

Policy Number	SD34
Policy Name	Venepuncture Policy
Policy Type	Trust wide for Local, Secure and Specialist Division ONLY
Accountable Director	Executive Director of Nursing
Author	Modern Matron (Physical Health)
Recommending Committee	Trust Physical Strategy Group
Approving Committee	Executive Committee
Date Originally Approved	March 2016
Next Review Date	February 2019

This document is a valid document, however due to organisation change some references to organisations, organisational structures and roles have now been superseded.

FOR OFFICE USE ONLY (Work Stream submission check)

This document is compliant with current best practice guidance

This document is compliant with legislation required in relation to its content

What change has this document undergone in the policy alignment process relating to the South Sefton Transaction?

None Minor Major This is a new document

This document has been reviewed and is no longer required

This document is a Trust Wide Policy for LOCAL, SECURE and SPECIALIST LD Division ONLY. A South Sefton Community Division specific policy has been recommended for adoption.

Does this document impact on any other policy documents?

Yes , if yes, which policies are effected? [Click here to enter text.](#) No

Signed:

Date:

TRUST-WIDE CLINICAL POLICY DOCUMENT

VENEPUNCTURE POLICY

Policy Number:	SD34
Scope of this Document:	All Staff
Recommending Committee:	Trust Physical Strategy Group
Approving Committee:	Executive Committee
Date Ratified:	March 2016
Next Review Date (by):	February 2019
Version Number:	2016 - Version 1
Lead Executive Director:	Executive Director of Nursing
Lead Author(s):	Modern Matron of PhysicalHealth

TRUST-WIDE CLINICAL POLICY DOCUMENT

2016 – Version 1

Quality, recovery and wellbeing at the heart of everything we do

TRUST-WIDE CLINICAL POLICY DOCUMENT

VENEPUNCTURE POLICY

Further information about this document:

Document name	VENEPUNCTURE POLICY SD34
Document summary	<p>Areas covered by the policy</p> <ul style="list-style-type: none"> • Training and Assessment • Theoretical framework • Assessment of practice framework • Venepuncture assessment tool • Specimen request form instructions • Blood collection systems • Venepuncture procedure • Equipment required to perform venepuncture • Infection Prevention and Control
Author(s) Contact(s) for further information about this document	<p style="text-align: right;">Joanne Scoltock Modern Matron, Physical Health Telephone: 0151 471 2396 Email: joanne.scoltock@merseycare.nhs.uk</p>
Published by Copies of this document are available from the Author(s) and via the trust's website	<p style="text-align: right;">Mersey Care NHS Trust V7 Building Kings Business Park Prescot Merseyside L34 1PJ</p> <p>Your Space Extranet: http://nww.portal.merseycare.nhs.uk Trust's Website www.merseycare.nhs.uk</p>
To be read in conjunction with	<p>IC01 Infection Prevention and Control Policy SD33 Physical Health Policy SA19 Management of Medical Devices Policy SA22 Trust Waste Management Policy SD06 Consent to Examination or Treatment Policy</p>
This document can be made available in a range of alternative formats including various languages, large print and braille etc	
Copyright © Mersey Care NHS Trust, 2015. All Rights Reserved	

Version Control:

		Version History:
Version 1	Executive Committee for Approval	24/03/2016

SUPPORTING STATEMENTS

This document should be read in conjunction with the following Statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Trust employees have a statutory duty to safeguard and promote the welfare of children and vulnerable adults, including:

- being alert to the possibility of child/vulnerable adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/vulnerable adult;
- knowing how to deal with a disclosure or allegation of child/adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child/vulnerable adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or vulnerable adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Trust is committed to carrying out its functions and service delivery in line the with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

Contents

Section	Page No
1. PURPOSE AND RATIONALE.....	8
2. OUTCOME FOCUSED AIMS AND OBJECTIVES	8
3. SCOPE	9
4. DEFINITIONS	9
5. DUTIES	9
6. PROCESS	10
7. CONSULTATION.....	13
8. TRAINING AND SUPPORT	13
9. MONITORING	15
Appendix 1 – Assessment Record (Venepuncture)	16
Appendix 2 – Supervision and Assessment Record for Venepuncture	17
Appendix 3 – Assessment Criteria	18
Appendix 4 - Implementation Plan.....	21
Appendix 5 – Equality and Human Rights Analysis	26

1. PURPOSE AND RATIONALE

- 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 care or as indicated in the patient's care plan.
- 1.2 Venepuncture is an essential skill undertaken by healthcare practitioners. Venepuncture should ideally be performed in the forearm, in the anti-cubital fossa and should only be performed in the back of the hand (metacarpal veins) if it is not possible to obtain a sample from the anti-cubital fossa. Venepuncture must only be performed after attending training which is delivered by Clinical Skills Department Aintree Foundation Trust and on completion of Venepuncture competency assessments.

2. OUTCOME FOCUSED AIMS AND OBJECTIVES

- 2.1 To provide a clear understanding of the trusts principle responsibilities and minimum standards in respect of carrying out venepuncture procedures within the trust, applicable to all including seconded staff and trainees.
- 2.2 The quality of clinical laboratory results depends directly on the blood specimen collected and received for analysis. Therefore a quality assured education/ training programme is essential and professional practice updates for staff will be available.
- 2.3 Using best available evidence, sourced from a wide range of professional healthcare documents, will assist in promoting and maintaining high standards of care to patients.
- 2.4 Staff must understand both the legal and professional implications of venepuncture and adhere to the principles of infection prevention and control and health and safety regulations which is essential in respect of preventing transmission of blood borne infections.
- 2.5 Culture is a system of values, beliefs and practices. Health care staff must be aware of cultural sensitivities, drawing guidance and pointers from the actions of the patient and their relatives. Staff should be alert to, and ensure that they respect, any cultural and/ or gender sensitivity issues. In the event of concerns regarding specific religious or cultural practices and beliefs, e.g. those relating to Jehovah's Witnesses, advice and support should be sought from the Spiritual and Pastoral Care Team so that treatment is progressed in an appropriate and sensitive manner.
- 2.6 The Code of Practice (2007) for the Mental Health Act 1983 (2008), the Mental Capacity Act (2005) and the Human Rights Act 1998 are the three main legislative frameworks governing practice in relation to service users requiring invasive interventions.

3. SCOPE

3.1 (Who, Where & When)

This policy is applicable to: Directors, Trust Managers and all staff including seconded and trainees.

3.2 The selection of staff to undertake and perform this task will be the responsibility of the Ward / Departmental managers who will identify and submit a nomination request for the named individual to undertake venepuncture training. Those staff eligible to perform this task include qualified nurses and other staff who have attended relevant training and demonstrated competence under supervision, for example non-registered nursing staff (band 3 and 4's) and other health care workers, occupational therapists, psychologists. Any individual seeking to be trained in venepuncture must have the support of their line manager.

3.3 Medical staff receive instruction in venepuncture as part of their core training. Should update or refresher training be highlighted as a training need, this will be made available using the trust resources.

3.4 The need for health care staff to practice this core skill within a specific area must be identified by the department /unit manager.

3.5 All employees (including bank, agency, locum, or visiting staff), should make themselves aware of ethical responsibilities, relevant guidance supporting this practice including that issued by the Department of Health, professional regulatory bodies and Occupational Health guidance through induction, mandatory training and updating. Staff should be familiar with the Mersey Care NHS Trust Infection Prevention and Control Policy (IC01) and the Inoculation Injuries Policy (IC02) in accordance with the Health and Safety at Work Act 1974 and the Control of Substances Hazardous to Health (COSHH) Regulations 1994.

4. DEFINITIONS

4.1 Anti- cubital fossa

A depression in the front of the elbow, immediately lateral to the tendon of the biceps brachii muscle. (Elservier, 2009)

4.2 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. (Elservier, 2009)

5. DUTIES

5.1 The Executive Director of Nursing: is the accountable officer for this policy and ensuring that it is carried out effectively.

5.2 Divisional Directors: are responsible for ensuring the policy is embedded across the Divisions.

5.3 Divisional Managers, Modern Matrons, Service Line Leads and Community Team Managers are responsible for:

- Implementing the policy within their clinical area.
- Ensuring that staff undertaking venepuncture have undergone the appropriate training and are competent in practice.
- Ensuring that staff have access to all identified equipment to ensure safe practice.
- Keep a record of individuals within their team who hold evidence of competence.
- Overseeing / undertaking audits and any required service improvements.
- Investigate incidents involving sharps injuries.
- Ensure action is taken to prevent reoccurrence of any cases of sharps injury.

5.4 **Responsibility of staff:**

- Medical staff are responsible for correct completion of blood request forms, ensuring patient details are correct and that the tests required are for the benefit of the patient in diagnosing, monitoring and treating their condition.
- The review of all blood results and ensuring that required actions are completed.
- Ensuring that venepuncture carried out is in line with policy.

5.5 **Healthcare Professionals:**

- All staff who undertake venepuncture must be employed in a clinical post within the Trust or via a SLA agreement.
- All internal nursing staff must have completed the Trust's recognised training and competency for venepuncture.
- Staff are responsible for adherence to the policy.
- Staff must accept responsibility and accountability for their practice and ensure competency is monitored.
- All staff must ensure that their practice and scope is in line with their professional standards.
- Individual practitioners are responsible for ensuring their practice is safe and meets the standards presented in training and that their practice is assessed as described in the policy.

6. **PROCESS**

6.1 **Patient Safety**

- It is the responsibility of all staff undertaking venepuncture to check the patient's medical history prior to the procedure to avoid any unnecessary complications. Use of a limb may be contraindicated because of an existing fistula/ graft or if the patient has had injury, disease or treatment e.g. fracture, cerebrovascular accident, surgery, mastectomy, axillary node dissection,

infection or lymphedema.

- An arm identified for a fistula/graft should not be used under any circumstances for venepuncture unless life threatening (patients will usually be protective of the arm reserved for this purpose).
- Only undertake the procedure on one patient at a time.

6.2 Specimen Request Form Instructions;

Ensure the patient has the capacity to consent and has complied with any specific pre-test instructions. If English is not the first language or there is any disability such as visual, hearing impairment or learning disability, the practitioner must ensure relevant action has been taken (i.e. interpreter, signer, etc).

6.3 Inappropriately labelled request forms and specimens will lead to the request being rejected by the laboratory. The following information is an **ABSOLUTE REQUIREMENT** when requesting laboratory investigations. The main criterion is **LEGIBILITY**.

- Previous history.
- Location for report.
- Nature of specimen.
- Date and time of sample.
- Investigation(s) requested.
- Patient's consultant or GP.
- Patient's date of birth and age.
- Drug therapies, time and dosages.
- Last Menstrual Period where relevant.
- Patient's name – surname and forename(s).
- Requesting practitioner name in block capitals, signature and Bleep No. /Ext.
- Unique Patient Identification Number (Hospital Number or NHS Number, X number.)
- Relevant clinical details – including any special information or precautions relevant to specimen handling, any risk of infection.

6.4 Blood Collection Systems

- Vacutainer system.
- S-Monovette system.
- Both Vacutainer and S-Monovette systems have safety butterfly devices which should be used for patients with very fine, delicate veins when a finer gauge needle needs to be used to draw blood.

6.5 Mersey Care NHS Trust only endorses the use of safety devices for venepuncture.

6.6 Venepuncture Procedure

- Please follow the venepuncture procedure as stated in The Royal Marsden Hospital Manual of Clinical Nursing Procedures, 9th edition. A hard copy is available in the library. (If necessary, please contact the MCT Knowledge and Library Service for advice).

- The venepuncturist must be aware of the physical and psychological comfort of the patient. Individual Health Action Plans and care plans should be referred to where appropriate.
- The preferred site of choice for venepuncture should be the antecubital fossa. **Venepuncture should not be performed anywhere else on the body unless clinically indicated** and then the metacarpal veins may be used utilising a blue safety butterfly. **Normally, only two attempts at venepuncture should be made on a patient at any given time by the same practitioner** – if difficulties are experienced then the advice of a more experienced practitioner must be sought.

6.7 Equipment Required to Perform Venepuncture

- Please follow the guidelines for equipment as stated in The Royal Marsden Hospital Manual of Clinical Nursing Procedures, 9th edition. (Access as described above.)
- Safety butterfly needles must be available in every area and used at all times for patient's who may be confused, anxious or deemed to be high risk. The needles are single use only. Safety devices must be used at all times for patients as directed by Health and Safety (Sharp Instruments in Healthcare) Regulations 2013: all safety devices must be used wherever possible. The used device must be disposed of at the point of care into an approved sharps container.
- A single use tourniquet **MUST** be used when performing venepuncture (tournistrip).

6.8 S-Monovette System, Liverpool Clinical Laboratories (Southport, Whiston and South Liverpool)

- When taking blood samples the tube selection charts provided by the laboratory for carrying out the tests should be followed for information of the sequence of draw when using the **S-Monovette system** in order to prevent contamination of the blood sample:

6.9 Vacutainer System, Liverpool Clinical Laboratories (North Liverpool)

- When taking blood samples the tube selection chart provides information on the sequence of draw when using the **vacutainer system**, the recommended order of draw is serum, coagulation followed by all other tubes with additives as this will prevent contamination of the blood sample.

6.10 Failure to adhere to this sequence of draw may lead to contamination of blood samples with anticoagulants / preservatives. This contamination produces spurious and invalid results in major biochemical parameters. Avoid haemolysis, drip contamination, over-heating and prolonged venous constriction. Ensure thorough and instant mixing of blood with anticoagulant (heparin, fluoride EDTA or potassium EDTA) for plasma samples. Do not transfer blood from one tube to another e.g EDTA to Lithium heparin. Do not leave Clinical Chemistry blood samples in fridge (4°C)

overnight.

6.11 **A needle and syringe MUST NEVER be used for blood draw.**

6.12 **In the event of a needle stick injury staff must follow the trust Inoculation Injuries Policy (IC02).** Staff must also be aware of the use and management of sharps containers as written in the Infection Prevention and Control Policy (IC01).

6.13 **Hand Washing**

- Hand washing is an important procedure for preventing the spread of healthcare associated infection. Good hand hygiene technique and practice is a simple and effective way of preventing cross infection between patients, and healthcare workers. Please follow the technique as stated in the Hand Hygiene section in the Mersey Care NHS Trust Infection Prevention and Control Policy IC01. Staff must wash their hands before carrying out a venepuncture procedure and after removal of gloves.

6.14 **Personal Protective Equipment - PPE**

- Single use latex free non sterile gloves and a disposable plastic apron must always be worn when performing venepuncture. These must be changed between patients.

6.15 **Disposal of Sharps**

- Sharps should be disposed of in a BS EN ISO 23907 appropriate sharps container (at the point of care) that is correctly assembled. This must be signed and dated by the person assembling the container. (please ensure a spare container is available). Once an item has been inserted into the sharps container, please do not attempt to retrieve as this may result in a needlestick injury.
- All sharps containers must be managed appropriately. Sharps containers that have reached the fill line must be securely closed off and the label fully completed. All sharp boxes must be disposed of in accordance with the Trust Waste Management Policy (SA22). (The carriage of Dangerous Goods (classification, packaging and labeling) and Use of Transportable Pressure Receptacles Regulation 1996).

7. CONSULTATION

- Consultation regarding the development of this policy has been undertaken with the Mersey Care NHS Trust Infection Prevention and Control Team, Local and Secure Division Leads, Equality and Human Rights Team and practicing venepuncture assessors within the Trust.

8. TRAINING AND SUPPORT

8.1 **Training and Assessment**

- Individuals will be trained by the approved Trust provider of venepuncture training who will ensure training is provided by a Registered Nurse/Midwife who maintains their level of competence in accordance with the Standards of Conduct, Performance and Ethics for Nurses and Midwives (NMC, 2008).
- Individuals will be assessed only by the Registered Nurses or Doctors who are currently certificated and competent in the practice of venepuncture and hold an assessment qualification (e.g. mentorship or ENB998) or by individuals who have significant experience in a phlebotomy role and are deemed competent by their manager to assess others. Have evidence of continual professional development and practice experience and observations in this area of practice. The divisional leads will identify the most appropriate areas for assessment, for example, community clinics
- Individuals will be required to be competent in performing a minimum of four venepuncture procedures with all systems used in their area (i.e. Monovette or Vacutainer), assessment of which must be achieved within eight weeks of initial training. However, he/she may have as many supervised venepunctures as they feel necessary before embarking upon the assessment programme.
- The assessment process will incorporate both self and supervisor assessment. Successful assessments will be documented on an assessment sheet (the assessment sheet agreed by Mersey Care NHS Trust, see Appendix 2). The assessment sheet incorporates a series of statements relating to the particular skills required to undertake venepuncture. A successful venepuncture will depend upon the practitioner's ability to demonstrate evidence of these skills being utilised. Individuals who successfully fulfill the criteria of the programme and who have achieved competence will be eligible to practice.
- The practitioner may perform venepuncture unsupervised providing that the assessment form (which is proof of competence) has been completed in full by the assessing practitioner. A copy must be held by the ward/unit.
- Following successful assessment, the individual will be responsible for ensuring that they remain clinically updated. Any lapses in practice of more than 6 months must be reported to the Manager and Modern Matron (Secure Division only for Modern Matron) and updating will be provided usually at the location at which assessment takes place. Venepuncture should not be performed until updating has been given. Staff who, at any time and for whatever reason, no longer feel clinically competent to practice, should seek support from their Manager/Modern Matron.
- Practitioners who experience difficulties, e.g. needle stick injury, will be followed up by the Occupational Health Team and Infection Prevention and Control Team and a further assessment of competency to maintain certification may be required.
- All staff will undertake a formal update and reassessment of their venepuncture skills and competencies at least every three years.

8.2 Venepuncture Part 1: Theoretical Framework Training

Whilst in training staff will need to meet the requirements of the National Occupational Standards for venepuncture/phlebotomy: -

- Pathology
- Health and Safety including Infection Prevention and Control.
- Principles of Blood Collection
- Blood and Blood Components
- Basic Anatomy and Physiology
- Standards and Code of Practice
- Venepuncture Technique

8.3 Venepuncture Part 2: Assessment of Practice Framework

- The aim of a workplace assessment is to supplement Part 1 (theoretical framework) by carrying out specified areas of practical training at the student's workplace under the supervision of an assigned Trust assessor.

Venepuncture Assessment Tool Appendix 1.

9. MONITORING

- The designated leads in the Secure and Local Divisions will maintain a Trust wide database of venepuncturists and monitor compliance of this policy against this. Any concerns will be reported to the Modern Matron/ Clinical lead for the relevant area.
- Ward Managers/department heads are responsible for ensuring that initial assessment occurs and is repeated on at least an annual basis. They should maintain a register of venepuncturists in their area. They are also responsible for the provision of the correct equipment including Personal Protective Equipment and sharps containers.

10. SUPPORTING DOCUMENTS

- a) NPSA Right Patient Right Blood 2006
- b) The Royal Marsden Hospital of Clinical Nursing Procedures (9th Edition) (2015)
- c) Nursing and Midwifery Council (2005) The Code Standards of Conduct, Performance and Ethics for Nurse and Midwives London: NMC
- d) Skills for Health (SfH) National Occupational Standards / National Workforce Competencies
- e) Mosby's Medical Dictionary 9th Edition © 2009 Elsevier

The designated leads in the Secure and Local Divisions will maintain a Trust wide database of venepuncturists and monitor compliance of the policy against this. Any concerns will be reported to the Modern Matron/Clinical lead for the relevant area.

ASSESSMENT RECORD (VENEPUNCTURE)

Assessment of competence will be recorded using the attached assessment forms overleaf. This will involve you working closely with your assessor in practice, who will be expected to complete the forms in conjunction with yourself. **All Forms** must be completed and kept as a record of competence in your personal profile.

A copy of the NPSA Assessment must also be kept by your ward manager as evidence and compliance with Risk Management Standards.

The nine skill statements identified on the left-hand side of the record constitute the areas in which you will need to be competent. The columns on the left side of the box are numbered and represent separate attempts at the technique. **You must be competent in all nine statements for each attempt.** Your assessor should complete the appropriate boxes and both of you must sign against each attempt. The NPSA framework provides a system for ensuring such competency and should be completed at each assessment.

Assessments should be completed within eight weeks of the training session.

The original copy of the completed assessment form should be retained and kept in a safe place and a photocopy must be forwarded to:

The designated leads in the Secure and Local Divisions.

Appendix 2 – Supervision and Assessment Record for Venepuncture

SUPERVISION AND ASSESSMENT RECORD FOR VENEPUNCTURE

Name:	
Ward:	
Date of Training Session:	

		Date of assessment	Fulfils Criteria Y/N (see left)	Successful Venepuncture Y/N	Trainees Signature	Supervisors Signature
1	Is able to apply aspects of legality when undertaking venepuncture.	1				
2	Effectively applies the principles of infection prevention and control to ensure asepsis.	2				
3	Demonstrates skills to effectively assess the patient.	3				
4	Demonstrates discriminative skills and refers to medical staff appropriately.	4				
5	Applies knowledge and effectively selects appropriate site for venepuncture.	5				
6	Utilises interpersonal and communication skills with patients and members of the multi-disciplinary team.	6				
7	Demonstrates proficiency when undertaking venepuncture.	7				
8	Interprets and applies Trust policies and procedures relating to venepuncture.	8				
9	Effectively records and documents issues relating to venepuncture.	9				

Appendix 3– Assessment Criteria

Core blood competencies assessment framework

Assessment criteria for obtaining a venous blood sample

This framework is for assessing staff's ability to obtain a venous blood sample. Staff should be assessed after they have attended a local training course on this core task.

Further information and training materials can be found at: www.npsa.nhs.uk

This framework was developed by the National Patient Safety Agency (NPSA) to assess the core blood transfusion competence, *obtain a venous blood sample*.

This workforce competence is linked to the Knowledge and Skills Framework dimensions developed by Skills for Health. The dimensions are Communication, Health and Safety, and Health and Well-being.

How to use this competence assessment framework

The framework should be completed whilst observing a member of staff obtaining a venous blood sample. It is available from the local blood transfusion lead in every trust and is part of the NPSA's Right patient, right blood initiative.

It is important that the assessor informs the patient that the member of staff's skills are being assessed as part of a process.

Obtaining a venous blood sample assessment framework pro forma

Name of member of staff:	Name of assessor:
Job title:	Job title:
Grade:	Contact details:
Department/Ward:	
Date of assessment:	

Observational assessment

Core competency	Please put a tick or a cross to show whether or not the member of staff completed the task	Notes for assessors
<p>1 Did the member of staff check for each of the following on the request form:</p> <ol style="list-style-type: none"> 1. full name? 2. date of birth? 3. hospital number? <p>Did the member of staff:</p> <ol style="list-style-type: none"> 4. sign and write their contact details to show who had taken the sample? 5. print their name to show who had taken the blood sample? 		Give a tick or cross for each point separately
<p>2 Did the member of staff bleed only one patient at a time?</p>		

Core competency	Please put a tick or a cross to show whether or not the member of staff completed the task	Notes for assessors
<p>3a Patient identification for conscious patient</p> <p>Did the member of staff ask the patient to state their:</p> <ol style="list-style-type: none"> 1. full name? 2. date of birth? <p>Did the member of staff check:</p> <ol style="list-style-type: none"> 3. details on the wristband or other attached identifier? 4. The information on the wristband against that on the prescription or transfusion request form? 		Give a tick or cross for each point.
<p>3b Patient identification for unconscious patient or patient unable to verbally respond</p> <p>Did the member of staff check details on the wristband or other attached identifier?</p> <p>Did the member of staff also check at least their:</p> <ol style="list-style-type: none"> 1. full name? 2. date of birth? 3. hospital number? <p>Did the member of staff check the information on the wristband with the prescription or transfusion request form?</p> <p>Can the member of staff describe the trust's policy for identifying unconscious patients?</p>		
<p>4 Personal checks</p> <p>Did the member of staff wash their hands? Before the procedure and after glove removal.</p> <p>Did the member of staff use personal protective equipment?</p>		

Core competency	Please put a tick or a cross to show whether or not the member of staff completed the task	Notes for assessors
<p>5 Taking the venous blood sample</p> <p>Did the member of staff:</p> <ol style="list-style-type: none"> 1. prepare the skin properly? 2. use the disposable tourniquet appropriately? 3. minimise discomfort for the patient? 4. take blood appropriately if a transfusion is being carried out alongside other sampling procedures? 5. monitor the patient's responses? 6. remove needles using an appropriate technique? 7. dispose of needle device directly into a sharps container at the point of use. 8. apply a dressing at the end of the procedure? <p>If the last two questions are not applicable to the patient from whom the sample has been taken, can the member of staff say what they would do in these circumstances?</p>		
<p>6 Labelling the venous blood sample</p> <p>Did the member of staff label the venous blood sample as soon as it was taken?</p> <p>Does the label include the following information:</p> <ol style="list-style-type: none"> 1. full name? 2. date of birth? 3. hospital number? 4. gender? 5. date? 6. the member of staff's signature and contact details? 		

<p>7 Packaging and documentation</p> <p>Did the member of staff take the blood sample to the correct collection point?</p> <p>Did the member of staff record the following information in the patient's notes:</p> <ol style="list-style-type: none"> 1. why the sample had been taken? 2. when the sample was taken? 3. who took the sample? 		
---	--	--

All of the above must be achieved to pass the assessment

Knowledge assessment

Does the member of staff know and understand the importance of:

using open-ended questions for identifying patients?	
not using pre-labelling bottles?	
correct procedure if patient is unconscious or unable to give verbal identification?	
the risks created if more than one patient is bled at a time?	
correct action to take if the information identifying a patient is missing?	

Appendix 4– Implementation Plan

IMPLEMENTATION PLAN FOR VENEPUNCTURE POLICY

DOCUMENT NUMBER	SD34
APPROVING COMMITTEE	Trust Policy Procedure Group
DATE RATIFIED	February 2016
NEXT REVIEW DATE	February 2019

ACCOUNTABLE DIRECTOR: Executive Director of Nursing and Secure Services

DOCUMENT AUTHOR: Modern Matron Physical Health

An implementation plan should be completed for all procedural documents. This will ensure that a systematic approach is taken to the introduction of procedural documents in order to secure effective working practices. ***NB The implementation plan should include actions to address issues identified through the equality and diversity impact assessment process as well as those specific to the policy itself.***

The following template provides a checklist to be used as a starting point for thinking about implementation in a systematic manner. It is evidence-based and draws on the work of the Promoting Action on Clinical Effectiveness (PACE) programme (Dunning *et al*, 1999).

Dunning *et al* (1999) Experience Evidence and Everyday Practice, Kings Fund

	Issues identified / Action to be taken	Time-Scale
<p>1. Co-ordination of implementation</p> <p>1. How will the implementation plan be co-ordinated and by whom? <i>Clear co-ordination is essential to monitor and sustain progress against the implementation plan and resolve any further issues that may arise.</i></p>	<p>The implementation plan will be co-ordinated by the Modern Matron (Physical Health)</p>	<p>Ongoing</p>
<p>2. Engaging staff</p> <ul style="list-style-type: none"> • Who is affected directly or indirectly by the policy? • Are the most influential staff involved in the implementation? <p><i>Engaging staff and developing strong working relationships will provide a solid foundation for changes to be made.</i></p>	<p>All staff who are trained in venepuncture are affected by the policy and will be involved in its implementation via communication with the Modern Matron (Physical Health)</p>	<p>Immediately after policy ratification</p>
<p>3. Involving Service Users and carers</p> <ul style="list-style-type: none"> • Is there a need to provide information to patients and carers regarding this policy? • Are there patients, carers, representatives or local organisations who could contribute to the implementation? <p><i>Involving patients and carers will ensure that any actions taken are in the best interest of patients and carers and that they are better informed about their care.</i></p>	<p>There is no need to provide information to patients and carers regarding this policy. It will, however, be available on the Trust website.</p>	<p>After ratification</p>
<p>4. Communicating</p> <p>1. What are the key messages to communicate to the different stakeholders?</p> <p>2. How will these messages be communicated?</p> <p><i>Effective communication will ensure that all those affected by the policy are kept informed thus smoothing the way for any changes. Promoting achievements can also provide encouragement to those involved.</i></p>	<p>The framework for the assessment for competence has changed to mirror that applied by the training organisation. This will be directly communicated to the staff trained in venepuncture by the author of this implementation plan.</p>	<p>December 2010</p>

	Issues identified / Action to be taken	Time-Scale
<p>5. Resources</p> <ol style="list-style-type: none"> 1. Have the financial impacts of any changes been established? 2. Is it possible to set up processes to re-invest any savings? 3. Are other resources required to enable the implementation of the policy eg. increased staffing, new documentation? <p><i>Identification of resource impacts is essential at the start of the process to ensure action can be taken to address issues which may arise at a later stage.</i></p>	<p>There are no additional financial impacts incurred as a result of this policy.</p>	
<p>6. Securing and sustaining change</p> <ol style="list-style-type: none"> 1. Have the likely barriers to change and realistic ways to overcome them been identified? 2. Who needs to change and how do you plan to approach them? 1. Have arrangements been made with service managers to enable staff to attend briefing and training sessions? 1. Are arrangements in place to ensure the induction of new staff reflects the policy? <p><i>Initial barriers to implementation need to be addressed as well as those that may affect the on-going success of the policy</i></p>	<p>The changes have made the assessment process more straightforward and are unlikely to present barriers.</p>	
<p>7. Evaluating</p> <ol style="list-style-type: none"> 1. What are the main changes in practice that should be seen from the policy? 2. How might these changes be evaluated? 3. How will lessons learnt from the implementation of this policy be fed back into the organisation? <p><i>Evaluating and demonstrating the benefits of new policy is essential to promote the achievements of those involved and justifying changes that have been made.</i></p>	<p>The main changes are in relation to the assessment documentation.</p> <p>Feedback from trainees and assessors will evaluate the success of the new documentation.</p>	<p>June 2011</p>
<p>8. Other considerations</p>		

Equality and Human Rights Analysis

Title: Venepuncture Policy
Area covered: Trust Wide

What are the intended outcomes of this work? Review 27:01:16 To provide guidance to venepuncturists within the Trust regarding the procedure for venepuncture and to ensure a robust system for assessing competence of their practice.
Who will be affected? Staff, Patients, Carers

Evidence
What evidence have you considered? Current draft policy
Disability inc. learning disability 4.4 Specimen Request Form Instructions acknowledges and supports the need for alternative forms of communication At review 6.2 Reference to awareness of specific communication needs indicated. The policy is offered in alternative formats on request but this is not stated as an extension to appropriate formats for other documentation i.e. training for staff
Sex 3.3.4 refers sensitivity in gender issues
Race 4.4 supports provision of interpreters. 3.3.4 supports the need for cultural sensitivity
Age Nothing to note
Gender reassignment (including transgender) Nothing to note
Sexual orientation
Religion or belief 2.5 Although not related to the carrying out of the procedure of venepuncture, clear guidance is given to ensure that if there are any concerns relating to this area, the advice and support of the Spiritual Care and Pastoral Team is sought.
Pregnancy and maternity Nothing to note
Carers Nothing to note
Other identified groups

Cross cutting

3.3.4 Informs the reader of what culture is and outlines that health care staff must be aware of cultural sensitivities. This paragraph refers to racial and cultural issues, gender and religion

Human Rights	Is there an impact? How this right could be protected?
This section must not be left blank. If the Article is not engaged then this must be stated.	
Right to life (Article 2)	This article is not engaged. Standards to meet the NPSA requirements are stated.
Right of freedom from inhuman and degrading treatment (Article 3)	This article is not engaged
Right to liberty (Article 5)	This article is not engaged
Right to a fair trial (Article 6)	This article is not engaged
Right to private and family life (Article 8)	This article is not engaged
Right of freedom of religion or belief (Article 9)	This article is not engaged
Right to freedom of expression Note: this does not include insulting language such as racism (Article 10)	This article is not engaged
Right freedom from discrimination (Article 14)	This article is not engaged

Engagement and involvement

Engagement and involvement is not required as this policy is written to meet the National Patients Safety Standard.

Summary of Analysis**Eliminate discrimination, harassment and victimisation**

This policy intends to provide investigations to meet the needs of individuals safely and respectfully.

Advance equality of opportunity

This policy relates to all service users in need of this procedure regardless of their protected characteristics.

Promote good relations between groups

This policy does not impact on good relations between groups.

What is the overall impact?

For patients, this policy and procedure has a positive impact insomuch as ensuring safety and respect for all those in need of this intervention.

For staff there could be issues around alternative formats in guidance, specimen forms and training in relation to learning difficulties e.g. Dyslexia

Addressing the impact on equalities

Action planning for improvement

Added The Human Right Act, 1998 Legislative framework

Please give an outline of your next steps based on the challenges and opportunities you have identified. *Include here any or all of the following, based on your assessment*

1. *Plans already under way or in development to address the **challenges** and **priorities** identified.*
2. *Arrangements for continued engagement of stakeholders.*
3. *Arrangements for continued monitoring and evaluating the policy for its impact on different groups as the policy is implemented (or pilot activity progresses)*
4. *Arrangements for embedding findings of the assessment within the wider system, other agencies, local service providers and regulatory bodies*
5. *Arrangements for publishing the assessment and ensuring relevant colleagues are informed of the results*
6. *Arrangements for making information accessible to staff, patients, and the public*
7. *Arrangements to make sure the assessment contributes to reviews of DH strategic equality objectives.*

For the record

Name of persons who carried out this assessment (Min of 3):

George Sullivan
Joanne Scoltock
Joanna Morgan
Barbara Rafferty

27:01:2016

Policy reviewed by:

Meryl Cusack
Joanna Morgan

Date assessment completed: 27:01:2016

01.02.16

Name of responsible Director: Ray Walker

Date assessment was signed:01.02.16

Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Category	Actions	Target date	Person responsible and their Directorate
Transparency (including publication)	Appropriate formats to be offered for other documentation i.e. training resources for staff		