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## Adult Peripheral Venesection Policy

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Purpose of Agreement	A policy to outline the standards expected when performing venesection/phlebotomy
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Please fill the table below:

Amend No	Issued	Page	Subject	Action Date

**Review Log:**

Include details of when the document was last reviewed:

Version Number	Review Date	Lead Name	Ratification Process	Notes
1	21/08/2020	S Macadie	New policy	

## **SUMMARY OF POLICY**

Venesection also known as venepuncture has been defined by the introduction of a needle into a vein to obtain a representative sample of blood for haematological, biochemical or bacteriological analysis (Lavery & Ingram, 2005; Scales, 2008).

Venepuncture/venesection requires the practitioner to exercise thought and their professional judgement and to possess the knowledge of the guiding principles that underpin the skill. Practitioners should have knowledge of anatomy, physiology and understand the health and safety issues that may arise. (NMC, 2015)

All practitioners should be aware of and read the policy for aseptic technique and aseptic non touch technique. The aseptic policy provides health care workers with a logical practice framework which promotes safe and efficient aseptic practice. All practitioners performing venepuncture must have completed a training session and have completed a number of practical assessments of the skill within the clinical environment depending on their level of experience (training requirements are detailed in section 5)

Practitioners must be able to provide a rationale for any actions or omissions prior, during and after the procedure, and ensure that they are always working within their level of competence.

Competence must be gained by the practitioner prior to performing this clinical skill independently; competence will be gained through both theoretical and practical education which is delivered by a competent practitioner or reassessed by a competent registered practitioner, in the case of prior experience (i.e. competence in another trust/clinical environment). The responsibility for ensuring competence is upheld by the practitioner themselves and they must review any relevant policies at 3-month intervals to ensure that they keep up to date with any changes that may affect their practice.

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## Adult Venepuncture Policy

### 1. INTRODUCTION & PURPOSE

1.1 Venepuncture is a procedure that involves entering a vein with a needle and is usually carried out to obtain a venous blood sample for haematological, biochemical or microbiological analysis; where the need for clinical investigations has been specified within a patient's/staff members care or as indicated in the patient's care plan.

Venepuncture is an essential skill undertaken by healthcare practitioners. Venepuncture should ideally be performed in the anti-cubital fossa and should only be performed in the back of the hand (metacarpal veins) or in the forearm, if it is not possible to obtain a sample from the anti-cubital fossa (Health and Safety Executive 2017)

1.2 The objectives of this Policy are to ensure that:

- Staff are aware of the correct technique for taking blood samples in order to minimise the risk of harm to patients, as well as ensuring that any samples collected are not contaminated, haemolysed or under filled.
- Staff are aware of the correct technique for taking blood samples in order to reduce to themselves of sharps/splash injuries and cross contamination.
- Appropriate information is documented for each blood sample taken according to local policy.
- Staff are aware of best practice guidelines as outlined within Department of Health (DoH) regulations and the National Institute for health and Care Excellence (NICE) with reference to guidelines issued by regulatory bodies i.e. Nursing and Midwifery Council (NMC), Royal College of Nursing (RCN) and the General Medical Council (GMC)

### 2. SCOPE & DEFINITIONS

2.1 This policy applies to bank, locum, permanent and fixed term contract employees who hold a contract of employment or engagement with the Trust, and secondees (including students), and those undertaking research working within Solent NHS Trust, in line with Solent NHS Trust's Equality, Diversity and Human Rights Policy who carry out the procedure of peripheral blood sampling. An Equality Analysis and Equality Impact Assessment has been conducted (see Appendix A).

2.2 Definitions

**Anti- cubital fossa:** A depression in the front of the elbow, immediately lateral to the tendon of the biceps brachii muscle.

**Aseptic Technique:** Clinical practices used to protect the patient from microorganisms by preventing contamination of wounds, manipulated devices and other susceptible sites. Aseptic technique involves the use of appropriate hand hygiene, use of sterile equipment and robust patient skin / site decontamination.

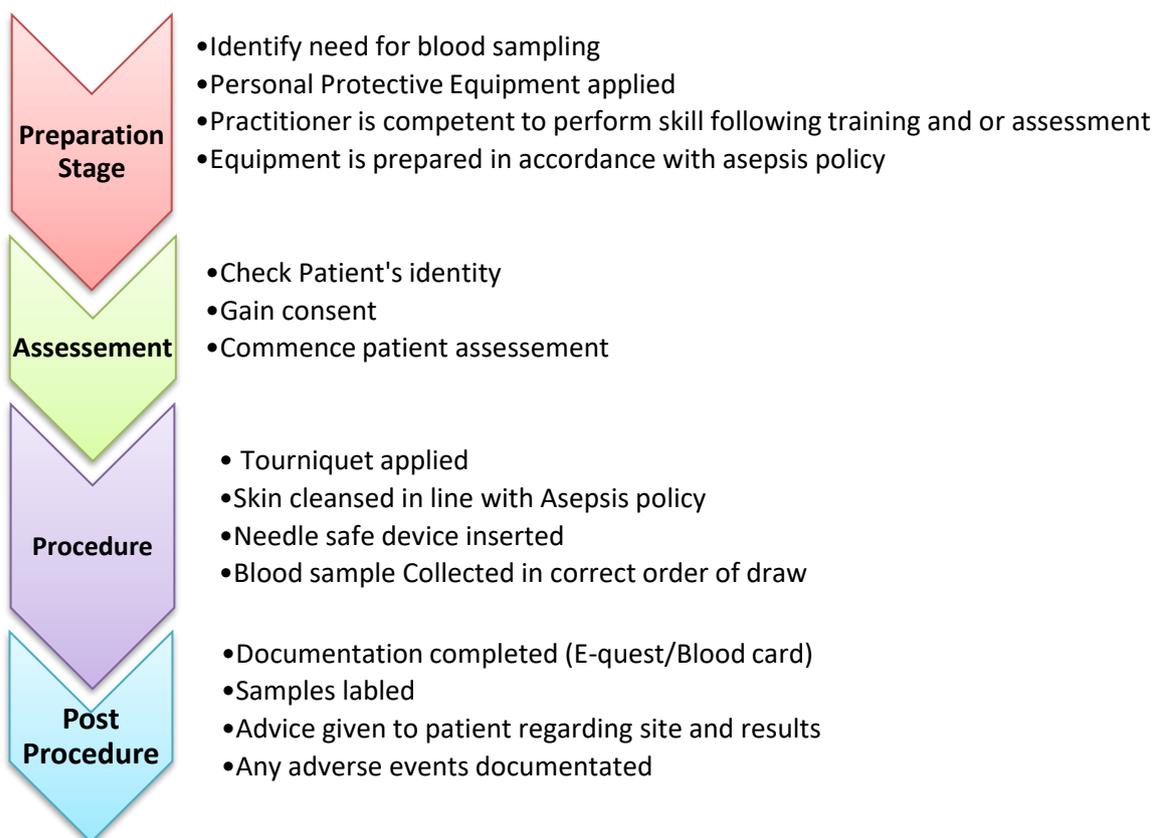
**Competence:** Ability to be able to perform a task efficiently and effectively in line with prescribed guidelines.

**Metacarpal Veins:** Any of the three veins on the back of the hand draining from the four fingers into the dorsal venous network of the hand.

**Order of Draw:** Refers to the sequence in which blood collection bottles should be filled (World Health Organisation 2010)

### 3. PROCESS/REQUIREMENTS

3.1 The following section summarises the key components of taking a blood sample



3.2 This section details the procedure of taking a blood sample with associated rationale for actions

PROCEDURE	RATIONALE
Apply appropriate personal protective equipment (PPE) before approaching the patient	In order to comply with National Guidance on PPE in clinical areas (Public Health England 2020)
Check the identity of the patient and ensure it matches the details on the request form <b>using the 5 points of check:</b> <b>Patients:</b> First Name Surname Date of Birth Hospital Number / Unique Identity Number (replace with postcode if in the domiciliary setting)	To ensure that the sample is taken from the correct patient (Taylor 2018, RCN 2017, NMC 2015)  If patient samples are anonymised i.e. within Sexual Health, then the correlating Inform numbers must be cross checked for patient accuracy

First Line of their Address Post code	
Approach the patient asking them to repeat his/her name ( <b>do not call patient by name before patient states his / her identity to avoid bleeding wrong patient</b> ) in a professional manner and explain and discuss the procedure with the patient, to enable them to make an informed decision regarding consenting to the procedure.	To ensure that the patient understands the procedure and gives his/her valid verbal consent (Solent NHS trust Consent to Examination and Treatment policy 2017, Taylor 2018, Scales, 2008).  If you are concerned that the patient is unable to make an informed decision, please refer to the Deprivation of Liberty Safeguards and The Mental Capacity Act 2005 Policy 2020
Allow the patient to ask questions and discuss any problems, which have arisen previously using a positive tone.	Anxiety due to the anticipation of the procedure can result in vasoconstriction; therefore by using positive actions and language this can alleviate stress and anxiety and aid success (Mackereth and Thomlinson 2016, Garza & Becan-McBride 2013).
Consult the patient as to any preferences or problems that they may have been experienced at previous venepuncture attempts. Ask about any allergies i.e. chlorhexidine, elastoplast, micropore. Ask about any medication the patient is on e.g. anticoagulants, steroids.	To involve the patient in the treatment. To acquaint the healthcare professional fully with the patient's previous venous history and identify any changes in clinical status, e.g. mastectomy, renal fistula as both will influence vein choice. To undertake a risk assessment and reduce possible complications i.e. anaphylaxis, haemorrhage, skin damage, allergic skin reaction (McCall & Tankersley 2016 MHRA 2012)
<i>If not already wearing gloves: Check hands for any visibly broken skin, and cover with a waterproof dressing. *</i>	Covid – 19 guidelines mean that gloves would need to be worn to minimise the risk of cross infection and minimise the risk of contamination, by blood to the practitioner.
<i>Decontaminate hands and apply gloves if not done so already *</i>	To minimise the risk of infection and prevent cross infection. Solent NHS Hand Hygiene policy (2019)
Decontaminate tray using appropriate cleaning wipes or create a sterile field using a sterile dressing towel or pack if this unavailable	To minimise the risk of infection, cross infection & contamination and comply with Solent NHS Trust's Aseptic technique and Aseptic non touch technique policy (2018)
Gather & assemble the equipment necessary for venepuncture and the disposal of the contaminated sharp. Check that the packaging is intact and in date before opening and preparing it (including the blood bottles).	To minimise the risk of infection, cross infection & contamination. To maintain asepsis throughout and check that no equipment is damaged.
Prepare the equipment on & in the chosen clean receptacle/field	To maintain asepsis throughout the procedure Solent NHS Trust Aseptic technique and Aseptic non touch technique policy (2018)
Take all the equipment to the patient, including a sharps bin	To ensure you have appropriate equipment

Support the chosen limb on a pillow following assessment of site	To ensure patient safety and comfort and increase success rate
Apply a disposable tourniquet to the upper arm on the chosen side (ideally placed over a protective covering i.e. a sleeve); making sure it does not obstruct arterial flow. The position of the tourniquet may be varied, e.g. if a vein in the hand is to be used it may be placed on the forearm (approximately 7 – 10cm away from the puncture site) and should only be insitu for a <b>maximum of 1 minute only</b> .	To dilate the veins by obstructing the venous return. The tourniquet must be applied correctly to reduce the risk of bruising and circulatory damage. If the radial pulse cannot be palpated, then the tourniquet is too tight (Weinstein and Hagle 2014) HSE (2017)
Potential areas of access need to be identified. The patient may assist by clenching and unclenching their fist, vein prominence can also be encouraged by gently tapping or stroking the veins	To promote the distention of the veins to assist in access identification (Sasaki & Ogino 2020; Weinstein & Hagle 2014) Care should be taken when undertaking these techniques as there may be a release of potassium ions which may affect blood results Additionally, light tapping of the veins can be painful and may result in the formation of a haematoma in patients with fragile veins
If all these measures are unsuccessful, remove the tourniquet and apply moist heat, e.g. a warm compress, soak limb in warm water or, with a medical prescription, apply a glyceryl trinitrate ointment / patch.	To promote blood flow and therefore distend the veins. Weinstein & Hagle (2014)
Select the vein using the aforementioned criteria.	
Select the device following patient assessment, dependant on selected site.	To reduce damage or trauma to the vein select equipment appropriate to site and the patient's presentation (i.e. blue butterfly for lower extremity) All devices must be Safety devices as directed by the Sharp Instruments in Healthcare Regulations 2013
<i>Decontaminate hands according to Solent NHS Hand Hygiene policy (2019) Check hands for any visibly broken skin, and cover with a waterproof dressing. *</i>	To comply with Solent NHS Hand Hygiene policy (2019)
<i>Put on correctly fitting clean latex free nonsterile gloves*</i>	Covid – 19 guidelines mean that gloves would need to be worn to minimise the risk of cross infection and minimise the risk of contamination, by blood to the practitioner.
If tourniquet was removed reapply tourniquet	To promote blood flow and therefore distend the veins.
Clean the patient's skin carefully for 30 sec using an appropriate preparation for example chlorhexidine 2% in 70% alcohol, <b><u>DO NOT REPALPATE THE INSERTION SITE ONCE IT HAS BEEN CLEANED</u></b>	To maintain asepsis and minimise the risk of infection Marsden Manual 2020, Epic 3 2014 guidelines) To ensure an aseptic non-touch technique is adhered to.
If it is deemed necessary to touch the site once it has been cleaned, sterile gloves must be worn.	If patient has a chlorhexidine sensitivity a 70% alcohol swab may be used but this will not provide as good removal of pathogens

Inspect the safer sharp device carefully.	To detect faulty equipment, e.g. bent or barbed needles. If these are present, discard them in a sharps bin.
Anchor the vein by applying manual traction on the skin a few centimetres below the proposed insertion site.	To immobilise the vein and provide counter tension to the vein which will facilitate a smoother needle entry (Marsden Manual 2020)
Check that the bevel of the needle is facing upwards and then insert the device smoothly at an angle of approximately 15-30°	To facilitate a successful, pain-free venepuncture. (Marsden Manual 2020, Nicol et al, 2008).
Reduce the angle of descent of the needle as soon as a flashback of blood is seen in the tubing of a butterfly device or when puncture of the vein wall is felt. Please note you will not see a 'flash back' of blood when you use a vacutainer needle device unless it has a 'flashback chamber'.	To prevent advancing too far through vein wall and causing damage to the vessel (Transfixation).
Slightly advance the needle into the vein, if possible.	To stabilise the device within the vein and prevent it becoming dislodged during withdrawal of blood.
Do not exert any pressure on the needle. (If using a butterfly device, this may be lightly secured by using clean hypoallergenic tape across the wings.)	To prevent a puncture occurring through the vein wall.
Withdraw the required amount of blood using a vacuumed blood collection system as per 'order of draw.' (see Appendix B) Please ensure that each blood bottle is filled to the correct level as indicated on the bottle See Appendix C.  Invert each blood bottle the required number of inversions as per manufacturer's instructions, DO NOT SHAKE THE BOTTLE.	To reduce needlestick injuries.  To prevent the sample being haemolysed.
If unsuccessful release the tourniquet, remove the device and discard appropriately. Apply pressure to puncture site and commence procedure again with new equipment, if patient agrees. Failed attempts should be documented in the patient notes <b>2 attempts only per patient</b>	Refer to Appendix D for troubleshooting guide
Release the disposable tourniquet. In some instances, this may be necessary at the beginning of sampling as inaccurate measurements may be caused by haemostasis, e.g. the taking of blood to assess / measure calcium levels.	To decrease the pressure within the vein. To reduce the risk of sample damage.
Ensure the final blood bottle is removed from the vacutainer barrel.	To reduce the risk of damage to the vein.
Remove the device, but do not apply pressure on the puncture site until the needle has been fully removed.	Do not use cotton wool balls to apply pressure with as these can cotton fibres may become trapped in the clot, and when they are removed from the puncture site, this could tear the clot

Place a sterile dressing over puncture site. Taking into consideration allergies/sensitivities to dressings.	and restart bleeding (Warekois & Robinson 2015) To prevent pain on removal and damage to the intima of the vein, and to avoid needle stick injury. To avoid allergic reaction.
After instigating the safer sharp mechanism, discard the device as a complete unit immediately into the sharps bin.	To reduce the risk of accidental needlestick injury and to comply with Solent NHS Trust's Prevention and management of needlestick (sharps) injuries and contamination incidents Policy (2018)
Apply digital pressure directly over the puncture site. Pressure should be applied until bleeding has ceased: extra time (1-2 mins) may be required if current disease or treatment interferes with clotting mechanisms.	To stop leakage and to preserve the vein by preventing bruising or haematoma formation (Bowden, 2010).
The patient may apply pressure with the finger but should not bend the arm if a vein in the Antecubital Fossa area is used.	To prevent leakage and haematoma formation (Bowden, 2010). To minimise the risk of bruising.
Invert samples if not already done so and label the bottles either by using a barcode or by legibly handwriting the label. This must be done by the patient's bedside. Place the bottles in a 'transport bag' and attach this to the request form before leaving the patient's bedside. PLEASE NOTE BARCODES MUST BE ATTACHED TO THE CORRECT BLOOD BOTTLES FOR SPECIFIC TEST TYPES. <b><u>Do not label the bottles prior to going to the patient's bedside (RCN, 2016).</u></b>	To prevent the sample being haemolysed. To ensure that the specimens from the right patient are delivered to the laboratory, the requested tests are performed and the results returned to the correct patient's records (RCN, 2013). For correct application of the barcode please refer to appendix E
Ensure that the patient is comfortable and perform a visual check of dressing site.	To ascertain whether the patient wishes to rest before leaving (if an outpatient) or whether any other measures need to be taken. To ensure puncture site has stopped bleeding.
Remove personal protective equipment (e.g. gloves / facial protection) and discard in appropriate clinical waste bag. Discard waste, ensuring it is placed in the correct waste disposal containers.	To ensure safe disposal of clinical waste and comply with Solent NHS Trust policy for the safe handling and disposal of healthcare waste (2020)
Decontaminate hands according to Solent NHS Hand Hygiene policy (2019)	To comply with Solent NHS Trust hand Hygiene policy (2019)
Follow Solent NHS Trust procedure for collection and transportation of specimens to the laboratory.	To make sure that specimens reach their intended destination safely and to prevent spillage and breakage
Document in the medical/clinical notes that a blood sample has been taken.	To ensure results are reviewed and acted upon if necessary.
<b>If a COMPLICATION POST BLOOD TAKING occurs the following MUST BE DOCUMENTED in the medical/clinical notes:</b>	To comply with Solent NHS Trusts Duty of candour policy (2017) and NMC best practice guidelines (NMC 2015).

<p>Date &amp; Time  Blood samples taken  Site of insertion  Number of attempts  What was the complication (e.g. bruising)  Print, sign your name &amp; contact details</p> <p>Any event that is deemed to be 'adverse' in nature i.e. sharps injury, arterial puncture, nerve damage must be documented in the Medical, Nursing &amp; Midwifery records and an 'Adverse Event Record' completed.</p>	
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### 3.3 INFECTION CONTROL\*

3.3.1 Recent changes to Infection Control Guidelines by the UK government in the wake of the Covid – 19 pandemic, mean that appropriate Personal Protective Equipment (PPE) must be worn in patient facing areas. There is a Trust requirement to wear appropriate level 2 PPE when in contact with patients during this time. As a result, within the procedure where the italics indicate the gloves should be donned at this time, gloves should already be worn by the practitioner in line with government guidance.

If government advice on PPE is amended with any resolution to the Covid -19 situation, then the advice would be that the act of palpation of the veins can be performed without gloves on, as this can facilitate a better identification of a vein's location. After a suitable vein has been identified then hands should be decontaminated and gloves donned to then clean the site and access the vein.

## 4. ROLES & RESPONSIBILITIES

4.1 **Chief Executive** has overall responsibility and is accountable for ensuring that there is a managed environment, which minimises the risk of infection to patients, visitors and staff.

4.2 **Director of Infection Prevention & Control (DIPC)** is responsible for ensuring that this policy is implemented and adhered to across the organisation.

4.3 **Ward, Service and Department Managers:** are responsible for ensuring adequate stock of appropriate sampling equipment is held and that all staff members who are required to perform phlebotomy are appropriately trained and have had their practical competency formally assessed and documented.

All managers are responsible for ensuring that if this policy is relevant to their area, that all staff who perform this skill, adhere to its principles and if they don't, it will be the managers responsibility to take measures to rectify this.

All managers are responsible for ensuring that staff have access to up to date training, to enable them to adopt safe working practices at all times and are appropriately trained to minimise risks to themselves and others.

4.4 **The Learning and Development team and Infection Prevention Team** are responsible for developing and updating the policy to ensure it complies with Department of Health, Health and Safety Legislation and other national evidence-based guidance. Learning and Development are responsible

for providing blood sampling/venepuncture training and reviewing the competency tool and conducting audits on practice in line with the audit cycle.

- 4.5 **Individuals undertaking Blood Sampling:** should ensure they meet the training requirements, (see training section below) are safe and competent to undertake this skill and follow all relevant Trust policies to support safe practice. Staff must be aware of their roles and responsibilities and must identify and communicate any training needs to their Line Manager.

Non-compliance with a Trust Policy, Procedure **may result in disciplinary action.**

## 5. TRAINING

- 5.1 Learning and Development are responsible for providing Venepuncture training to staff who have been identified as needing to be able to perform the task as part of their service delivery.
- Staff new to the skill, must attend a face to face training course which incorporates the components of theory and simulated practice. Following this course staff will be expected to complete a period of supervised practice before being deemed competent in the skill. If staff are new to skill, this supervised practice consists of 10 successful attempts.
  - Staff that have previously learned this skill and have had a break in practice of more than a year or who have attained competence elsewhere (i.e. in another trust) must undergo an assessment of competence using the venepuncture competency tool, a minimum of 2 supervised attempts is recommended to be observed. Section B and Section C of the competency tool can be used to facilitate assessment of prior competence. The assessment must be performed by a registered competent practitioner and must be done prior to practicing autonomously within Solent NHS Trust (An example of the competency tool can be seen in Appendix C)
  - Staff regularly performing venepuncture are recommended to attend a short venepuncture update every three years in order to remain current with any changes in practice.

Additionally, further training and supervised practice would be indicated if observed practice indicates a fall in performance standard.

## 6. EQUALITY IMPACT ASSESSMENT

- 6.1 An EIA was conducted in correlation with this document and no potential impact on different groups protected from discrimination by the Equality Act 2010 was identified, see appendix A.

## 7. SUCCESS CRITERIA / MONITORING EFFECTIVENESS

- 7.1 Compliance with the Venepuncture policy will be reviewed by carrying out audits that are conducted internally by the learning and development team and/or delegated to leads of services, if there is an incident related to Venepuncture within their service. These will encompass monitoring staff compliance with achieving competence after attending training, reviewing practice and feedback of training to ensure that the needs of staff are met.
- 7.2 Training will be monitored and reviewed on a Tri annual basis, post incident occurrences as they occur. Standards will be reviewed annually and additionally on an adhoc basis in response to external guidance.

- Audits and reviews will be conducted by the venepuncture trainer via Learning and Development and the Quality and Risk team as required.
- Implementation will be reviewed internally following ratification of this policy and thereafter, as detailed above.
- Results of audits will be kept electronically and will be made available if required to the Chief Medical Officer, Head of Quality and Professions and the Quality and Risk team.

7.3 Non-compliance will be monitored by Education Leads and reported to the relevant Head of Quality and professions and service managers and an action plan implemented.

## 8. REVIEW

8.1 This document may be reviewed at any time at the request of either staff or service lines However, will automatically be reviewed 3 years from initial approval and thereafter on a triennial basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier review.

## 9. REFERENCES AND LINKS TO OTHER DOCUMENTS

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[http://www.euro.who.int/\\_data/assets/pdf\\_file/0005/268790/WHO-guidelines-on-drawing-blood-best-practices-in-phlebotomy-Eng.pdf?ua=1](http://www.euro.who.int/_data/assets/pdf_file/0005/268790/WHO-guidelines-on-drawing-blood-best-practices-in-phlebotomy-Eng.pdf?ua=1)

Accessed: 15/06/2020

## 9.2 Trust Policies linked to this document:

IPC10 Solent NHS Trust's Aseptic technique and Aseptic non touch technique policy V3 (2018)

CLS04 Solent NHS Trust Consent to Examination and Treatment Policy V7 (2020)

G004 Solent NHS Trust Duty of candour Policy V4 (2019)

IPC05 Solent NHS Trust Hand Hygiene Policy V5 (2019)

OH13 Solent NHS Trust's Prevention and management of needlestick (sharps) injuries and contamination incidents Policy V4 (2018)

HS09 Solent NHS Trust policy for the safe handling and disposal of healthcare waste V4 (2020)

CLS02The Deprivation of Liberty Safeguards and The Mental Capacity Act 2005  
Policy V4 (2020)

## **10. GLOSSARY**

- 10.1 DOH – Department of Health  
GMC – General Medical Council  
HCPC – The Health and Care Professionals Council  
MHRA – Medicals and Healthcare Regulatory Agency  
NMC – Nursing and Midwifery Council  
NICE – National Institute for clinical Excellence  
PPE – Personal Protective Equipment  
PHE – Public Health England  
RCN – Royal College of Nursing

## Equality Analysis and Equality Impact Assessment

**Equality Analysis** is a way of considering the potential impact on different groups protected from discrimination by the Equality Act 2010. It is a legal requirement that places a duty on public sector organisations (The Public Sector Equality Duty) to integrate consideration of Equality, Diversity and Inclusion into their day-to-day business. The Equality Duty has 3 aims, it requires public bodies to have due regard to the need to:

- **eliminate unlawful discrimination**, harassment, victimisation and other conduct prohibited by the Equality Act of 2010;
- **advance equality of opportunity** between people who share a protected characteristic and people who do not;
- **foster good relations** between people who share a protected characteristic and people who do not.

**Equality Impact Assessment (EIA)** is a tool for examining the main functions and policies of an organisation to see whether they have the potential to affect people differently. Their purpose is to identify and address existing or potential inequalities, resulting from policy and practice development. Ideally, EIAs should cover all the strands of diversity and Inclusion. It will help us better understand its functions and the way decisions are made by:

- **considering the current situation**
- **deciding the aims and intended outcomes of a function or policy**
- **considering what evidence there is to support the decision and identifying any gaps**
- **ensuring it is an informed decision**

## Equality Impact Assessment (EIA)

### Step 1: Scoping and Identifying the Aims

Service Line / Department	People Services /learning and development	
Title of Change:	Adult Peripheral Venesection Policy	
What are you completing this EIA for? (Please select):	Policy	<i>(If other please specify here)</i>
What are the main aims / objectives of the changes	To ensure that all individuals who require this intervention within Solent NHS Trust whether as a patient, client or staff member, will receive care informed by evidence-based practice and nationally agreed guidance	

### Step 2: Assessing the Impact

Please use the drop-down feature to detail any positive or negative impacts of this document /policy on patients in the drop-down box below. If there is no impact, please select "not applicable":

Protected Characteristic	Positive Impact(s)	Negative Impact(s)	Not applicable	Action to address negative impact: <i>(e.g. adjustment to the policy)</i>
Sex			x	
Gender reassignment			x	

Disability			x	
Age			x	
Sexual Orientation			x	
Pregnancy and maternity			x	
Marriage and civil partnership			x	
Religion or belief			x	
Race			x	

*If you answer yes to any of the following, you MUST complete the evidence column explaining what information you have considered which has led you to reach this decision.*

Assessment Questions	Yes / No	Please document evidence / any mitigations
In consideration of your document development, did you consult with others, for example, external organisations, service users, carers or other voluntary sector groups?)	Yes	Infection control Mental Capacity Act lead Service HQP's Service matrons Learning and development Head of emergency planning
Have you taken into consideration any regulations, professional standards?	Yes	NMC,GMC and HCPC professional standards, epic3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England

**Step 3: Review, Risk and Action Plans**

How would you rate the overall level of impact / risk to the organisation if no action taken?	Low	Medium	High
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What action needs to be taken to reduce or eliminate the negative impact?			
Who will be responsible for monitoring and regular review of the document / policy?			

**Step 4: Authorisation and sign off**

*I am satisfied that all available evidence has been accurately assessed for any potential impact on patients and groups with protected characteristics in the scope of this project / change / policy / procedure / practice / activity. Mitigation, where appropriate has been identified and dealt with accordingly.*

**Equality Assessor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## BD Vacutainer® System

BD Diagnostics - Preanalytical Systems

### Tube Guide including Order of Draw

*Please display this in your clinical areas beside your venepuncture equipment*

Blood samples should be taken in the following order:

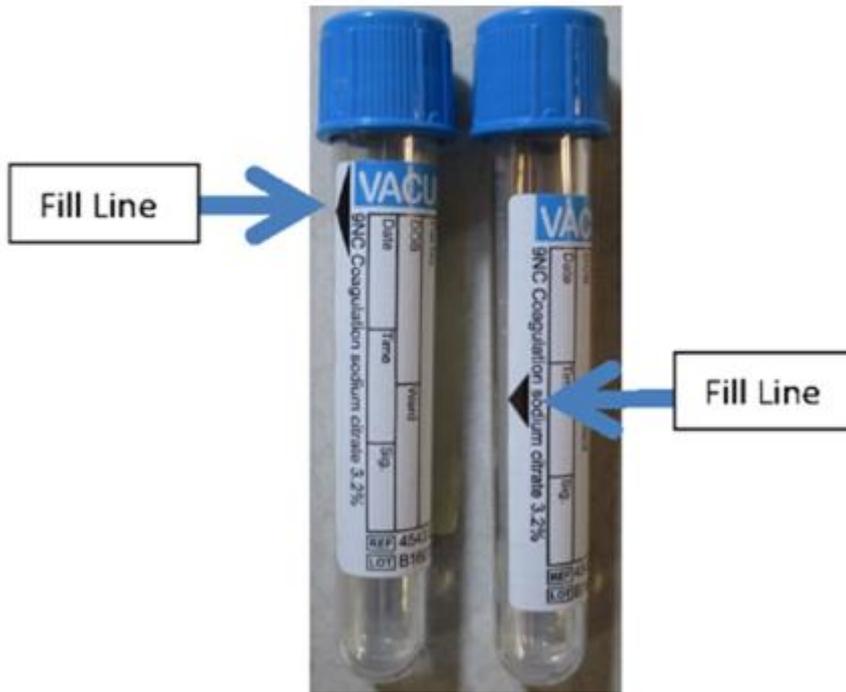
Catalogue Number	Colour Code	Tube Type	Determinations	Special Instructions
		<b>Blood Culture</b>	Aerobic followed by anaerobic - if insufficient blood for both culture bottles, use aerobic bottle only	
Draw Volume	 Light Blue	<b>Sodium Citrate</b>	Coagulation Testing, PT, INR, APTT, D-Dimer, etc	
Draw Volume	 Red	<b>Serum</b>	LDH, Ionised Ca, Drugs (Phenytoin, Theophylline, Methotrexate, Lithium), Vitamin D, Parathyroid Hormone, Osmolality, Bone Markers, Endocrine Testing (excluding Thyroid)	
Draw Volume	 Gold	<b>SST™ II</b>	TSH, FT4, T3, Cortisol, Digoxin, GH, ADNA, Gastrin, B12 Folate, Ferritin, PSA, CEA, AFP, HCG, CA125, CA19.9, CA15.3, Immunoglobulins (IgG, IgA, IgM, IgE), Electrophoresis, B2 Microglobulin, Caeruloplasmin, Infectious Mono, CRP, Thyroid Ab, Liver Ab, Rheumatology, Coeliac Ab	
Draw Volume	 Light Green	<b>PST™ II</b>	UE, LFT, Cardiac Enzymes, Ca, Mg, Phosphate, Uric Acid, Total Protein, Amylase, Lipids, Bone Profile, Troponin, Iron Status, ACE	Please fill tubes to capacity, otherwise samples may not be accepted by the laboratory
Draw Volume	 Lavender	<b>EDTA</b>	Full Blood Count (FBC) and ESR C3 / C4, Haemoglobin A1c, Homocysteine, ACTH	1 tube for FBC & ESR. Separate tubes for each of the other tests. Homocysteine (sent on ice & state time taken)
Draw Volume	 Pink	<b>Cross Match</b>	Blood Transfusion Samples	
Draw Volume	 Grey	<b>Fluoride Oxalate</b>	Glucose	Please mix 8-10 times
Draw Volume	 Royal Blue	<b>Trace Element</b>	Trace Elements	

**\*RECOMMENDED ORDER OF DRAW:** 1. Blood culture bottles

**For further copies of this guide and questions regarding specific tests, please contact main Pathology Laboratory.**

Appendix: C

Fill level of blood bottles



## Appendix: D

## Correct application of barcode labels to blood bottles

Ensure that the correct labels are applied to the correct bottles vertically as shown in the image below. Ensure that there is a thin gap left between the labels to see the fill level inside the tube.



### Poorly Labelled



**Appendix: E**

**Troubleshooting Guide**

Issue	Remedy
Patient refuses consent to procedure	<ul style="list-style-type: none"> <li>• Ensure adequate explanation of importance and relevance of tests</li> <li>• Assess Mental Capacity – if capacity ascertained document refusal in patients notes</li> </ul>
Patient cannot consent to procedure	<ul style="list-style-type: none"> <li>• Assess mental capacity</li> <li>• Complete assessment tool</li> <li>• Discuss best interest decision making with manager</li> </ul>
Difficult to find a vein	<ul style="list-style-type: none"> <li>• Apply a warm compress</li> <li>• Gentle tapping of vein</li> <li>• Ensure patient is hydrated</li> </ul>
Patient reports needle phobia	<ul style="list-style-type: none"> <li>• Distraction Therapy</li> <li>• Consider topical local anaesthetic if available</li> <li>• Lie patient down in case of syncope</li> </ul>
Thin Friable veins	<ul style="list-style-type: none"> <li>• Use appropriate device (butterfly)</li> </ul>
Veins are very mobile	<ul style="list-style-type: none"> <li>• Ensure the vein is anchored adequately</li> </ul>
Needle inserted but no blood sampled	<ul style="list-style-type: none"> <li>• Angle may be too steep adjust angle -do not withdraw needle to do so. However, this must be performed with caution, as the patient may experience some pain.</li> </ul>
Two Unsuccessful attempts have been made	<ul style="list-style-type: none"> <li>• After first unsuccessful attempt consider another site- consider referring to a colleague</li> <li>• After second unsuccessful attempt refer to a colleague if patient consents to this</li> </ul>
Needle inserted and small amount of blood collected	<ul style="list-style-type: none"> <li>• Needle may have entered through a valve- Gently massage area superior to the insertion site taking care not to withdraw the needle and risk a sharps injury.</li> <li>• Vacuum in bottle may have been lost- replace with new bottle</li> <li>• Needle may have moved after insertion – insure needle is securely held during procedure</li> </ul>
Patient complains of pain and experiences tingling down arm	<ul style="list-style-type: none"> <li>• You may have hit a nerve – apologise, withdraw needle, discard appropriately, apply pressure and document complication in notes and actions</li> </ul>
Hematoma has formed	<ul style="list-style-type: none"> <li>• Apply prolonged pressure to site</li> <li>• Document complication in notes and actions</li> </ul>

**SPECIALTY SKILL COMPETENCY TOOL**  
**(Venepuncture)**

VERSION: 1 ratified 23/10/2019

**Name:**

**Team:**

**Line Manager/Professional Lead:**

**Date Competency Pack Commenced:**

## About this competency tool

### Guidance

This guidance refers to the gaining of competence in the speciality skill of performing Venepuncture which can be also known by the term Venesection. It can be used in two ways:

1. To ascertain and confirm prior knowledge of learning and skill acquisition in the case of staff already to have been deemed competent in the skill by:
  - A) Having been employed in an another Trust/employment where they performed Venepuncture/Venesection as part of their role
  - B) Currently employed in the Trust and performing Venepuncture/Venesection however do not have hold a competency document in the skill
  - C) Required to complete the competency document due to an identified competency concern
2. By staff who are new to learning the skill (staff must complete the theoretical and practical training session before completing this competency tool)

The pack should additionally be used in conjunction with Solent's Competency Framework for Registered and Unregistered Nursing, Allied Health Professional and Dental Care Practitioners (2016).

It is the responsibility of the member of staff to take ownership of their own learning and to work with their assessors/supervisors to complete the required competencies within **6 months** of attending the study session.

The **Assessor** must have a registration with a recognised professional body (NMC, GMC, HCPC) and have been deemed competent in the skill themselves. They are responsible for monitoring the progress of the competency, and liaising with the clinical manager if concerns are raised about performance or if additional support is required. They will be responsible for the **final sign off full competence**.

It is recognised that a variety of team members/others will be involved in signing the competencies off (and are known as **supervisors**) Staff that are supervisors **may not** sign off full competence unless they have registration with a recognised professional body and been deemed competent in the skill.

### Accountability

It is recognised that evidence may be produced in varying ways. The accountability for assessing the member of staff as competent lies with the registered professional signing off the competency, who must be competent in the skill themselves.

### Evidence of competence

Competence will be demonstrated by observations in practice and by questioning and discussing relevant evidence. There are evidence types which may be suitable, are listed below

Some ideas for evidence are:

- Observations during work activities
- Reflections on practice
- Discussion of available evidence

### Index

Theory = Theoretical knowledge and observation

Observation = Observation of skill being performed by expert

Observed = Observed performing skill and feedback given

Signed off = Signed by registered professional as competent

## Ratings and Levels

Level of Achievement	Grade
Cannot perform this activity satisfactorily to participate in the clinical environment	0
Can perform this activity BUT not without constant supervision and some assistance	1
Can perform this activity satisfactorily but requires some supervision and/or assistance	2
Can perform this activity satisfactorily without supervision and/or assistance	3
Can perform this activity without assistance and/or supervision with more than acceptable speed and quality of work	4
Can perform this activity satisfactorily with more than acceptable speed and quality of work and with initiative and adaptability to special problem situations	5
Can perform this activity with more than acceptable speed and quality, with initiative and adaptability and can lead others in performing this activity	6

N – Registered Nurse, P- Phlebotomist (*supervisor role only*)- NA – Registered Nurse Associate Dr- Doctor HCSW- Healthcare support Worker (*supervisor role only*)

Signature Record- the individuals signing this competency document must be competent in the skill themselves.

Print Name		Designation		Signature		Initials	
Print Name		Designation		Signature		Initials	
Print Name		Designation		Signature		Initials	
Print Name		Designation		Signature		Initials	
Print Name		Designation		Signature		Initials	
Print Name		Designation		Signature		Initials	

<b>A) Competency Statement: A competent Practitioner will have Knowledge and Understanding of</b>		Theory	Observation	Observed	Self-Assessment Rating	Level Expected	Level Reached as assessed by supervisor	Evidence and Comments	Level Reassessed if required by supervisor	Signed Off
A1	The current European and National Legislation, guidelines and organisational policies in relation to obtaining a venous blood sample.					3				
A2	Understand the responsibility and accountability when performing venesection and understand the governance attached to this skill. (policies and protocols)					3				
A3	Understand that the individual has a duty to report any acts or omissions in care that could be detrimental to yourself, other individuals or your employer.					3				
A4	Understand the importance of obtaining positive confirmation of the individual's identity and consent.					3				
A5	Be able to identify the importance of working within your own sphere of competence and seek advice in situations outside of this					3				
A6	Can discuss the importance of applying Standard Precautions/ understanding infection control measures in relation to PPE and blood products					3				
A7	Is able to understand the anatomy and physiology that underpins the procedure					3				

<b>A) Competency Statement (ctd): A competent Practitioner will have Knowledge and Understanding of:</b>		Theory	Observation	Observed	Self-Assessment Rating	Level Expected	Level Reached As assessed by supervisor	Evidence and Comments	Level Reassessed if required by supervisor	Signed Off
A8	Can identify and discuss when a procedure should be stopped and advice sought.					3				
A9	Can discuss how to prepare individuals and what is likely to cause discomfort or anxiety.					3				
A10	Understands the rationale of choosing the correct sampling device and bottles					3				
A11	Understands the rationale for the preparation and cleaning of skin prior to the procedure					3				
A12	Understands the importance of giving appropriate after care advice.					3				

<b>B) Record of observed Practice</b>		Successful?	Self-Assessment Rating	Supervisors Rating	Comments
<b>Minimum of 10 for those new to the skill</b>					
<b>Minimum of 2 for reassessment of prior learning</b>					
1					
2					
3					
4					

5					
6					
7					
8					
9					
10					

<b>C) A Competent Practitioner must be able to demonstrate the following practical skills</b>		Theory	Observation	Observed	Self-Assessment	Level Expected	Level Reached as assessed by supervisor	Evidence and Comments	Reassessed level if required by supervisor	Evidence and Comments	Signed Off
C1	Uses at least 3 points of reference checks patient's identity ( <i>name, DOB, address</i> )					3					
C2	Gives the individual relevant information, support/ reassurance and gain consent					3					
C3	Applies standard precautions for infection prevention.					3					
C4	Selects and prepares appropriate equipment.					3					
<b>C) A Competent Practitioner must be able to</b>		Theory	Observation	Observed	Self-	Level	Level Reached as	Evidence and	Reassessed level if	Evidence and	Signed Off

demonstrate the following practical skills					Assessment	Expected	assessed by supervisor	Comments	required by supervisor	Comments	
C5	Selects and prepares patients skin by the use of approved skin cleansing preparation					3					
C6	Assembles equipment correctly using appropriate device					3					
C7	Successfully gains venous access using the appropriate blood collection system and collects blood using the correct order of draw.					3					
C8	Remove blood collection system and stops blood flow, applying a suitable dressing and safely disposes of sharp					3					
C9	Takes appropriate action if excessive bleeding or adverse incident occurs (i.e. hematoma formation) documents any resulting actions					3					
C10	Appropriately invert tubes to ensure any additives within collection bottles are mixed					3					
C11	Advises patient on aftercare of site.					3					
C12	Labels blood samples clearly, accurately and legibly, Using computer labels if available.					3					
C13	Places samples in appropriate packaging with request forms and arranges for collection/ transportation, ensuring samples are kept at the required temperature.					3					

**Sign off full competence or reassessment of prior competence attainment**

I have assessed: ..... in performing Venepuncture and in my professional opinion he/she is competent to carry out this role unsupervised.

**Assessor's name**

**Printed**.....

**Signed**.....

**Assessor's job role and team base**.....

**Date**.....

I have been assessed and feel confident to carry out this role unsupervised. I understand that I am responsible for maintaining my competence and keeping up my knowledge up to date.

**Candidate's name**

**Printed**.....

**Signed**.....

**Trainee's job role and team base**.....

**Date**.....

After signing please send a **copy** to Learning and Development, Highpoint venue, Bursledon road, Southampton, Hants, SO19 8BR

[learninganddevelopment@solent.nhs.uk](mailto:learninganddevelopment@solent.nhs.uk)

and send a copy to your manager

