



# **VENEPUNCTURE POLICY AND PROCEDURE**

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## Document Control Sheet

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<b>Synopsis and Outcomes of Equality &amp; Diversity Impact Assessment</b>	No specific issues. National EIA gives more details on measures to reduce HCAs.
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### Revision History

Revision Date	Summary of changes	Author(s)	Version Number
March 11	Updated reference	IPCT	4
February 13	EU sharps directive	IPCT	5
Dec 2014		IPCT	6
Dec 2016	7.31 and other minor changes	IPCT	7
Dec 2018	Reviewed & minor changes	IPCT	8

### Approvals

This document requires the following approvals either individual(s), group(s) or board.

Name	Title	Date of Issue	Version Number
	JICC	March 2011	4
	IPACC	18/2/2013	5
	IPACC	02/12/2014	6
	IPACC	23/7/2017	7
	IPACC	14/12/2018	8

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## 1. Introduction

This policy is to ensure the safety of the patient and nurse during venepuncture and to ensure there is standardised practice across East Coast Community Healthcare CIC (ECCH).

Venepuncture is the introduction of a needle into a vein to obtain a blood sample for haematological, biochemical or bacteriological analysis.

It is an invasive procedure for which the practitioner must be suitably trained and competent to perform.

Venepuncture breaches the circulatory system, therefore standard infection control measures must be adhered to by all staff to minimise the risk of injury and/or infection to both patient and staff when undertaking this procedure.

The adoption of the European Directive requires the UK to bring in the requirements by 11/5/2013 to prevent staff exposure to sharps injuries. From 11/5/2013 safety products must be used. ECCH is committed to adhering to the EU directive on the prevention of sharps injuries (2010/32/EU), including the use of safer medical devices to prevent harm or injury to patients and staff as a result of undertaking venepuncture.

## 2. Purpose and scope

This document applies to all staff employed by ECCH. These staff may work within ECCH premises, patients own homes, or care settings owned by other agencies.

## 3. Policy Statement

This policy is recommended for best practice and providers are expected to implement wherever practicable or complete a written risk assessment if not applied.

## 4. Responsibilities

It is the responsibility of all staff to ensure that they adhere to best practice. Staff performing venepuncture during the course of their employment with the organisation are expected to equip themselves with the knowledge and skills required to undertake this procedure safely, by attending the relevant, currently approved, theoretical and practical training.

## 5. Policy monitoring

It is the responsibility of all department heads/professional leads to ensure that the staffs they manage adhere to this policy.

## 6. Review

This policy will be reviewed by the Infection Prevention and Control Team.

## 7. Procedure of venepuncture

- 7.1 Identify patient using relevant identification details, confirmed with the patient identification wrist band (for inpatients), photo care plan for care homes, request form and where possible the patient themselves verbally.

For community staff;

**7.2 Consent to treatment is the principle that a person must give permission before they receive any type of medical treatment, test or examination.**

For consent to be valid, it must be voluntary and informed, and the person consenting must have the capacity to make the decision.

These terms are explained below:

- **voluntary** – the decision to either consent or not to consent to treatment must be made by the person themselves, and must not be influenced by pressure from medical staff, friends or family
- **informed** – the person must be given all of the information in terms of what the treatment involves, including the benefits and risks, whether there are reasonable alternative treatments, and what will happen if treatment doesn't go ahead
- **capacity** – the person must be capable of giving consent, which means they understand the information given to them and they can use it to make an informed decision

If an adult has the capacity to make a voluntary and informed decision to consent to or refuse a particular treatment, their decision must be respected. (NHS 2016)

7.3 Wash hands using soap and water and dry or use sanitising skin rub which is suitable for hand decontamination.

7.4 Assemble equipment required, including non sterile nitrile gloves and apron. The use of the vacutainer system as a method of blood collection is considered best practice.

7.5 Check all packaging and expiry dates.

7.6 Wash hands using soap and water and dry, or hand sanitiser are a suitable alternative for clean hand decontamination. Soap and water will remove microorganisms (Including spores) from the hands, whilst alcohol hand rubs will not destroy the spores if a patient has had diarrhoea.

7.7 Check hands for any visible broken skin and if found cover with waterproof dressing.

7.8 Put on appropriate close fitting disposable nitrile gloves and apron.

7.9 Prepare the equipment.

7.10 Support the chosen limb in a downward position.

**Unsuitable Sites**

- Veins that are fibrosed, inflamed or fragile
- Bruised areas
- Sites close to infections
- On the affected side of post CVA or mastectomy patients
- Oedematous limb/haematoma
- Fistulae or vascular grafts
- If the patient has an intravenous infusion an alternative limb must be selected

- 7.11 Apply the single use **disposable tourniquet**, (reusable tourniquets are NOT permitted) ensuring that it does not obstruct arterial flow; approximately 7-10 cm above the puncture site, assess and select a vein, asking patient to clench and unclench their fist if required.
- 7.12 Select the appropriate device based on vein size.

### **Use of Butterfly**

Winged infusion devices, for example a “Butterfly needle” with a vacutainer end may be considered for patients with difficult, small or fragile veins. When using a winged blood collection set for venepuncture a discard tube should be drawn first. The discard tube must be used to fill the blood collection set tubing’s “dead space” with blood but the discard tube does not need to be completely filled.

### **Unsuccessful venepuncture**

If two unsuccessful attempts at venepuncture have been made by one person, a further two attempts should be carried out by a second person, if the patient is consenting. (The Domiciliary Phlebotomy service may go on to refer the patient to the relevant district nursing team for a third attempt). However if venepuncture remains unsuccessful, the requesting practitioner must be contacted. (DOH 2011).

- 7.13 **Best practice is then achieved by cleaning the patient’s skin with a minimum 70% alcohol swab and allowing the area to passively dry for 30 seconds.**
- 7.15 Remove needle guard and inspect the device for any faults.
- 7.16 Anchor the vein by applying manual traction on the skin below the site of insertion.
- 7.17 Insert the needle through the skin at the selected angle according to the vein.
- 7.18 If using a winged device, reduce the angle of the needle and advance slightly.
- 7.19 Withdraw the required amount of blood using a vacuumed blood collection system or syringe.
- 7.20 Release the tourniquet.
- 7.21 Hold low linting swab or cotton wool over the area, remove the needle do not apply pressure until the needle has been fully removed. Never re sheath needles. Do not allow the patient to bend their arm.
- 7.22 Apply digital pressure over the puncture site until the bleeding has ceased.
- 7.23 Activate safety device.

Syringes and needles are now available with a shield or cover that slides or pivots to cover the needle after use. (HSE 2013)

- 7.24 Discard the needle and syringe immediately into appropriate sharps bin- sharps containers, this must not be filled above the full line level, and they must always be taken to the point of use.

7.25 Invert the bottles gently to mix.

7.26 Use the pre-printed labels to label the bottles with relevant details, however, for certain tests, for example INR, you may need to label the bottle yourself. Apply high risk labels as necessary.

If possible requests should be made using ICE which limits errors in patient identification and speeds up workflow in the laboratory. When making a request please ensure that all the relevant patient identification, clinical details and locations are provided, including the name of the requesting physician. Contact information must be supplied when an urgent request is made.

A request form must accompany all specimens sent to the laboratory.

**All request forms should clearly state the following information:**

- patient name and address
- GP practice code
- unit number/NHS number
- date of birth (preferred) or age
- patient gender
- GP name and number/address for report
- type of specimen
- date and time specimen taken and who took it
- tests required

(NNUH 2018)

7.27 Observe the puncture point for continued bleeding before applying a dressing remembering to check any allergies the patient may have.

7.28 Discard waste appropriately.

7.29 Remove gloves and apron and wash hands.

7.30 Document procedure in patient's notes (in patient areas) in the community, the phlebotomist should make a note on SystemOne which arm was used, and which bottles were taken.

7.31 Samples must be kept in an appropriate transport container i.e. Daniels, until they are dropped off at an appropriate pick up point, the same day. Any samples not dropped off that day must be discarded. Samples are placed in colour coded pouches until they are collected.

## **8 References**

Council of the European Union. Council Directive 2010/32/EU of 10th May 2010 implementing the Framework Agreement on prevention from sharp injuries in the hospital and healthcare sector concluded by HOSPEEM and ESPU. Official Journal of the European Union

Department of Health. Saving Lives: summary of best practice for blood

cultures. (2011).

Department of Health (2015). The Health and Social Care Act 2008. DoH London13072

Dyson A and Bogod D (1987) Minimising bruising in the Ante Cubital Fossa after venepuncture. BMJ. No294 p1659

Franklin L (1999) Skin Cleansing and Infection Control in Peripheral Venepuncture and Cannulation. Nursing Standard. Volume14 no4 p49-50

<http://www.hse.gov.uk/pubns/hsis7.pdf> Health and Safety (Sharp instrument's in Healthcare) Regulations 2013 (assessed 25/11/2018)

Lavery I and Ingram P (2005) Venepuncture: Best Practice. Nursing Standard. volume19 no49 p55-65

<https://www.nhs.uk/conditions/consent-to-treatment/> (assessed 22/11/2018)

The Royal Marsden NHS Trust Manual of Clinical Nursing Procedures. (2015) 9<sup>th</sup> Edition. Blackwell London

<http://www.nnuh.nhs.uk/publication/download/microbiology-department-user-manual-emc-qup-011-v3/> (assessed 25/11/2018)

## **9 Author**

Infection Prevention and Control Team

**Impact Assessments must be conducted for:**

- All ECCH policies, procedures, protocols and guidelines (clinical and non-clinical)
- Service developments
- Estates and facilities developments

<b>Name of Policy / Procedure / Service</b>	<b>Venepuncture Policy</b>
<b>Manager Leading the Assessment</b>	<b>Teresa Lewis</b>
<b>Date of Assessment</b>	<b>December 2014</b>

**STAGE ONE – INITIAL ASSESSMENT**

<p><b>Q1. Is this a new or existing policy / procedure / service?</b></p> <p><input type="checkbox"/> New</p> <p>√ Existing</p>
<p><b>Q2. Who is the policy / procedure / service aimed at?</b></p> <p><input type="checkbox"/> Patients</p> <p>√ Staff</p> <p><input type="checkbox"/> Visitors</p>
<p><b>Q3. Could the policy / procedure / service affect different groups (age, disability, gender, race, ethnic origin, religion or belief, sexual orientation) adversely?</b></p> <p><input type="checkbox"/> Yes</p> <p>√ No</p> <p><b>If the answer to this question is NO please sign the form as the assessment is complete, if YES, proceed to Stage Two.</b></p>

## Analysis and Decision-Making

Using all of the information recorded above, please show below those groups for whom an adverse impact has been identified.

### Adverse Impact Identified?

Age	No
Disability	No
Gender	No
Race/Ethnic Origin	No
Religion/Belief	No
Sexual Orientation	No

- Can this adverse impact be justified?
- Can the policy/procedure be changed to remove the adverse impact?

If your assessment is likely to have an adverse impact, is there an alternative way of achieving the organisation's aim, objective or outcome

What changes, if any, need to be made in order to minimise unjustifiable adverse impact?