



London Ambulance Service **NHS**
NHS Trust

Policy for Pre Hospital Blood taking

DOCUMENT PROFILE and CONTROL.

Purpose of the document: To establish the training and assessment for paramedics working for the London Ambulance Service (LAS), in the management of patients requiring the taking of Pre Hospital Bloods (PHB).

Sponsor Department: Department of Education & Development

Author/Reviewer: Head of Education & Development. To be reviewed by Nov 2011

Document Status: Final

Amendment History			
Date	*Version	Author/Contributor	Amendment Details
22/02/10	1.4	Senior Clinical Advisor	Added responsibilities, expanded scope
06/02/09	1.3	Records Manager	Added ratification date
15/12/08	1.2	Training Officer	Additional reference, announcement of document revised in monitoring section
28/11/08	1.1	Head of Records Management	Addition to s.4.4 as agreed by CGC
29/10/08	0.9	Head of Records Management	
05/09/08	0.8	Records Manager	Monitoring
05/09/08	0.7	Records Manager	Training and monitoring
08/08/08	0.6	Training Officer	Introduction, monitoring
04/08/08	0.5	Records Manager	Reformatted, input requested on Introduction, Monitoring , documentation
31/07/08	0.4	Training Officer	Training and liability
14/07/08	0.3	Medical Director/ Clinical Education Manager	
09/06/08	0.2	Records Manager	Re-formatting content structure and layout
27/05/08	0.1	ECP Clinical Development Manager / Training Officer/ Medical Director	First draft

***Version Control Note:** All documents in development are indicated by minor versions i.e. 0.1; 0.2 etc. The first version of a document to be approved for release is given major version 1.0. Upon review the first version of a revised document is given the designation 1.1, the second 1.2 etc. until the revised version is approved, whereupon it becomes version 2.0. The system continues in numerical order each time a document is reviewed and approved.

For Approval By:	Date Approved	Version
CGC	12/11/08	1.0
Agreed by Trust Board (if appropriate):		
Trust Board	27/01/09	1.2

Published on:	Date	By	Dept
The Pulse	15/12/08	Records Manager	GDU
LAS Website	03/10	Records Manager	GDU
Announced on:	Date	By	Dept
The RIB	10/02/09	Records Manager	GDU

EqlA completed on	By
28/02/10	Senior Clinical Advisor
Staffside reviewed on	By

Links to Related documents or references providing additional information		
Ref. No.	Title	Version
	Health Professions Council. Standards of conduct, performance and ethics http://www.hpc-uk.org/assets/documents/10001BFBSCPEs-cfw.pdf [Accessed 10/08/07]	
	Lavery I, Ingram P (2005) Venepuncture: best practice. <i>Nursing Standard</i> . 19, 49, 55-65.	
	Pollary C (1990) How to take blood. <i>Practice Nurse</i> . 13, 4, 215-216	
	Skills for Health Competence and Curriculum Framework BDS11 Status: NOS NHS KSFHWB61	
OP/031	Policy and Procedure for Consent to Examination or Treatment	
X:\Pre Hospital Blood Taking	Folder marked 'Pre Hospital Blood taking' containing training/assessment package and certificate template	

Document Status: This is a controlled record as are the document(s) to which it relates. Whilst all or any part of it may be printed, the electronic version maintained in P&P-File remains the controlled master copy. Any printed copies are not controlled nor substantive.

1. Introduction

Since the introduction of the challenging four hour target for admission or discharge for patients attending Emergency Medicine Departments, the LAS has collaborated with a small number of Hospitals to expedite investigations involving venesection. In those patients conveyed by ambulance where cannulation is an appropriate pre-hospital intervention taking blood for laboratory tests may prevent the patient having subsequent venesection and will allow the specimens to be sent for testing at an earlier stage, thus reducing time to admission or discharge.

The LAS is not seeking to promote this facility, merely to ensure that for those Emergency Medicine Departments where this practice is felt to improve patient care, LAS paramedics have robust guidance to underpin their actions.

2. Scope

This document sets out the training/ assessment and procedure standards that paramedics will be expected to abide by and follow while working for the London Ambulance Service (LAS) in the management of patients requiring the taking of Pre Hospital Bloods (PHB). This policy applies to all patients aged 12 years or older.

2. Objectives

To ensure that:

1. All patients who require the taking of PHB have the procedure performed by a practitioner competent in this skill.
2. Training of all staff in PHB will take place within the approved guidelines and standards for the Trust.
3. A standard level of competency and training, based on adequate knowledge, supervised practice and assessment, is established throughout the service.

4. Responsibilities

4.1 Complex Training Officer (CTO)

Maintaining records of staff PBH training

4.2 Complex Management Team

Are responsible for reviewing the PHB practices of paramedics within their complexes as part of the annual Personal Development Review (PDR) process.

4.3 Paramedic

It is the responsibility of the individual practitioner to update and maintain competence in this area

To follow defined practices/ processes for the creation of accurate PBH records and the handling of samples.

5. Training and Monitoring

Prior to being permitted to perform PHB a paramedic must successfully complete a service approved training package. As proof of successful completion of this course a certificate will be issued. It may be possible to submit for consideration, as evidence of competency in performing the procedure of PHB, APeL (Accreditation of Prior Learning) and/or other qualifications/ competences obtained outside of the LAS.

Records of staff that have received PHB training will be kept on a local database by the Complex Training Officer (CTO).

In accordance with Health Professions Council (HPC) standards of conduct, a Paramedic must remain competent through Continuing Professional Development (CPD), and record evidence of practice.

Review of this practice with each Paramedic may take place as part of the annual Personal Development Review (PDR) process. In accordance with the PDR guidance, this will be conducted by a suitable member of the complex management team, and any relevant feedback recorded.

6. Staff Competency

It will be expected that a paramedic working within the LAS, who has received appropriate training will have knowledge of:

- HPC Code of Conduct
- The policy and guidance for the taking of PHB within the LAS NHS Trust
- The principles of asepsis and prevention of cross infection and safe disposal of sharps policy
- Patient consent

And be able to demonstrate:

- An awareness of the dangers inherent in the procedure
- An awareness of legal implications, by performing the skill carefully and accurately according to the Skill and Knowledge objectives
- A caring attitude by giving explanations and comfort to both patient and relatives
- Ability to make a correct assessment of the suitability of the patient for taking PHB and which specific laboratory tests to request
- Good clear standard of documentation of actions carried out and advice given, entered into notes
- Awareness of the need to update knowledge of theory and practice

7. Circumstances in which PBH can be undertaken

The process of how blood is taken is recognised as a major influence on sample quality and viability. The need for evidence based practice is therefore paramount. Therefore the taking of PHB should only be undertaken on patients:

- when consent has been obtained from the patient or guardian for the procedure being carried out and the patient is co-operative. (see OP/031 - Policy and Procedure for Consent to Examination or Treatment)
- where cannulation is already indicated and not solely for the purpose of taking bloods (Venepuncture must not be undertaken using a needle and syringe);
- provided the practitioner feels that it is within their competency to perform PHB and is prepared to accept this responsibility

8. Infection Control

All staff that may come into contact with bloods or body fluid are required to follow Service infection control policies and procedures such as the infection Control Manual. It is important that venepuncture should not be undertaken on an arm where previous axillary dissection has taken place. In particular take note from training that venepuncture must not occur from:

- The side of a swollen or cellulitic arm
- Veins that are fibrosed, inflamed or fragile or bruised areas

- In sites close to infection
- On affected side of patients with CVA
- In areas severely affected by disabling diseases, e.g., rheumatoid arthritis

The filled blood bottles should be transported with the patient in the appropriate manner to the receiving facility.

9. Documentation

Accurate documentation is important as it is the only means of identifying a blood sample. Emphasis is placed on the importance of correctly labelling the sample tube and the correlation of this information with that on the request form. The correct procedure for managing documentation will form part of the training sessions.

IMPLEMENTATION PLAN	
Intended Audience	For LAS paramedics
Dissemination	Available to all staff on the Pulse
Communications	Procedure to be announced via Medical Director's letter to complex AOMs, and a link provided to the document
Training	Prior to being permitted to perform PHB a paramedic will be required to successfully complete a service approved training package. As proof of successful completion of this course a certificate will be issued. It will be the responsibility of the individual practitioner to update and maintain competence in this area.
Monitoring	Adherence to this policy will be monitored by the review of these practices with each Paramedic as part of the annual Personal Development Review (PDR) process. The review will be conducted by a suitable member of the complex management team, and any relevant comments fed back into working practices through discussions with staff by managers.