

Competency

PERIPHERAL VENOUS CANNULATION COMPETENCY FOR REGISTERED HEALTHCARE PROFESSIONALS, REGISTERED DEGREE NURSE APPRENTICES, ASSOCIATE PRACTITIONERS, REGISTERED & TRAINEE NURSING ASSOCIATES, ADULT HEALTH CARE SUPPORT WORKERS (BAND 3) AND ADULT RADIOGRAPHY ASSISTANTS (BAND 3)

Aim: *Clinical staff will support patients with ongoing peripheral vascular access care correctly and safely. The practitioner will be able to demonstrate competency in the skills required for managing vascular access including the following:*

- ✓ *The need for the use of aseptic technique and aseptic non-touch technique (ANTT)*
- ✓ *Management of Peripheral Venous Cannula*

Entry Criteria:

The following staff are allowed to undertake peripheral venous cannulation:

| Staff Role | Skill | Skill |
|-------------------------------------|-------------|---|
| | Cannulation | Patency Flush (Saline 0.9%) |
| Registered Healthcare Professionals | ✓ | Intravenous medication administration PGD- can administer 0.9% sodium chloride flush without individual patient prescription |

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| Registered Degree Nurse Apprentices Registered Nursing Associates Trainee Nursing Associates Trainee Nursing Associates Assistant Practitioners Health Care Support Workers Band 3 (Specialist Areas) Radiography Assistants Band 3 | ✓ | Staff other than registered health professionals can only administer a single prefilled 0.9% sodium chloride flush (e.g., Posiflush) between 5-10mls immediately after peripheral venous cannulation. |
|--|---|--|

The above staff groups must have completed training and a practical assessment of competence, demonstrated through certification and practice. This can be achieved through UHBW Clinical Skills Training, or by providing written evidence from another NHS organisation.

Practitioners must be able to provide evidence to support claims of competence from a previous organisation.

The following staff can complete parts of this competency:

| Staff Role | Skill |
|-------------------------------------|---|
| Health Care Support Worker (Band 3) | Assessing Visual Infusion Phlebitis (VIP) score Dressing change Documentation Removal of peripheral venous cannula |

Evidence:

1. Attendance and participation in a theory session. These include the 'Trust Cannulation Workshop or Venepuncture and Cannulation Workshop' and the ANTT online E-Learning module.
2. Observation of the procedure by a supervisor, including safe blood sampling
3. Supervision of the procedure conducted and assessed by a supervisor, including safe blood sampling.
4. Recorded continued use of practice in the clinical area to maintain skills.
5. Completion and validation of a record of competencies achieved.

Standard: By the end of the assessment the member of clinical staff should demonstrate knowledge, understanding and performance at level 4 (description below) during formative assessment. All components should be completed for Registered Professional staff and specific items relevant to the role of unregistered clinical staff.

Assessment: The member of staff must have completed enough supervised practice to obtain level 4 achievement of competence in the above standards. When the member of staff and their supervisor feels they are ready to undertake the formative assessment the below 'Direct Observation of Practice Record and Assessment of Competence Table' must be completed.

Aseptic Technique and Aseptic Non-Touch Technique (ANTT) Competency

- Knowledge, Understanding and Assessment Criteria

Aim: The member of staff will be able to perform aseptic technique and non-touch aseptic technique correctly and safely. The member of staff will be able to demonstrate competency in the skills required for aseptic technique and aseptic non-touch technique including:

1. Correct identification of the need for the use of aseptic technique and aseptic non-touch technique
2. Patient preparation
3. Preparation of self and equipment
4. Adherence to the core principles of infection prevention & control
5. Maintenance of a clean environment
6. Performing aseptic technique and aseptic non-touch technique appropriately
7. Disposal of waste
8. Documentation of the task

| Aseptic Non-Touch Technique (ANTT) Competency | Level of achievement | Evidence to support practice | Signature of Assessor |
|--|----------------------|------------------------------|-----------------------|
| 1. The Practitioner will demonstrate a working knowledge and understanding: | | | |
| - Correct identification of the need for ANTT | | | |
| - Can explain the rationale for the use of Aseptic Non-Touch Technique | | | |
| 2. Patient preparation for ANTT: | Level of achievement | Evidence to support practice | Signature of Assessor |

| | | | |
|--|--|--|--|
| - Ensure patient is prepared- remember to consider their individual needs E.g., they may have a Learning disability/difficulty/ Mental Health Issues | | | |
| - When the patient is a child, remember to explain their procedure to them as well as their relatives, guardians, or parents | | | |
| - Identification of the patient confirmed, and informed consent obtained | | | |
| - The patient should be positioned comfortably and supported by relatives, guardian, or parents if required | | | |
| 3. Preparation of the staff member to undertake ANTT: | | | |
| - Pre-requisite training has been completed | | | |
| - Selection and preparation of the appropriate and necessary equipment | | | |
| 4. Adherence to the core principles of Infection Prevention & Control | | | |
| - Effective hand washing | | | |
| - Personal protective equipment used appropriate to the task | | | |

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| 5. Maintenance of a clean environment | | | |
| - The procedure is timed to not coincide with bed making, the use of fans and domestic duties | | | |
| - The area/ surface has been cleaned according to trust policy. | | | |
| 6. Performing aseptic technique and aseptic non-touch technique appropriately | Level of achievement | Evidence to support practice | Signature of Assessor |
| - The equipment to be used is laid out to prevent potential contamination | | | |

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| - All packets are opened from the top and the key parts are untouched during removal | | | |
| - Hands are washed again, or alcohol gel applied | | | |
| - PPE applied | | | |
| - Undertake appropriate skin or bung cleaning | | | |
| - The practitioner protects all key parts | | | |
| - ANTT is demonstrated correctly & Trust policy is adhered to | | | |
| 7. Disposal of waste | | | |
| - Waste is transported through the clinical area safely | | | |
| - Waste is disposed of appropriately as per trust disposal of waste policy | | | |
| 8. Documentation of task | | | |
| - The task is correctly documented in appropriate records stating that the principles of ANTT were adhered to, signed, and dated | | | |

Direct Observation of Practice Record:

Key Skill observed.

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|------------------|-----------------------------|-------------------------|
| Date | Name of Practitioner | Name of Assessor |
| Standard: | | |
| Comments: | | |

Further learning objectives identified:

Assessors Rating of Practitioner (please circle as appropriate): 1 2 3 4 5

| Level based on assessment | Description |
|----------------------------------|--|
| 1 | <i>Knows nothing about the skill</i> |
| 2 | <i>Doubts knowledge and ability to perform the skill safely, without supervision</i> |
| 3 | <i>Could perform the skill with supervision</i> |
| 4 | <i>Confident of knowledge and ability to perform the skill safely</i> |
| 5 | <i>Could teach knowledge and skills to others and can demonstrate initiative and adaptability to special problem situations</i> |

| | | | |
|----------------------------------|--|-------------------|--|
| <i>Signature of Practitioner</i> | | <i>Print Name</i> | |
| <i>Signature of Assessor</i> | | <i>Print Name</i> | |

Note: Please use this page for your own notes and reflections of practice

Please use this page to make notes and/ or reflect on your practice:

Peripheral Venous Cannula Competency: Insertion, Management and Removal

- Knowledge, Understanding and Assessment Criteria

Aim: *The member of staff will be able to demonstrate competency in the skills required for their role and some or all of the three aspects of cannula related care. Each of the three aspects and components are listed below:*

1. Correct and safe insertion of peripheral venous cannula

- 0.9% saline flush (prefilled if not a registered healthcare professional)
- Preparation of equipment
- Inserting a peripheral venous cannula
- Checking the position in the vein and flushing the device
- Securing and labelling the cannula
- Safe disposal of sharps
- Sign drug chart - sign that the 0.9% saline flush has been administered.
- Document in patient notes

2. Correct and safe management of peripheral venous cannula

- Assessment of cannula and use of VIP score
- Documentation
- Flushing and use of administration sets (Registered nurses only)
- Changing the dressing

3. Correct and safe removal of peripheral venous cannula

- Preparation of equipment, self, and patient
- Safe removal of peripheral venous cannula and disposal of waste
- Documentation

| 1. Correct and safe insertion of peripheral venous cannula | Level of achievement | Evidence to support practice | Signature of Assessor |
|--|----------------------|------------------------------|-----------------------|
| Correctly identifies need for cannulation or responds to medical request for cannulation, consider risks and complications. Excluding prefilled 0.9% saline syringes, anyone below & including a band 4 will require an intravenous 0.9% saline flush prescribed on the patient's drug chart. | | | |
| Complies with UHBW infection prevention & control guidelines, Aseptic technique/Aseptic Non-Touch Technique Policy and the Peripheral Venous Cannula Policy and Procedure at all times, throughout the procedure and after care. | | | |
| Demonstrates an awareness of the preparatory steps necessary for peripheral vascular cannulation: <ul style="list-style-type: none"> - Preparing equipment: including priming the extension set (if used) with 0.9% sodium chloride prior to use. - Preparing and correct identification of patient - Preparing suitable site/position to place cannula. - Application of prescribed topical anaesthetic if required. - Preparing self – hand hygiene and personal protective equipment (PPE) | | | |
| Demonstrates good cannulation technique following closely the guidelines set out in the policy – Peripheral venous cannula policy: <ul style="list-style-type: none"> - Demonstrates removal of topical local anaesthetic if it has been applied. | | | |

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|--|-----------------------------|-------------------------------------|------------------------------|
| <ul style="list-style-type: none"> - Demonstrates correct technique & positioning for application of tourniquet. - Demonstrates appropriate skin antisepsis & drying time. - Demonstrating correct and safe technique for insertion of cannula - Demonstrates flushing the cannula with 0.9% sodium chloride. - Applies dressing with date and time to cannula without obscuring the insertion site. - Disposal of equipment <p>Good documentation – in Vital Pac E-observations or cannula care plan if E-observations unavailable</p> <p>Only 2 attempts at cannulation should be undertaken before seeking assistance</p> | | | |
| 2. Correct and safe management of peripheral venous cannula | Level of achievement | Evidence to support practice | Signature of Assessor |
| Knowledge of the importance of regular cannula sight observation and assessment. Understands and applies VIP/Peripheral Intravenous Phlebitis Assessment (PIPA) score | | | |
| Discuss when it is appropriate for a secondary form of securement to be in situ. (This should be avoided unless necessary) | | | |
| Removes secondary securement if in use to inspect the site at each cannula use or 3 times a day in adults. (See Children's Peripheral Cannula Nursing Guidelines for paediatric checks) | | | |
| Demonstrates knowledge of importance of regular cannula site observation and assessment, consider risks and complications | | | |
| Understands, applies, and documents the VIP/PIPA score | | | |
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| Identifies when dressing should be changed and does so using aseptic non- touch technique. This is done without disturbing the cannula. | | | |
| 3. Correct and safe removal of peripheral venous cannula | | | |
| Aware of timescales and process of removal | | | |
| <p>Demonstrates cannula removal following the guidelines set out in the policy – Peripheral Venous Cannula Policy:</p> <ul style="list-style-type: none"> - Preparing equipment - Preparing patient - Disposal of equipment <p>Document removal of cannula in E-observations Vital Pac in Vital Pac E-observations or cannula care plan if E-observations unavailable. Or in PIPA assessment area in paediatrics</p> | | | |

Direct Observation of Practice Record: Key Skill served.

| Date | Name of Practitioner | Name of Assessor |
|--|----------------------|------------------|
| Standard: | | |
| Comments: | | |
| Further learning objectives identified: | | |

Assessors Rating of Practitioner (please circle as appropriate): 1 2 3 4 5

| Level based on assessment | Description |
|----------------------------------|--|
| 1 | <i>Knows nothing about the skill</i> |
| 2 | <i>Doubts knowledge and ability to perform the skill safely, without supervision</i> |
| 3 | <i>Could perform the skill with supervision</i> |
| 4 | <i>Confident of knowledge and ability to perform the skill safely</i> |
| 5 | <i>Could teach knowledge and skills to others and can demonstrate initiative and adaptability to special problem situations</i> |

| | | | |
|----------------------------------|--|-------------------|--|
| <i>Signature of Practitioner</i> | | <i>Print Name</i> | |
| <i>Signature of Assessor</i> | | <i>Print Name</i> | |

Note: Please use this page for your own notes and reflections of practice

Please use this page to make notes and/ or reflect on your practice:

References:

Trust:

Peripheral Venous Cannulation Policy & Procedure

Aseptic Non-Touch Technique Policy

Hand Hygiene Policy

National:

epic 3: National evidence-based guidelines for preventing healthcare-associated infections in NHS hospitals in England.

NICE Infection prevention and control Quality statement 5: Vascular access devices

Title

1.1

Knowledge and Understanding Criteria

By the end of the assessment the Assistant Practitioner should demonstrate knowledge and understanding and be able to apply the following:

| 1.1 Title | Level of achievement | Evidence to support practice | Mentor |
|---|----------------------|------------------------------|--------|
| The practitioner will demonstrate a working knowledge of: | | | |
| 1. | | | |
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| 9. | | | |

| 1.1 <i>Title</i> | Level of achievement | Evidence to support practice | Mentor |
|------------------|----------------------|------------------------------|--------|
| 10. | | | |

Performance Criteria

1.1 Title related to this criteria.

By the end of the assessment the practitioner should demonstrate performance and be able to undertake the following:

| 1.1 Title | Level of achievement | Evidence to support practice | Mentor |
|--|-----------------------------|-------------------------------------|---------------|
| The practitioner will demonstrate the following: | | | |
| 1. | | | |
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| 12. | | | |

Direct Observation of Practice Record

Core Competency/ skill observed:

| | | |
|--|-------------------|-------------|
| Date | Practitioner name | Mentor name |
| Standards description. | | |
| Comments – in depth knowledge and understanding displayed and ability to perform role. | | |
| Further learning objectives identified. | | |

| Level | Description |
|-------|---|
| 1 | Knows nothing about the skill. |
| 2 | Doubts knowledge and ability to perform the skill safely, without supervision. |
| 3 | Could perform the skill safely with supervision. |
| 4 | Confident of knowledge and ability to perform the skill safely. |
| 5 | Could teach knowledge and skills to others and can demonstrate initiative and adaptability to special problem situations. |

Rating (please circle as appropriate)

1 2 3 4 5

Signatures:

| | | | |
|--------------|--|--------------|--|
| Practitioner | | Mentor | |
| Please print | | Please print | |

(Photocopy as required.)