



Final Approval: Anita Muise

<b>Employee Name:</b>	<b>Date:</b>
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Assessment Phase (minimum : 2-3 observations)			
<input type="checkbox"/> Initial Training	<input type="checkbox"/> Prior to working alone Assessment	<input type="checkbox"/> Annual Re-assessment	<input type="checkbox"/> Other:

Procedure name: <b>Venipuncture for Blood Specimen Collection.</b> Specific observation information (e.g. Blood culture, POCT, syringe collection):
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	Observation Steps:	Yes	No	If no, corrective action taken?
1.	Reviews collection order, patient history and/or factors related to collection.			
2.	Gathers required equipment and supplies.			
3.	Greets patient. Identifies themselves and the procedure to occur.			
4.	Performs hand hygiene observing the "4 moments of hand hygiene" throughout the process.			
5.	Applies gloves appropriately.			
6.	Ensures positive patient identification prior to collection.			
7.	Ensures patient is positioned appropriately.			
8.	Applies tourniquet appropriately.			
9.	Uses appropriate disinfection technique as determined by the test orders.			
10..	Selects appropriate vein.			
11	Successfully performs venipuncture following established procedure.			
13	Collects specimens following the correct order of draw. Collects discard tube if required.			
14.	Gently inverts specimens the correct number of times.			
15.	Removes needle activating the safety mechanism and disposes in a Sharps container.			
16.	Applies appropriate pressure to stop bleeding. Applies adhesive bandage. Ensures patient is comfortable.			
17	Labels specimens beside patient. Completes all required documentation ensuring collection information is provided and required signatures are obtained.			
18,	Performs Final Check.			
19.	Gathers equipment and specimens. Removes gloves and performs hand hygiene.			
20.	Dispatches samples appropriately.			



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<b>Observer area:</b>			
<b><u>Instructions to the Observer:</u></b>			
Observe the employee in the performance of the indicated procedure. Observe each step of the procedures as listed in the tables above and if performed correctly, place a check in the “yes” column. If any step is performed incorrectly, check the “no” column and give instructions for corrective action in the comments section.			
<b>Results:</b>			
<b>Competency:</b>	<input type="checkbox"/> Successful	<input type="checkbox"/> Unsuccessful	<b>If Unsuccessful, action taken:</b>
<b>Training Issues Identified:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>If Yes, area identified for retraining and re-assessment:</b>
<b>Successful Outcome:</b>			
By signing below, the observer and the employee agree that the employee has been trained and proficient in performing the above procedure(s) without direct supervision.			
<b>Employee:</b>	<b>Signatures:</b>		<b>Date:</b>
<b>Observed by:</b>			
<b>Competency recorded</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>By:</b>
			<b>Date:</b>