



College of
Dietitians
of Ontario

Collecting Capillary Blood Samples through Skin Pricking & Monitoring the Blood Readings (Point of Care Testing)

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SECTION I Preamble

Under the *Dietetics Act* (1991), RDs are authorized to perform the following controlled act:

“3.1 In the course of engaging in the practice of dietetics, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to take blood samples by skin pricking for the purpose of monitoring capillary blood readings. 2009, c. 26, s. 7”¹

The *Dietetics Act* (1991), specifies that RDs have the authority in the course of practicing dietetics to collect capillary blood samples by skin pricks and monitoring the capillary blood samples readings. At this time, the most common application of monitoring of capillary blood samples is for the purposes of screening for optimal or suboptimal blood glucose levels or monitoring blood glucose levels in clients with diabetes. Future developments in capillary blood testing/technology may allow for the assessment of a wider range of applications.

1. It is recognized that in the context of a Registered Dietitian-client relationship, currently, RDs may be performing capillary skin pricks and analyzing capillary blood levels under four main circumstances:
 - i to teach blood glucose self-management;
 - ii for random blood glucose checks to monitor progress;
 - iii for compliance with diet/insulin or other blood glucose lowering medications; and
 - iv for confirming hypo/hyperglycemia.
2. In conducting public screening clinics to identify people at risk for abnormal glucose levels and recommend appropriate resources, follow-up care and referrals to other primary health care providers for further diagnostic testing.

The Professional Practice Standard for *Collecting Capillary Blood Samples through Skin Pricking & Monitoring the Blood Readings (Point of Care Testing)* outlines the expectations for RDs when performing this authority.

SECTION II Prior to collecting capillary blood samples, RDs must:

1. Have the required knowledge, skills and judgment specific to the devices being used to safely and effectively perform the procedure;
2. Determine whether the test is appropriate for the specific client;
3. Obtain informed client consent, as appropriate :
 - a) Explain to clients the rationale and clinical significance of performing the capillary skin prick;
 - b) Indicate the nature of the test (e.g., a sample of capillary blood will be taken); and
 - c) Outline the possible risks and contraindications for performing the capillary skin prick.
4. Consider the client's specific circumstances when assessing the risks, precautions, appropriateness and sensitivities associated with performing skin pricks;
5. Ensure processes are in place to manage suboptimal tests results and for minimizing client risk when presented with a critical blood glucose test result;
6. Verify that there are mechanisms in place to ensure safe functioning of both the equipment and supplies used to perform and analyze capillary blood samples;
7. Consider the cost-effectiveness, reliability and alternatives to capillary skin pricks and make an effort to avoid unnecessary duplication; and
8. Refrain from delegating the authority to perform capillary skin pricks to other health care providers.

There are interdependent laws and regulations that have been put in place for RDs to have the authority to perform capillary skin pricks and analyze the blood samples. These include amendments to laws and corresponding regulations under the:

- *Dietetics Act*; and
- *Laboratory and Specimen Collection Centre Licensing Act*.

As a result, RDs may not delegate the authority for performing capillary skin pricks & analyzing results to other health care providers. *Exception:* See "SECTION VII: Dietetic Interns."

SECTION III When performing skin pricks, RDs must:

1. Use evidence-based infection prevention and control practices as outlined in organizational policies and CDO's [Guidelines for the Disposal of Biomedical Waste Associated with Skin Pricking](#);² and
2. Take the necessary steps to ensure an appropriate environment in which capillary skin pricks would be performed to protect client privacy.

SECTION IV When interpreting & communicating the results of capillary blood readings, RDs must:

1. Explain the results,* clinical significance (optimal vs. suboptimal) and impact on the nutrition care plan to clients;
2. Provide supporting educational materials, as appropriate;
3. Refer clients to their primary health care provider or refer clients who do not have a primary care provider to a walk-in clinic or other local alternative for further testing;
4. Notify other health care providers of the results, as appropriate; and
5. Avoid communicating a medical diagnosis to clients.

* Communicating Capillary Skin Prick Test Results:

RDs may communicate the results of capillary skin pricks to clients, including elevated, normal or low values, provided they are not violating the controlled act of communicating a diagnosis as outlined in section 27(2) of the [Regulated Health Professions Act](#) (1991):

“1. Communicating to the individual or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his or her personal representative will rely on the diagnosis.”¹

If RDs have performed capillary skin pricks and the results are indicative of an undiagnosed medical disease or disorder, RDs cannot communicate the presence or label of the specific medical disease or disorder to the client. In this case, RDs must refer clients to their primary health care provider (Physician or Nurse Practitioner, as appropriate) or “orphaned” clients to a walk-in clinic or hospital emergency room for further investigation and for communication of any medical diagnosis.

SECTION V For existing RD-client relationships, RDs must clearly document all aspects of performing capillary skin pricks and interpreting the results, including:

1. Informed client consent as appropriate;
2. The date and time of obtaining the capillary blood sample and the results;
3. The clinical significance and impact of the results on nutrition assessment and monitoring;
4. Any follow-up care and educational materials provided;
5. Referrals to other health care providers, as appropriate; and
6. Any special circumstances/modifications used in obtaining capillary blood samples and analyzing or interpreting the results.

SECTION VI: Documentation in Public Screening Clinics:

It is recognized that RDs performing capillary skin pricks and analyzing results in public screening clinics have differing documentation requirements than RDs who perform this authority within established RD-client relationships. RDs are responsible for documenting according to organizational/program requirements (e.g., keeping stats for the number of tests performed, educational resources provided and other relevant details, as appropriate).

SECTION VII: Dietetic Interns:

The *Regulated Health Professions Act (1991)*, outlines the exceptions under which a controlled act may be performed. This includes:

“29.1(b) fulfilling the requirements to become a member of a health profession and the act is within the scope of practice of the profession and is done under the supervision or direction of a member of the profession.”⁴

During the training of Dietetic Interns, RD preceptors may provide instruction and direction for students to acquire the competence to perform this controlled act. RDs need to recognize that it is professional misconduct to be:

“17. Assigning members, dietetic interns, food service supervisors, dietetic technicians or other health care providers to perform dietetic functions for which they are not adequately trained or that they are not competent to perform.”⁵

RDs need to ensure the competence (knowledge, skill, and judgement) of Dietetic Interns to collect capillary blood sample through skin pricks prior to performing the controlled act directly on clients. Once performance readiness is established, Dietetic Interns may perform skin pricks to collect capillary blood samples and monitor the blood readings under direct or indirect RD supervision, as appropriate. In either circumstance, RD preceptors should be available as a resource and ensure that Dietetic Interns are following the Professional Practice Standard: *Collecting Capillary Blood Samples through Skin Pricking & Monitoring the Blood Readings (Point of Care Testing)* when performing this authority.

SECTION VIII Compliance with CDO Standards:

It is expected that all RDs will comply with the *Professional Practice Standard for Collecting Capillary Blood Samples through Skin Pricking & Monitoring the Blood Readings (Point of Care Testing)* when performing this authority. RDs are required to practice within their individual level of competence and meet the Standards that are relevant to their practice environment and practice functions. Where RDs are falling below the College's expectations, Standards of Professional Practice will be used as a basis for assessments or investigations and may guide the development of remediation plans.

References

- 1 *Dietetics Act*, (1991), S.17. Available from: http://www.e-laws.gov.on.ca/html/regis/english/elaws_regs_930680_e.htm
- 2 College of Dietitians of Ontario (2010). *Guidelines for the Disposal of Biomedical Waste Associated with Skin Pricking*. Available from: <http://www.cdo.on.ca/en/pdf/Resources/Practice%20Standards%20&%20Resources/Guidelines%20for%20Medical%20Waste%20Disposal%20FINAL.pdf>
- 3 *Regulated Health Professions Act*, (1991), Schedule 1, Self Governing Health Professions, 27(2.1). Available from: http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_91r18_e.htm
- 4 *Regulated Health Professions Act*, (1991), Schedule 1, Self Governing Health Professions, 29(1.b). Available from: http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_91r18_e.htm
- 5 *Professional Misconduct Regulation*, (1991). S.17. Available from: http://www.e-laws.gov.on.ca/html/regis/english/elaws_regs_930680_e.htm