Letters

Dear Phlebotomist,

Do you train external candidates in Venepuncture?

We are constantly being approached by Practice Nurses, overseas Doctors and Agencies requiring training for venepuncture. We would like to set up a database of trainers that provide venepuncture training that meet the requirements of the National Occupational Standards. Acceptance to the database would require the submittance of your training programme to the N.A.P. Once it is approved we would recommend your establishment to candidates who apply for training.

The advantages in providing quality training for external candidates is to ensure safe practice for the patient, quality samples for the laboratory whilst generating an income for your department.
The NAP run a Train the Trainer workshop that will support the writing and submission of training programmes either for external or internal training that meet the National Occupational Standards. For information on Train the Trainer please contact jacquelinehough@aol.com

National Association of Phlebotomists

Train the Trainer Course

The Train the Trainer course is an intensive two day course. You are required to submit completed training programmes within three months of the course being completed. The cost of this course is £400 which is inclusive of the CD Rom, Phlebotomy Work Manual and support from your tutor in writing a valuable in house training programme for your department.

The aim of this course is to provide an overview of various teaching methods which can be effectively used to deliver the Phlebotomy Training Programme. At the end of the course you will have the use of the NAP Training Tool which is a CD Rom that has been put together to support phlebotomy training.

Your objectives for the course will be:

- Identify learning styles in individuals
- Identify various teaching resources
- Be able to identify and discuss the appropriate use of various teaching tools.
- Identify and discuss the course criteria
- To be able to formulate a teaching plan and present a five minute lesson
- To critically assess and evaluate learning has taken place by measuring candidate achievement against aims and objectives
- To be able to assess and record a candidates progress

At the end of the course you should be able to design and formulate a Phlebotomy Training programme that will meet the needs of your department while complying with National Occupational Standards set by the Department of Health.

Course Facilitator Jacqui Hough
Contact email jacquelinehough@aol.com

NAP

The Newsletter of the National Association of Phlebotomists March 2006 Volume 7.1

Jacqui Hough Chairperson of the NAP

Hi Everyone,
Following the AGM in April I have stood down from the post of Chairperson, but have remained on the Executive Committee at present. Over the last ten years we have concentrated on highlighting phlebotomy as a profession, communicating educational needs to the Department of Health and developing National Standards, once these standards are implemented we will see more opportunities to develop within the world of Healthcare. With the small number on the Executive Committee as well as the pressures from our daily roles within the NHS we have struggled to communicate everything that has been going on but rest assured we will do our best over the next year to improve that situation.

At the AGM we worked on role development by asking those present how they wanted their career to progress. 35% wanted to develop roles within the community by providing health screening clinics where they took bloods for routine as well as performing near patient testing, blood pressures and ECGs. 55% of those present wanted to expand their present role into canulation, central lines and Hickman Lines. 10% were happy as they were either in the community or within the hospital. These two roots open up another development into Education, Training and management roles.

Many of our members have taken on an extended role because they are in a forward thinking trust that are willing to invest in its work force, unfortunately not everyone is as fortunate, we receive many calls from members wanting to do more but feel they will never have the opportunity. If this is the case for you then speak to your line manager or write your proposals down.

Recently a colleague repeated a conversation from members on a table at the AGM when they asked what has the NAP done for me? My first response was to say why were they there if they felt so negative but then I begun to think, well, OK, what do I get? I get the sense of belonging to a professional organisation that knows and understands my day to day challenges. I can communicate with colleagues and learn from their experiences. I receive the opportunity to discuss equipment with the suppliers, hear speakers from around the world and the Department of Health at various regional meetings and the AGM, I receive newsletters and invitations to educational workshops, I learn about career development opportunities, and most importantly I know that there are people passionate about phlebotomy looking out for me within the Department of Health, so although NAP isn't in my face. For me at £20 per year, its a BARGAIN!

If I have learnt anything over the last ten years as Chair it is that doors remain closed unless you turn the lock and push your way through.
Regards and keep pushing!

Jacqui

IN THIS EDITION:

- *Details of the AGM 2006*
- *23 Steps to Blood Collection*
- *A Day in the Life of a Phlebotomist*
- *Is your Tourniquet a Dangerous Tool?*

STATE REGULATION

The Executive Committee strongly feels that the attitutes of other healthcare professionals towards the Phlebotomy profession will change when we have achieved State Regulation.

In May, members of the Executive Committee will be meeting with Professor Norma Brook (President), Marc Seale (Chief Executive & Registrar), Greg Ross-Sampson (Director of Operations) and Cathy Savage (Manager CPD/Aspirant groups) from the Health Professions Council.

The Department of Health should be represented by Ros Mead (New Regulation Projects Manager).

The National Association of Phlebotomists, taking Phlebotomy forward through professional recognition, the sharing of knowledge and the development of skills.

The National Association of Phlebotomists is a professional organisation dedicated to raising the profile of Phlebotomy. The last few years have been busy for the Association in developing education and training for our members. The National Association of Phlebotomists have developed:

- Continuous recognition of Phlebotomy as a skilled Profession
- A Training Manual, Student Log and Assessment Portfolio
- A CD Training Tool
- Train the Trainer programme
- Workshop Programme for Professional Development
- Platform for future development of on-line training and assessment
- In the process of developing an NVQ 3 specific for Phlebotomy in partnership with skills for Health
- Extended roles within the Phlebotomy Profession

The Executive Committee passionately believe that to achieve a measurable standard within all aspects of Phlebotomy UK wide it is essential that we attain Professional Registration, only then can we control and maintain standards within all Healthcare Professionals performing Venepuncture.

As Phlebotomists we must be prepared to take ownership of our future, whether part time or full time it is critical that we fight to retain our identity.

The only way the NAP can continue to work on your behalf is through your membership, together we are strong together we can make a difference!

The yearly subscription of £20 is crucial in allowing us to fund this work and to obtain registration by 2007. You can obtain a registration from the website www.phlebotomy.org or by phoning 0207 833 8784

AGM 2006

THIS YEARS AGM WILL TAKE PLACE ON
SATURDAY 1st APRIL 2006 starting 10.00am prompt
at
THE EDUCATION CENTRE
ASHFORD HOSPITAL
MIDDLESEX

DUE TO THE INCREASED DEMANDS AND PRESSURES ON THE EXECUTIVE COMMITTEE FOR BOTH TIME AND ENERGY OVER THE PAST YEAR - PLEASE NOTE THAT THIS YEAR WE ARE NOT HOSTING A NATIONAL CONFERENCE

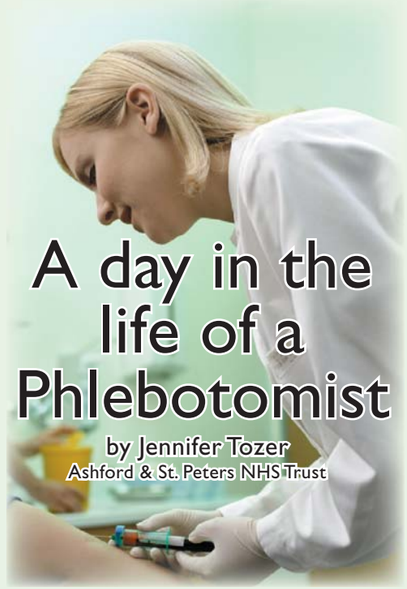
Following the AGM all committee members will be available for questions and comments from members and would like to invite all attendees to join us for an informal lunch at 12 noon

For catering purposes – will all members wishing to attend please INFORM US OF YOUR INTENTIONS with your name and membership number.

WE CURRENTLY HAVE EXISTING SEATS FOR BOTH EXECUTIVE MEMBERS AND NON-EXECUTIVE MEMBERS POSTS ON THE COMMITTEE AND WOULD WELCOME YOUR INTEREST, ENTHUSIASM AND SUPPORT
(Please note all posts are voluntary and are not paid or salaried positions)

Nominations for the above posts should be sent with a supporting statement and C.V. to NAP offices by post and received no later than 10th March 2006

Please remember the AGM is only for registered members.
Unpaid/lapsed members or guests will be refused entry



A day in the life of a Phlebotomist

by Jennifer Tozer
Ashford & St. Peters NHS Trust

It's 6.57 a.m. and if I have a straight run to the hospital I might just make is for 7-ish. Having used every excuse in the book everyone has accepted that I am always late. As I very seldom leave on time at the end of the day my guilt pains are not too severe these days. Heaving my way up twenty stairs I manage with gasping breath to swipe my way through the door, using my swipe card of course. Glancing into the prep room I notice that the trolleys have been removed. That's not unusual as I am very seldom the first phlebotomist to arrive.

As I walk the last stretch of the corridor I can hear the girls saying, "Here she comes."

"Hello girls." I cheerfully greet the three smiling faces awaiting my arrival with anticipation.

Discussion follows as to the state of play for the day and who goes where. Shattering our sense of calm is a telephone ringing from path reception. That will be our manager who will be either phoning to give us good or bad news. All my well-laid plans are changed – I thought I was doing well! Our work force has suddenly diminished by two having lost them to our sister hospital. Oh well.

7.20 a.m. and we are only just arriving on the first ward. I can hear our manager saying, "4 x 20 minutes, that's 80 minutes of phlebotomy time wasted." We console ourselves with the fact that we are not always this late and we are probably in for a long hard day.

Forms have to be sorted, smells have to be dealt with, no wristbands on patients, Mrs Smith is on the commode and a trainee is having a bad day and needs reassurance that we have all been through this and not to worry. One ward down and eight to go. Thankfully I am off to outpatients at 8.30 a.m.

8.30 and walking towards blood tests I can see the patients already sitting on the floor and several patients commenting that they had been there at 7.45 and they thought they would be first. I am greeted by an elderly lady who explains that she is diabetic and has been fasting and would like to be seen first. Unfortunately, I have to explain that there are probably 30 other people in the queue in the same position and at the risk of causing a war she will have to queue with everybody else. Of course if she feels unwell let us know (but don't say that too loud we might be inundated with sick diabetics).

Consulting the diary I find we have two glucose tolerance tests, several patients who will be returning today because they had not fasted they day before and a trainee HCA from the community. Just to add to the numbers it is a Haematology clinic day and we have 20 patients who need to be seen straight away but according to the other patients waiting they "jump the queue"

Disturbing my concentration is a knock at the door followed by a concerned mother who is bringing her little boy for his first blood test, he is needle phobic and the GP has told him he can have numbing cream. After a few minutes of screaming and coaxing, cream is applied and 30 minutes down the line the child even wonders what all the fuss was about.

The morning progresses and the number waiting reduces from 60 to 10 and it seems like we have made headway and apart from the one fainting patient things went fairly well.

Tea breaks and lunches have been taken and we are now down to two phlebotomists and compared with the morning a civilized afternoon. Fortunately it is not Wednesday and we do not have a paediatric clinic.

It is now 4.45 p.m. and we close the door ready to clean and stock up for the next day. Completing the audit sheet we find that we have bled over 300 patients including 7 children, plus the patients on the wards and outreach clinics.

Just as we are about to turn the lights out an elderly man shouts out, "Are you closed?" He was unable to get a lift earlier and the doctor told him to have these blood tests today. Although it is believed that I am not of a sympathetic nature and have no compassion, even I cannot turn him away. It will probably only take a few minutes, let's hope he's got good veins.

Fifteen minutes later I am on my way home, battling the traffic and what was a five minute journey this morning now takes fifteen.

Reflecting on the day although exhausted it's a job well done having had to reassure the nervous patient, console a patient who has been given bad news, deal with various problems of the phlebotomy team and maintain my sense of humour.

23 STEPS TO BLOOD COLLECTION

Sandra Munt
(NAP Executive Committee)

After collecting blood request forms and sorting through to find any urgent or specific timed collections, the following steps should be taken:

1. Approach the patient in a pleasant and confident manner.

2. Take into consideration any hazards that may cause harm to the patient or phlebotomists if knocked or moved.

3. Explain clearly to the patient who you are and what you are intending to do.

4. Identify the patient by checking wrist band against form and asking the patient to tell you their name and date of birth

5. Whilst checking details, assess the available areas for blood taking i.e. cannulas and dressings etc.

6. Tell the patient that you will be back in a minute with your equipment.

7. Return to the Phlebotomy trolley and select the appropriate equipment.

8. Put on gloves and return to the patient.

9. Make sure the sharps bin is near enough for immediate disposal of the needle once the procedure is completed – unless using safety needles.

10. Place your tray containing all the equipment near the arm and easily accessible.

11. Place the tourniquet about 3 inches above the selected site in the ante cubital fossa.

12. Inform the patient of the procedure where appropriate at each stage.

13. Unsheath and insert the needle, simultaneously telling the patient to be ready to feel a little "scratch".

14. Select the sample bottles following the order of draw and collect the samples requested aiming to fill each bottle to the fill line.

15. Slowly release the tourniquet to relieve pressure.

16. Remove the last bottle before taking the needle out of the arm, making sure dressing is positioned over the site but not pressed down.

17. Once the needle is removed press down on the dressing and check the site for signs of bleeding, placing the needle straight into the sharps bin, or activating the safety device.

18. Totally remove the tourniquet.

19. Once bleeding is ceased the dressing can be secured with tape.

20. Advise the patient that the dressing only needs to be on for 20 minutes then it can be removed.

21. Ensure all contaminated waste is placed into the appropriate incineration bags.

22. Label sample bottles from the patients request form and package appropriately.

23. Remove gloves and either wash hands or use proprietary hand cleanser.

IS YOUR TOURNIQUET A DANGEROUS TOOL?

Priscilla Turner

We maybe contributing, albeit unwittingly, to the contravention of hospital cross-infection control protocols.

Research of some five years standing published in The Lancet clearly demonstrates a substantial reservoir of potentially pathogenic bacteria on reusable tourniquets. This reservoir exists in areas of hospitals where critically ill, injured, immunocompromised, and postoperative patients are being treated. Hand washing between patients is an essential component of hospital cross-infection control as these organisms can be transmitted from patient to patient on staff hands[1]. Some of this cross-infection has been attributed to the "housestaff - patient transfer circuit[2] and re-usable tourniquets have been shown to be potential fomites[3] (a physical object that serves to transmit an infectious agent from person to person).

In areas of high HIV-1 or Hepatitis B prevalence such as inner London, there remains a potential risk of viral transmission from tourniquets to patients across areas of broken skin such as venous access and monitoring sites, open wounds, eczema, cuts, and abrasions. Inoculation could potentially occur in both staff and patients. The cross-infection risk is obvious as blood sampling and intravenous cannulation are the most common invasive procedures in hospitals and the usual technique for providing venous stasis is the application of a reusable tourniquet to the patient's limb.

The NAP is actively seeking guidance from the National Patient Safety Agency and strongly urges you to discuss this subject with you local infection control committee

Since it is impossible to disinfect reusable tourniquets, should we be using disposable tourniquets?

References:
1 - SP Barrett, EL Teare and R Sage, Methicillin-resistant staphylococcus aureus in three adjacent health districts of South East England 1986-91, J Hospital Infect 24 (1993), pp. 313-325.
2 - R W Haley, A W Hightower and R F Khabbaz et al., The emergence of Methicillin-resistant staphylococcus aureus in the United States hospitals: a possible role of the house staff - patient transfer circuit, Ann Intern Med 97 (1982), pp. 297-308.
3 - D S Berman, S Shaeffler and M S Simberkoff, Tourniquets and nosocomial Methicillin-resistant staphylococcus aureus infections, N Engl J Med 315 (1986), pp. 514-515.