
Recognition Application Handbook for Participants

CSK12382 Adult Cannulation and Venepuncture Accreditation

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SWSCEWD

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What is Recognition?

SWSCEWD offers recognition to individuals enrolling in CSK12382 Adult Cannulation and Venepuncture.

Recognition provides you with the opportunity to target training to your learning and skill development needs. Recognition has many benefits:

- you may be able to finish your training earlier
- avoids duplication of training and maximises the value of training
- creates a learning culture by valuing and recognising learning that has occurred in the workplace

Recognition is a process that determines your current competency held regardless of how, when or where the learning occurred. Knowledge and skills to be considered for recognition may have been gained through:

- formal or informal training and education
- work skills or knowledge
- general life experience
- any combination of the above

In order to grant recognition, the course coordinator must be confident that you are currently competent against the competency standards in a national qualification or accredited course. You may be deemed competent based on the skills and knowledge that you demonstrate; how you acquired these skills and knowledge is not important. You may have acquired the relevant skills and knowledge through training, 'on-the-job' experience, or life experience. The evidence may take a variety of forms and could include certification, other qualifications, references from past employers, testimonials from clients and work samples.

If you have previously completed training and accreditation that is exactly the same as you are applying for recognition, then accreditation may be granted for SWSLHD.

For example: if you can demonstrate accreditation to perform cannulation and venepuncture within another Local Health District you may be granted accreditation to cannulation and venepuncture within SWSLHD.

The assessor must ensure that your evidence is authentic, valid, reliable, current and sufficient.

Applying for Recognition

Pathway

You may apply for recognition at any time during your enrolment. SWSCEWD encourages you to consider applying for recognition when you enrol in a course so that your learning pathway is identified early and training delivery is efficient and appropriate. If you wish to be assessed for recognition you will need to:

1. Contact the course coordinator to discuss your intent to apply for recognition and clarify any questions relating to the recognition process, this may include the following:
 - Overview of the knowledge and skills in the course that you have enrolled in
 - Why you think your current skills and knowledge may be appropriate for recognition
 - Types of evidence you may need to provide to demonstrate your skills and knowledge
 - How to complete the Application Form
 - The amount of time it may take to complete the recognition process
 - The assessment decisions and results you may expect

It is important that you let the course coordinator know at this time if you have any special needs that must be considered.

2. Complete the **Recognition Application Form**
3. Submit the **Recognition Application Form** to the course coordinator
4. Course coordinator reviews the Recognition Application and your supporting evidence
5. You will be notified of the assessment decision. There are three outcomes to the assessment decision:
 1. You have been assessed as competent for all competencies and you will be granted Recognition of Prior Learning
 2. You have been assessed as competent for some of the competencies you have already achieved but you will be asked to supply further evidence of training or complete Gap training to supplement this evidence to achieve competency with SWSLHD
 3. Your evidence has not sufficiently demonstrated competency and the co-ordinator will provide feedback to you about this decision. The course coordinator may then discuss a variety of learning options that are available to achieve full competence. You may be asked to enrol in learning of the full learning pathway for CSK12382 Adult Cannulation and Venepuncture on MHL

Throughout this process the co-ordinator may ask to meet with you to guide the process of providing evidence.

Application Submission:

Please submit your application form and all supporting evidence via email to:
SWSLHD CEWD IVC Course Coordinator
SWSLHD-CEWD@health.nsw.gov.au

Enquires: 8738 5920



Recognition Application Form

General Information

Name:

Work Address:

Work Phone:

Work Email:

Course Enrolled: CSK12382 Adult Cannulation and Venepuncture

Education and Training – list the skill/competence you wish to apply for through the SWSLHD District Assessment pathway.

Indicate Skill/Competency you are applying for recognition:

1. Cannulation only; OR
2. Venepuncture only; OR
3. Cannulation & Venepuncture.

Please attach copies of any previous Cannulation and/or Venepuncture assessment outcomes. (Workbooks, certificates. MHL records, documents or other records of training)

Professional Development

**Have you completed any other relevant training or course?
(add more lines if required)**

Program Name	Training provider	Date and duration	Brief description

Please attach copies of any certificates or other relevant documents

Experience			
<p>Include all of your employment (add more lines if required)</p>			
Position title	Duties	Employer	Employment period and hours per week
Additional information and skills			
<p>Community experience Provide brief details of other experiences such as community work or project, committees, volunteering.</p>			
<p>Life experience and other skills Provide brief details of other experiences or skills you have that you wish to include</p>			
Other supporting documents			
<p>Attach copies of other documents such as:</p> <ul style="list-style-type: none"> • Performance reviews • Job descriptions • Work reports • Projects • References • Referees 			
Assessment Decision & Feedback			
Participant Name:		Signature:	Date:
Recognition of prior learning			
1.Granted	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Extra evidence required
If not granted please supply/complete:			
2.Granted	Yes <input type="checkbox"/>	No <input type="checkbox"/>	See coordinators Comment below
Course Coordinator Name:		Signature:	Date:
Comments:			

Supplementary Evidence

Practical Skills Assessment observation sheets attached below pages 8 to 15

This is additional evidence that may be completed and submitted if required.
If required The SWSLHD IVC Co-ordinator will request the completion of the Practical Skills Assessments by the applicant to supplement other evidence already submitted for RPL

Assessor Details:

A SWSLHD workplace IVC assessor or Medical officer must observe the staff member completing the skills at least two times (2) in the workplace
ALL successful and not successful attempts must be documented on the Practical skills observation sheet and in the patient records –EMR or Progress Notes

Assessor details	
Name:	Telephone:
Email:	

Assessment 1 – Workplace Observation (Cannulation)	Written (W) Verbal (V)	Completed successfully		Comments
		Yes	No	
Was the Participant competent? (If no, please identify which areas were demonstrated incorrectly)				
Was verbal questioning used to clarify the Participant's understanding of this skill?				
Did the Participant answer correctly?				

Assessment 2 – Workplace Observation (Venepuncture)	Written (W) Verbal (V)	Completed successfully		Comments
		Yes	No	
Was the Participant competent? (If no, please identify which areas were demonstrated incorrectly)				
Was verbal questioning used to clarify the Participant's understanding of this skill?				
Did the Participant answer correctly?				

Record of Assessment Outcomes

This section is to be completed by SWSCEW CEWD course co-coordinator only. This section is a summary of assessment task decisions in the Clinical Skills Assessment Book (assessment tasks 2 & 3).

The course coordinator must clearly indicate the assessment decision for one of the following:

1. Cannulation only; or
2. Venepuncture only; or
3. Cannulation & Venepuncture

Assessment Requirements		Successfully Completed Yes/No	Date	Coordinator Initials
Assessment 1: Workplace Observations - Cannulation				
Assessment 2: Workplace Observations - Venepuncture				
Overall Assessment Outcome				
Re-assessment Outcome (if applicable)				
Coordinator Name:		Date	Signature	
Participant Name:		Date	Signature	

Where the outcome of the assessment is not yet competent, note feedback provided to participant and date agreed for reassessment:

Clinical Skills Assessment: Peripheral (Venous) Cannulation

Be observed by an assessor in the workplace, demonstrating competence in applying the required knowledge and skills of successful peripheral venous cannulations for a minimum of two (2) different adult clients.

Additional assessment tools have been provided where all successful and non-successful must be documented on the following pages.

Peripheral (Venous) Cannulation

This assessment is based on the policies within the LHD. The following criteria must be successfully achieved during assessment on a **minimum of 2 separate occasions**.

Assessment Number	1	2	3	4
Assessment Criteria	Achieved ✓ or ✗ (or n/a)	Achieved ✓ or ✗ (or n/a)	Achieved ✓ or ✗ (or n/a)	Achieved ✓ or ✗ (or n/a)
Procedure				
Confirm order for cannula insertion/resitting and required pathology tests & considers factors which may affect chemical analysis.				
Perform hand hygiene prior to patient contact (moment 1)				
Greet patient and identify self, verify patient & confirm date of birth				
Ascertain if patient has any allergies (e.g. to cleansing solutions, local anaesthetic agents or dressings)				
Assess patient need for diversion technique or additional assistance with procedure				
Explain procedure to patient and obtain consent				
Organise equipment (ensure sharps container is on hand), establish aseptic field				
Position patient to maximise comfort and exposure of vein/s, position self-according to WHS standards to avoid poor posture for health care worker				
Apply tourniquet				
Assess & select suitable vein for cannulation. Seek assistance if required				

Release tourniquet				
Prepare equipment next to bed. Don protective equipment (gloves, sterile gloves, mask & eyewear or face shield) as per infection control policy				
Remove cannula from packaging on sterile field				
Prepare skin area appropriately (clip excessive hair-preferred site & dressing area) and reapply sterile latex-free tourniquet				
Perform hand hygiene immediately pre procedure (moment 2)				
All manipulations must be done with a strict "aseptic non-touch technique (ANTT)"				
Apply antiseptic solution (2% CHG & 70% IPA) swab side-to-side or up and down motion with light friction, repeat with a second swab and allow to air dry.				
Inject local anaesthetic or apply anaesthetic cream, if required				
Prepare IV 0.9% sodium chloride 5 mL flush				
Prior to insertion, rotate plastic barrel of cannula 360 ⁰ (as per manufacturer's guidelines, if required)				
Stabilise and anchor vein				
Insert cannula with bevel facing upwards at 10-30 ⁰ angle, check for "flashback", lower angle and insert cannula further 2mm. Advance cannula into vein to correct length whilst maintaining skin traction				
Release tourniquet				
Apply digital pressure to vein distal to cannula tip, stabilise cannula hub and remove stylet manually or follow recommended manufacturers guidelines				
Connect cannula cap/valve and any extension set or three-way tap, if required				
Dispose of all sharps material in sharps container				
Clean around insertion site and apply sterile transparent semi-occlusive dressing to cannula & insertion site, ensure visibility of entry site				
If authorised, flush cannula with 0.9% sodium chloride				

Remove gloves and wash hands immediately post procedure (moment 3)				
Date & time must be recorded on dressing.				
Correctly dispose of general/contaminated waste materials				
Perform hand hygiene after patient contact (moment 4)				
Document procedure in health care record with collection of pathology laboratory tests (if requested) using appropriate medical terminology				
Documents any unsuccessful attempts and associated complications with actions taken in patient notes				

Peripheral (Venous) Cannulation

This assessment is based on the policies within the LHD. The following criteria must be successfully achieved during assessment on a **minimum of 2 separate occasions**.

	Assessment Number 1	Assessment Number 2	Assessment Number 3	Assessment Number 4
Ward / Unit / Facility Hospital				
Assessment Date				
Assessor's name				
Assessor's designation				
Assessor's signature				
Feedback to participant				
Feedback from participant				
Assessment Decision (Please Circle):	Successful / Unsuccessful	Successful / Unsuccessful	Successful / Unsuccessful	Successful / Unsuccessful
Reassessment (if required) &/or Comments				

Clinical Skills Assessment Checklist: Peripheral (Venous) Venepuncture

Be observed an assessor in the workplace, demonstrating competence in applying the required knowledge and skills of successful peripheral venous venepunctures from at least two (2) different people, comprising adults of various ages,

Additional assessment tools have been provided where all successful and non-successful must be documented on the following pages.

Peripheral Venepuncture

This assessment is based on the policies within the LHD. The following criteria must be successfully achieved during assessment on a minimum of 2 occasions.

Peripheral (Venous) Venepuncture: Assessment Number	1	2	3	4
Assessment Criteria	Achieved ✓ or ✗ (or n/a)	Achieved ✓ or ✗ (or n/a)	Achieved ✓ or ✗ (or n/a)	Achieved ✓ or ✗ (or n/a)
Procedure				
Perform hand hygiene prior to patient contact (moment 1)				
Confirm order for blood collection (identify tests required & considers factors which may affect chemical analysis)				
Greet patient, identify self, verify patient & confirm date of birth then check against pathology request form				
Maintain privacy, explain procedure to patient and obtain consent				
Organise all equipment required (including tubes, sharps container, biohazard bag)				
Position patient & support their arm (ensure it isn't flexed at elbow), place selected arm in gravity dependent position & maximise comfort. Health care worker positions self-according to WHS standards to avoid poor posture.				
Perform hand hygiene immediately pre procedure (moment 2)				
Use protective equipment (gloves, mask & goggles or face shield)				
Prepare vacutainer system/winged infusion set for use and apply tourniquet				
Select the venepuncture site & seek assistance if required				
Cleanse skin with 2% Chlorhexidine in 70% alcohol swab and allow to dry				
Remove shield from Vacurette needle or winged infusion needle (rotate shield if using BD eclipse needle)				
Hold Vacurette barrel / winged infusion set with non-dominant hand to anchor vein below the site with bevel facing up at an angle of 45 degrees according to organisation policy and procedures				
Insert the needle aseptically; insert blood tube with dominant hand.				
As soon as blood begins to fill the first tube, release tourniquet				
Maintain constant, forward pressure on tube until blood fills tube to marker and stops flowing				
Removes tube from barrel, gently inverts blood tubes to mix preservative or anti-coagulant. Does not shake vigorously.				
Repeat procedure with other tubes if required and follows order of draw.				
After last tube withdrawn, cover site with sterile cotton wool/gauze and doesn't apply direct pressure. Removes needle and then applies firm pressure to site and ensure patient keeps arm straight.				
Disposes of all sharps material in sharps container				
Remove gloves, goggles & mask/ face shield and performs hand hygiene immediately post procedure (moment 3)				
Remove cotton wool from site after 2 mins (if not bleeding) apply bandaid				
Provide client with appropriate post venepuncture care instructions				
Label each tube with patient's name, medical record number and test requested (label can be used once details checked)				
Complete collection details on pathology request form, place tubes & request form into biohazard plastic bag				
Wash hands after patient contact (moment 4)				
Observe client before, during & after collection for potential adverse effects & respond according with required first aid response				

	Assessment Number 1	Assessment Number 2	Assessment Number 3	Assessment Number 4
Please circle	Vacurette needle or winged infusion needle	Vacurette needle or winged infusion needle	Vacurette needle or winged infusion needle	Vacurette needle or winged infusion needle
Client's Age				
Ward / Unit / Facility Hospital				
Assessment Date				
Assessor's name & designation				
Assessor's signature				
Feedback to participant				
Feedback from participant				
Assessment Decision (Please Circle):	Successful / Unsuccessful	Successful / Unsuccessful	Successful / Unsuccessful	Successful / Unsuccessful
Reassessment (if required) &/or Comments				