VENEPUNCTURE POLICY AND PROCEDURE

Version 9. Dec 2020

First Issued March 2009

Reviewed Dec 2020

Document Control Sheet

Name of Document:	Venepuncture policy and procedure
Version:	9
File location\Document name:	Policy Repository / 'Venepuncture'
Date of this version:	December 2020
Produced by:	Infection Prevention and Control Team
Reviewed by:	IPACC
Synopsis and Outcomes of Consultation Undertaken:	JICC. Reference to key guidance documents. IPACC
Synopsis and Outcomes of Equality & Diversity Impact Assessment	No specific issues. National EIA gives more details on measures to reduce HCAIs.
Board/committee approval at meeting on:	JICC 24/03/2009 8/3/2011 18/2/2013 IPACC 2/12/2014 IPACC 23/2/2017 IPACC 14/12/2018 11/12/2020
Publication date:	December 2020
Distribute to:	Clinical staff
Due for review by Board/committee no later than:	December 2022
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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
Dec 2020		IPCT	9

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
	IPACC	11/12/2020	9

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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).
Venepunture 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 SystmOne 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.

BD

Helping all people live healthy lives

BD Vacutainer® Order of Draw for Multiple Tube Collections

Designed for Your Safety

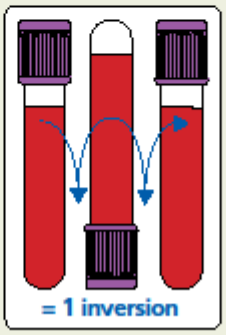
Reflects change in CLSI recommended Order of Draw (H3-A5, Vol 23, No 32, 8.10.2)

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.



BD Technical Services
1.800.631.0174
BD Customer Service
1.888.237.2762
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1 Becton Drive
Franklin Lakes, NJ 07417
www.bd.com/vacutainer

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9 Author

Infection Prevention and Control Team

EQUALITY AND DIVERSITY IMPACT ASSESSMENT

Impact Assessments must be conducted for:

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

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

STAGE ONE – INITIAL ASSESSMENT

Q1. Is this a new or existing policy / procedure / service?

☐ New

√ Existing

Q2. Who is the policy / procedure / service aimed at?

☐ Patients

√ Staff

☐ Visitors

Q3. Could the policy / procedure / service affect different groups (age, disability, gender, race, ethnic origin, religion or belief, sexual orientation) adversely?

☐ Yes

√ No

If the answer to this question is NO please sign the form as the assessment is complete, if YES, proceed to Stage Two.

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?