VENEPUNCTURE POLICY AND PROCEDURE

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Contents

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1. INTRODUCTION

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

The purpose of this policy and procedure 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).

3. SCOPE

This policy and procedure relates to applies to all staff employed by ECCH.

4. DEFINITIONS *(if relevant)*

The following definitions are intended to provide a brief explanation of the various terms used within this policy.

Term	Definition
Policy	A policy is a formal written statement detailing an enforceable set of principles or rules. Policies set the boundaries within which we operate. They also reflect the philosophy of our organisation.
Venepuncture	the puncture of a vein as part of a medical procedure, typically to withdraw a blood sample or for an intravenous injection.

5. RESPONSIBILITIES

- **ECCH Employees** – 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.

- **Chief Executive of ECCH** – Overall responsibility for the enforcement of this policy lies with the Chief Executive of ECCH

- **ECCH Managers** – Are responsible for ensuring their staff adhere to this policy

- **IPACC** – Is responsible for approving this policy for distribution.

6. 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.

7. PROCEDURE

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.

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 unless hands are visible dirty. 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.

7.4 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.

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 or the Daisygrip reusable torniquet. (This is being introduced in 2024 any other 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.

7.13 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).

- 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.
- Remove needle guard and inspect the device for any faults.
- Anchor the vein by applying manual traction on the skin below the site of insertion.
- Insert the needle through the skin at the selected angle according to the vein.
- If using a winged device, reduce the angle of the needle and advance slightly.
- Withdraw the required amount of blood using a vacuumed blood collection system or syringe.
- Release the tourniquet.
- 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.
- Apply digital pressure over the puncture site until the bleeding has ceased.
- 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)
- Discard the needle and syringe immediately into appropriate sharps bin- sharps containers must not be filled above the full line level, and they must always be taken to the point of use.
- Invert the bottles gently to mix.
- 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.
  A request form must accompany all specimens sent to the laboratory. Specimens and request forms are checked on receipt to confirm the patient identification (PID) information provided on the form and specimen agree. There are 4 PID data items; Surname, Forename, Date of Birth and ID Number (Hospital or NHS) which are required by the laboratory and these must match in order for the specimen to be accepted. It is good practice for us to have location and date & time of sample collection. If errors are found the laboratory may contact the requestor, explain the problem and request a repeat specimen.

  All request forms should clearly state the following information:

  - patient name and address
  - GP practice code
  - 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

- Observe the puncture point for continued bleeding before applying a dressing remembering to check any allergies the patient may have.
- Discard waste appropriately.
- Remove gloves and apron and wash hands.
- Document procedure in patient's notes (in patient areas) in the community, the phlebotomist should make a note on SystmOne which arm was used, and which bottles were taken.
- 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. MONITORING AND REVIEW

This document will be reviewed by the Infection Prevention & Control Team, December 2025, or sooner if changes in legislation occur or new best practice evidence becomes available.

9. REFERENCES *(if relevant)*

- 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).

- The Health and Social Care Act 2008.Code of practice on the prevention and control of infections https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance (Accessed 26/11/2025)

- 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 (Accessed 26/11/2025)

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

- https://www.nhs.uk/conditions/consent-to-treatment/ (2022) (Accessed 26/11/2025)
- Royal Marsden NHS Foundation Trust (2020) The Royal Marsden Hospital Manual of Clinical and Cancer Nursing Procedures 10th Edition
- Eastern Pathology Alliance Microbiology Department NNUH (2023) https://www.easternpathologyalliance.nhs.uk/departments/microbiology/ (Accessed 26/11/2025)

10. ASSOCIATED POLICIES & PROCEDURES *(To include but not limited to)*

- Hand Hygiene Policy
- Cleaning & Disinfection of Equipment Surfaces, Environment and Skin Policy
- Patient Identification Policy

11. AUTHOR

Infection Prevention & Control Team, December 2025

12. APPENDICES

1. **Appendix –** BD Vacutainer Order of Draw for Multiple Tube Collections

Equality & Diversity Impact Assessment

In reviewing this policy, the HR Policy Group considered, as a minimum, the following questions:
 Are the aims of this policy clear?
 Are responsibilities clearly identified?
 Has the policy been reviewed to ascertain any potential discrimination?
 Are there any specific groups impacted upon?
 Is this impact positive or negative?
 Could any impact constitute unlawful discrimination?
 Are communication proposals adequate?
 Does training need to be given? If so is this planned?

Adverse impact has been considered for age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, sexual orientation.

DOCUMENT CONTROL SHEET

Name of Document:	Venepuncture Policy & Procedure
Version:	11
File Location / Document Name:	ECCHO
Date Of This Version:	Version
Produced By (Designation):	Infection Prevention & Control Team
Reviewed By:	IPACC
Synopsis And Outcomes Of Consultation Undertaken:	Changes relating to relevant committees/groups involved in ratification processes.
Synopsis And Outcomes Of Equality and Diversity Impact Assessment:	No specific issues. National EIA gives more details on measures to reduce HCAIs.
Ratified By (Committee):-	IPACC
Date Ratified:	December 2025
Distribute To:	Clinical Staff
Date Due For Review:	December 2027
Enquiries To:	infectionprevention@ecchcic.nhs.uk
Approved by Appropriate Group/Committee	☐ Date:
Approved by Policy Group	☐ Date:
Presented to Quality Committee for information	☐ Date:

Version Control

Version Date	Version No.	Author/ Reviewer	Comments
March 11	4	IPCT	Updated reference
February 13	5	IPCT	EU sharps directive
Dec 2014	6	IPCT	
Dec 2016	7	IPCT	7.31 and other minor changes
Dec 2018	8	IPCT	Reviewed & minor changes
Dec 2020	9	IPCT	
Dec 2023	10	IPCT	Updated references, introduction of daisy grip
Dec 2025	11	IPCT	Reviewed & minor changes

Appendix 1

BD

Helping all people live healthy lives

BD Vacutainer® Order of Draw for Multiple Tube Collections

Designed for Your Safety

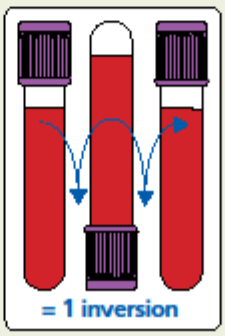
Reflects change in CLSI recommended Order of Draw (H3-A5, Vol 23, No 32, 8.10.2)

Closure Color	Collection Tube	Mix by Inverting
BD Vacutainer® Blood Collection Tubes *(glass or plastic)*		
	• Blood Cultures - SPS	8 to 10 times
	• Citrate Tube*	3 to 4 times
or	• BD Vacutainer® SST™ Gel Separator Tube	5 times
	• Serum Tube *(glass or plastic)*	5 times (plastic) none (glass)
	• BD Vacutainer® Rapid Serum Tube (RST)	5 to 6 times
or	• BD Vacutainer® PST™ Gel Separator Tube With Heparin	8 to 10 times
	• Heparin Tube	8 to 10 times
or	• EDTA Tube	8 to 10 times
	• BD Vacutainer® PPT™ Separator Tube K_2EDTA with Gel	8 to 10 times
	• Fluoride (glucose) Tube	8 to 10 times

* When using a winged blood collection set for venipuncture and a coagulation (citrate) tube is the first specimen tube to be drawn, 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. This important step will ensure proper blood-to-additive ratio. The discard tube should be a nonadditive or coagulation tube.

Note: Always follow your facility's protocol for order of draw

Handle all biologic samples and blood collection "sharps" (lancets, needles, luer adapters and blood collection sets) according to the policies and procedures of your facility. Obtain appropriate medical attention in the event of any exposure to biologic samples (for example, through a puncture injury) since they may transmit viral hepatitis, HIV (AIDS), or other infectious diseases. Utilize any built-in used needle protector if the blood collection device provides one. BD does not recommend reshielding used needles, but the policies and procedures of your facility may differ and must always be followed. Discard any blood collection "sharps" in biohazard containers approved for their disposal.



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