results</li><li>e) labelling</li><li>f) single use</li><li>g) multiple use</li></ul>
<b>Packaging</b>	Includes: <ul style="list-style-type: none"><li>a) bio- hazard bags</li><li>b) trays</li><li>c) sample racks</li></ul>
<b>Settings</b>	Include: <ul style="list-style-type: none"><li>a) clinical environments (e.g. wards and clinics),</li><li>b) non-clinical environments (e.g. individual's home, blood collection venues)</li></ul>
<b>Standard precautions for infection prevention and</b>	Infection control measures that should be applied to the care of every individual, including:

**control**

- a) **hand hygiene**
- b) using appropriate **personal protective equipment**
- c) safe handling of sharps
- d) safe disposal of healthcare waste
- e) good cleaning practices

**Test**

Includes:

- a) electronically
- b) non-electronically

## CHS131 Obtain and test capillary blood samples

### Performance criteria

*You need to:*

1. apply **standard precautions for infection prevention and control** and 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 the site for obtaining the capillary blood sample immediately before the blood is obtained, in line with organisational procedures
5. obtain the required amount of blood of the required quality, using the selected **materials and equipment** into the container(s) and/or onto the appropriate strips or slides, in the correct order and in a manner which will cause minimum discomfort to the individual
6. 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
7. apply pressure to the puncture site following completion to encourage closure and blood clotting
8. promptly identify any indication that the individual may be suffering any **adverse reaction/event** to the procedure and act accordingly
9. where the sample is to be sent for laboratory testing:
  - a) label the sample, if it is not to be tested immediately clearly, accurately and legibly, using computer prepared labels where appropriate
  - b) place sample in the appropriate **packaging**, ensure the correct request forms are attached and put in the appropriate place for transport or storage if required
  - c) ensure immediate transport of the sample to the relevant department when blood sampling and investigations are urgent
10. document all relevant information clearly, accurately and correctly in the appropriate records
11. when appropriate, **test** the blood sample correctly using the appropriate method in line with organisational procedure
12. recognise and interpret results accurately or pass them onto an **appropriate staff member** for interpretation
13. record results fully and accurately in the appropriate manner and place and report to the appropriate staff member
14. give clear and accurate information to the individual about the results of tests, if available and within the limits of your responsibility
15. respond to questions from the individual clearly and accurately in an appropriate manner, level and pace or refer them to an appropriate staff member.
16. ensure that the individual is informed if any further action is required/the next stage in the process

## **CHS131 Obtain and test capillary blood samples**

### **Knowledge and understanding**

*You need to apply:*

#### ***Legislation, policy and good practice***

- K1 A factual knowledge of 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 testing capillary blood samples
- K2 A working knowledge of your responsibilities and accountability in relation to the current European and National legislation, national guidelines and local policies and protocols and Clinical/Corporate Governance
- K3 A working knowledge of the duty to report any acts or omissions in care that could be detrimental to yourself, other individuals or your employer
- K4 A working knowledge of the importance of obtaining positive confirmation of individuals' identity and consent before starting the procedure, and effective ways of getting positive identification
- K5 A working knowledge of the importance of confidentiality and the measures taken to ensure it is appropriately maintained
- K6 A factual knowledge of the importance of working within your own sphere of competence and seeking advice when faced with situations outside your sphere of competence
- K7 A working knowledge of the importance of applying standard precautions to obtaining and testing capillary blood samples and the potential consequences of poor practice
- K8 A working knowledge of 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

#### ***Anatomy and physiology***

- K9 A factual knowledge of the structure and purpose of capillary blood vessels
- K10 A factual knowledge of blood clotting processes and factors influencing blood clotting
- K11 A working knowledge of the normal or expected results for particular tests and therefore what constitutes an abnormal result

#### ***Care and support of the individual***

- K12 A factual knowledge of the different reasons for obtaining capillary blood samples taken
- K13 A working knowledge of the concerns that individuals may have in relation to capillary blood sampling
- K14 A working knowledge of the sites which can be used for capillary sampling and what the factors that need to be considered in selecting the best site to use including the individual's own preference
- K15 A working knowledge of why it is important to clean the sites from which you will obtain samples, and the appropriate ways of doing this

- K16 A working knowledge of the limits of your role and the circumstances in which you would need to refer to another person
- K17 A working knowledge of the contra-indications which indicate that capillary sampling should be stopped and advice sought
- K18 A working knowledge of what is likely to cause discomfort to individuals during and after the collection of capillary blood samples, and how such discomfort can be minimised
- K19 A working knowledge of what can cause problems in obtaining capillary blood samples, what can be done to stimulate blood flow and when another site should be used
- K20 A factual knowledge of the common adverse reactions/events which individuals may have to blood sampling, how to recognise them and action(s) to take if they occur

***Materials and equipment***

- K21 A working knowledge of the equipment and materials are needed for capillary blood sampling and testing
- K22 A working knowledge of the sorts of equipment and materials which are sensitive to environmental changes and how this affects their storage and use
- K23 A working knowledge of which equipment and instruments are re-usable and which must be discarded after one use
- K24 A working knowledge of how and when to label samples if required

***Procedures and techniques***

- K25 A working knowledge of the importance of ensuring sites for capillary blood sampling are cleaned effectively, and how and when this should be done
- K26 A working knowledge of the process and procedure for obtaining capillary blood samples, including the correct sequence of actions
- K27 A working knowledge of the factors involved in the procedures which could affect the quality of the blood
- K28 A working knowledge of the importance of collecting capillary blood samples of the right quality, and how to achieve this
- K29 A working knowledge of the complications and problems may occur during the collection of capillary blood samples, how to recognise them and what action(s) to take
- K30 A working knowledge of how to perform relevant tests of capillary blood samples

***Reporting, recording and documentation***

- K32 A working knowledge of how to record test results, and the importance of clear and accurate documentation
- K33 A working knowledge of the information that needs to be recorded on labels and other documentation when sending capillary blood samples to the laboratory
- K34 A working knowledge of the importance of completing labels and documentation clearly, legibly and accurately, and the possible consequences of confusing samples or incorrect labelling

K35 A working knowledge of the importance of immediately reporting any issues which are outside your own sphere of competence without delay to the relevant member of staff.

## **CHS132 Obtain venous blood samples**

### **About this workforce competence**

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

Users of this competence will need to ensure that practice reflects up to date information and policies.

### **Links**

*This workforce competence has indicative links with the following dimensions and levels within the NHS Knowledge and Skills Framework (October 2004)*

Dimension: HWB6 Assessment and treatment planning

Level: 1

### **Searchable key words**

Blood specimens, venepuncture, phlebotomy, take blood

### **Origin**

This workforce competence was developed by Skills for Health in August 2004.

Reviewed October 2007.

## CHS132 Obtain venous blood samples

### Glossary

*This section provides explanations and definitions of the terms used in this workforce competence. In competences, it is quite common to find words or phrases used which you will be familiar with, but which, in the detail of the competence, may be used in a very particular way.*

#### **Clinical/Corporate Governance**

**Clinical Governance** is a framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.

**Corporate governance** is the set of processes, customs, policies, laws and institutions affecting the way in which a corporation is directed, administered or controlled.

#### **Hand hygiene**

Hand washing, or using alcohol-based hand rub products to remove or destroy transient microorganisms

#### **Personal protective equipment (PPE)**

PPE is additional to the uniform code for your specific working environment and may include:

- f) gloves
- g) aprons, gowns, overalls (single-use, fluid-repellent, disposable)
- h) masks
- i) eye protection
- j) X-ray lead apron

#### **Valid consent**

England definition

For consent to be valid, it must be given voluntarily by an appropriately informed person (the patient or where relevant someone with parental responsibility for a patient under the age of 18) who has the capacity to consent to the intervention in question. Acquiescence where the person does not know what the intervention entails is not "consent".

NI definition

For consent to be valid, it must be given voluntarily by an appropriately informed person (the individual or where relevant someone with parental responsibility for a young person under the age of 18) who has the capacity to consent to the intervention in question. Acquiescence where the person does not know what the intervention entails is not "consent".

Wales definition

For consent to be valid, it must be given voluntarily by an appropriately informed person who has the capacity to consent to the intervention in question. The informed person may either be the patient, someone with parental responsibility or a person who has authority under a Power of Attorney. Consent will

not be legally valid if the patient has not been given adequate information or where they are under the undue influence of another. Acquiescence where the person does not know what the intervention entails is not "consent". Where a patient does not have capacity to give consent, then treatment may be given providing it is given in accordance with the Mental Capacity Act 2005.

#### Scotland definition

In order for valid consent to treatment to exist, the patient must have been given, and been able to understand, a certain degree of information about the nature, purpose and possible outcomes of the proposed treatment. The caselaw in Scotland and England broadly suggests that, for the purpose of avoiding civil liability for treatment without consent, a doctor must provide such information as would be provided by a responsible body of medical opinion

## Scope

*This section provides guidance on possible areas to be covered in this workforce competence.*

### **Adverse reaction/event**

Includes those relating to:

- a) venepuncture/phlebotomy – haematoma
- b) arterial puncture
- c) pain
- d) nerve damage
- e) re-bleed
- f) allergy
- g) phlebitis
- h) vaso-vagal reaction
- i) anxiety/fear

### **Appropriate action**

Includes:

- a) checking tourniquet is providing sufficient venous engorgement
- b) removing collection system and starting again at a different site
- c) obtaining support from a more experienced practitioner

### **Blood collection system**

Includes:

- a) needles and syringes,
- b) vacu-container systems,
- c) 'butterflies'

### **Dressing**

Includes:

- a) standard plaster,
- b) hypoallergenic plaster,
- c) gauze,
- d) bandage

**Health & Safety measures**

May include:

- a) safe moving and handling techniques
- b) untoward incident procedures

**Materials and equipment**

Include:

- a) those for preparing and caring for the venous access site
- b) documentation and labelling
- c) needles and syringes/vacu-containers

**Packaging**

Includes:

- a) bio- hazard bags,
- b) trays,
- c) sample racks

**Standard precautions for infection prevention and control**

Infection control measures that should be applied to the care of every individual, including:

- f) **hand hygiene**
- g) using appropriate **personal protective equipment**
- h) safe handling of sharps
- i) safe disposal of healthcare waste
- j) good cleaning practices

**Tourniquet**

Includes: re-useable and disposable tourniquets specifically designed for the purpose

## CHS132 Obtain venous blood samples

### Performance Criteria

*You need to:*

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:
  - a) an appropriate site
  - b) appropriate equipmentfor 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:
  - a) in the correct container according to investigation required
  - b) in the correct volume
  - 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
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

## **CHS132 Obtain venous blood samples**

### **Knowledge and Understanding**

*You need to apply:*

#### ***Legislation, policy and good practice***

- K1. A factual knowledge of 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
- K2. A working knowledge of your responsibilities and accountability in relation to the current European and National legislation, national guidelines and local policies and protocols and Clinical/Corporate Governance
- K3. A working knowledge of the duty to report any acts or omissions in care that could be detrimental to yourself, other individuals or your employer
- K4. A working knowledge of the importance of obtaining positive confirmation of individuals' identity and consent before starting the procedure, and effective ways of getting positive identification
- K5. A factual knowledge of the importance of working within your own sphere of competence and seeking advice when faced with situations outside your sphere of competence
- K6. A working knowledge of the importance of applying standard precautions to obtaining venous blood samples and the potential consequences of poor practice
- K7. A working knowledge of 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

#### ***Anatomy and physiology***

- K8. A factual knowledge of the structure of blood vessels
- K9. A factual knowledge of the position of accessible veins for venous access in relation to arteries, nerves and other anatomical structures
- K10. A factual knowledge of blood clotting processes and factors influencing blood clotting

#### ***Care and support***

- K11. A working knowledge of the contra-indications and changes in behaviour and condition, which indicate that the procedure should be stopped, and advice sought
- K12. A working knowledge of the concerns which individuals may have in relation to you obtaining venous blood
- K13. A working knowledge of how to prepare individuals for obtaining venous blood, including how their personal beliefs and preferences may affect their preparation
- K14. A working knowledge of what is likely to cause discomfort to individuals during and after obtaining venous blood, and how such discomfort can be minimised
- K15. A working knowledge of common adverse reactions/events to blood sampling, how to recognise them and the action(s) to take if they occur

### ***Materials and equipment***

- K16. A working knowledge of the type and function of different blood collection systems
- K17. A working knowledge of what dressings are needed for different types of puncture sites, how to apply and what advice to give individuals on caring for the site

### ***Procedures and techniques***

- K18. A working knowledge of the factors to consider in selecting the best site to use for venous access
- K19. A working knowledge of the equipment and materials needed for venepuncture/phlebotomy and how to check and prepare blood collection systems
- K20. A working knowledge of the importance of ensuring venous access sites are cleaned effectively, and how and when this should be done
- K21. A working knowledge of the correct use of tourniquets
- K22. A working knowledge of the importance of correctly and safely inserting and removing needles
- K23. A working knowledge of how to recognise an arterial puncture, and the action to take if this occurs
- K24. A working knowledge of the factors involved in the procedure which could affect the quality of the blood
- K25. A working knowledge of the remedial action you can take if there are problems in obtaining blood
- K26. A working knowledge of the complications and problems may occur during venepuncture, how to recognise them and what action(s) to take
- K27. A working knowledge of when and how to dress venous puncture sites

### ***Reporting, recording and documentation***

- K28. A working knowledge of the information that needs to be recorded on labels and other documentation
- K29. A working knowledge of the importance of completing labels and documentation clearly, legibly and accurately
- K30. A working knowledge of the importance of immediately reporting any issues which are outside your own sphere of competence without delay to the relevant member of staff

## **CHS19      Undertake physiological measurements**

### **About this workforce competence**

This workforce competence covers taking and recording physiological measurements as part of the individuals care plan.

Measurements include: blood pressure – both by manual and electronic; pulse rates and confirming pulses at a variety of sites e.g. pedal pulses; pulse oximetry; temperature, respiratory rates, peak flow rates; height; weight; body mass index (BMI); girth.

These activities could be done in a variety of care settings, including hospitals wards and other departments including out patients, nursing homes, the individuals own home, GP surgeries etc.

The recording of such measurements must take into account the individuals overall condition, and the delegation of these measurements to you may change as the individual's condition changes, and sometimes this skill will fall outside of your role and responsibility. Any adverse conditions may result in other members of the care team undertaking these measurements.

Users of this competence will need to ensure that practice reflects up to date information and policies.

### **Links**

*This workforce competence links with the following dimensions and levels within the NHS Knowledge and Skills Framework (October 2004)*

Dimension: HWB6 Assessment and treatment planning

Level: 1

### **Origin**

This workforce competence has been developed for Clinical Healthcare Support by Skills for Health.

## Key words and concepts

**Additional protective equipment** includes: types of personal protective equipment such as visors, protective eyewear and radiation protective equipment

**Contaminated** includes: items 'contaminated' with body fluids, chemicals or radionuclides.  
Any pack/item opened and not used should be treated as contaminated

**Individual** an individual is the person on whom the physiological measurement is being taken and could be an adult or a child

**Personal protective clothing** includes items such as plastic aprons, gloves - both clean and sterile, footwear, dresses, trousers and shirts and all-in-one trouser suits.

These may be single use disposable clothing or reusable clothing

## Scope

**Appropriate documentation** includes individual's:

- a) notes
- b) charts

**Appropriately prepared** includes:

- a) fully charged if electrical,
- b) with batteries,
- c) clean ear pieces on stethoscopes

**Equipment**

includes:

- a) sphygmomanometers of electronic blood pressure
- b) recording devices
- c) stethoscope
- d) thermometers including tympanic membrane sensors
- e) a watch with second hand
- f) pulse oximeter
- g) documentation
- h) charts

**Prescribed sequence**

includes:

- a) lying and standing blood pressure
- b) respiratory rate before and after medication such as broncho-dilators
- c) temperature after procedures put in place to reduce raised temperature such as fan therapy, removing clothing/bed clothing

**Prescribed time**

includes:

- a) hourly
- b) four hourly
- c) twice daily
- d) daily
- e) weekly

- f) before food
- g) before hot/cold drinks
- h) on return from operating theatre or other treatment/investigation

**Significant changes**

include:

- a) collapse
- b) cardiac arrest
- c) bleeding
- d) postural
- e) hypotension

**Standard precautions and health and safety measures**

a series of interventions which will minimise or prevent infection and cross infection, including:

- a) hand washing/cleansing before during and after the activity
- b) the use of personal protective clothing and additional protective equipment when appropriate.

it also includes:

- a) handling contaminated items
- b) disposing of waste
- c) safe moving and handling techniques
- d) untoward incident procedures

## Performance criteria

*You need to:*

1. apply **standard precautions** for infection control and apply other **necessary health and safety measures**
2. take the measurement at the **prescribed time** and in the **prescribed sequence**
3. use the appropriate **equipment** in such a way as to obtain an accurate measurement
4. reassure the individual throughout the measurement and answer questions and concerns from the patient clearly, accurately and concisely within own sphere of competence and responsibility
5. refer any questions and concerns from or about the patient relating to issues outside your responsibility to the appropriate member of the care team
6. seek a further recording of the measurement by another staff member if you are unable to obtain the reading or if you are unsure of the reading.
7. observe the condition of the individual throughout the measurement
8. identify and respond immediately in the case of any **significant changes** in the individuals condition or any possible risks
9. recognise and report without delay any measurement which falls outside of normal levels
10. record your findings accurately and legibly in the **appropriate documentation**

## **Knowledge and understanding**

*You need to apply:*

### ***Legislation, policy and good practice***

- K1 A factual awareness of the current European and national legislation, national guidelines and local policies and protocols which affect your work practice in relation to undertaking physiological measurements
- K2 A working understanding of your responsibilities and accountability in relation to the current European and national legislation and local policies and protocols
- K3 A factual awareness of the importance of working within your own sphere of competence when and seeking clinical advice when faced with situations outside your sphere of competence
- K4 A working understanding of the importance of applying standard precautions and the potential consequences of poor practice
- K5 A working understanding of why individuals need to be informed about what is happening
- K6 A working understanding of what is meant by “consent”.
- K7 An in-depth understanding of why the recordings are necessary and the importance of undertaking measurements as directed

### ***Care and support of the individual***

- K8 An in-depth understanding of the help individuals may need before you can undertake the measurement
- K9 An in-depth understanding of why it is necessary to adjust clothing for some physiological measurements

### ***Materials and equipment***

- K10 A working understanding of:
  - a) the equipment used for different measurements
  - b) any alternative equipment available
  - c) the importance of ensuring it is **appropriately prepared**.

### ***Procedures and techniques***

- K11 A working understanding of common conditions which necessitate the recording of physiological measurements within your work environment.
- K12 A working understanding of how blood pressure is maintained
- K13 A working understanding of the differentiation between systolic and diastolic blood pressure and what is happening to the heart in each reading

- K14 A working understanding of the normal limits of blood pressure
- K15 A working understanding of conditions where blood pressure may be high or low
- K16 A working understanding of how body temperature is maintained
- K17 A working understanding of what normal body temperature is
- K18 A working understanding of what is meant by pyrexia, hyper-pyrexia and hypothermia
- K19 A working understanding of what is normal respiratory rate
- K20 A working understanding of what affects respiratory rates in individuals, ill and well
- K21 A working understanding of the normal limits of pulse rates
- K22 A working understanding of what affects pulse rates – raising it and lowering it
- K23 A working understanding of the sites in the body where pulse points can be found
- K24 A working understanding of why an individuals pulse oximetry needs to be measured
- K25 A working understanding of the findings when obtaining pulse oximetry, and the implications of these findings
- K26 A working understanding of what BMI is and how it is used in weight/dietary control
- K27 A working understanding of the factors that influence changes in physiological measurements

***Records and documentation***

- K28 A working understanding of the importance of recording all information clearly and precisely in the relevant documentation
- K29 A working understanding of the importance of reporting all information to the registered practitioner
- K30 A working understanding of the importance of immediately reporting any issues which are outside your own sphere of competence without delay to the relevant member of staff

## **CM.A7 Prescribe medication for individuals with a long term condition**

### **About this workforce competence**

This competence is about prescribing medication to reduce the impact of a long term condition on individuals' health and wellbeing. It covers relating the prescription to the individual's condition and treatment plan and, where appropriate, making arrangements for repeat prescriptions.

This competence is relevant to those who may be responsible for prescribing medication. In order to prescribe, you are legally bound to have successfully completed the Extended Formulary/Supplementary Prescribing course.

This competence is relevant to those who provide proactive and co-ordinated Case Management. Here, Case Management means identifying and risk stratifying vulnerable, high-risk people with complex multiple long term conditions. Case Management should take place within the philosophy of enabling and promoting self care, self management and independence.

### **Links**

*This workforce competence links with the following dimensions and levels within the NHS Knowledge and Skills Framework (October 2004)*

Dimension: HWB7 Interventions and Treatments

Level: 4

### **Origins of this workforce competence**

This competence originates from the Coronary Heart Disease Competence Framework (Phase 1) where it appears as ID2. It also appears as HK1 in the Coronary Heart Disease Competence Framework Phase 2. It has been tailored for use within the Long Term Conditions Case Management Framework.

## Keywords, concepts and scope

### Scope

#### Prescription of medication

might include:

- a) prescribing medicines and oxygen  
and

would include:

- a) taking account of the individual's  
diagnosis,
- b) co-morbidity
- c) use of other medication.

## Performance criteria

*You need to:*

1. relate the prescription (eg medicines, oxygen) to the individual's treatment plan and condition (eg long term conditions diagnosis, co-morbidity, other medication taken by the individual)
2. balance potential side effects and benefits to the individual
3. specify the required quantity and/or titration
4. state the dose and frequency of administration
5. indicate the route for administration when the administration route is other than oral
6. define the end point of the prescription
7. ensure, as far as practicable, that the prescription is cost-effective
8. record the prescription clearly and accurately on appropriate documentation
9. review your prescribing practice in view of new guidelines and/or evidence.
10. keep a written record of requests from individuals or their carers for a repeat prescription
11. agree the period for which repeat prescriptions will be issued
12. remind the individual or their carer of the need for a new prescription at the time of final repeat prescription
13. ensure that unnecessary supplies are not made
14. record details of the repeat prescription clearly and accurately on appropriate documentation
15. confirm consent for repeat prescriptions with dispensing pharmacists when required.

## Knowledge and understanding

*You need to apply:*

### **Generic healthcare knowledge**

#### **Drugs and medication**

- K1. An in-depth knowledge of national legislation and local protocols for the prescription of drugs
- K2. An in-depth knowledge of types, properties, function, effect and contra-indications of drug groups
- K3. An in-depth knowledge of methods of drug administration
- K4. An in-depth knowledge of how to relate the prescription to the individual's condition and treatment plan
- K5. An in-depth knowledge of how to balance potential side effects and benefits to the individual
- K6. An in-depth knowledge of causes and manifestations of individuals' adverse reactions and appropriate responses
- K7. An in-depth knowledge of how to ensure that, as far as practicable, the prescription is cost-effective
- K8. An in-depth knowledge of how to record prescriptions clearly and accurately on appropriate documentation
- K9. An in-depth knowledge of how to review your prescribing practice in view of new guidelines and/or evidence
- K10. An in-depth knowledge of why you must remind the individual or their carer of the need for a new prescription after the final repeat prescription
- K11. An in-depth knowledge of how to ensure that unnecessary supplies are not made
- K12. An in-depth knowledge of why you must confirm consent for repeat prescriptions with dispensing pharmacists when requested.

## ***Specialist healthcare knowledge***

### ***Drugs and medication for long term conditions***

- K13. An in-depth knowledge of drugs commonly used in the treatment of long term conditions and their potential side effects
- K14. An in-depth knowledge of research evidence, national and local guidelines and policies for prescribing drugs for individuals at significant risk of long term conditions
- K15. An in-depth knowledge of the effects of long term condition medications on other health conditions
- K16. An in-depth knowledge of the range of medications and their effects and side effects
- K17. An in-depth knowledge of criteria for prescribing suitable medications (eg NICE guidelines).



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