

TRUST-WIDE CLINICAL POLICY DOCUMENT

VENEPUNCTURE POLICY

Policy Number:	SD34
Scope of this Document:	All Staff involved in performing venepuncture
Recommending Committee:	Trust Physical Strategy Working Group
Approving Committee:	Executive Committee
Date Ratified:	September 2019
Next Review Date (by):	September 2021
Version Number:	2019 – Version 3
Lead Executive Director:	Executive Director of Nursing & Operations
Lead Author(s):	Modern Matron, Physical Health

TRUST-WIDE CLINICAL POLICY DOCUMENT

2019 – Version 3

Striving for perfect care and a just culture

TRUST-WIDE CLINICAL POLICY DOCUMENT

VENEPUNCTURE POLICY

Further information about this document:

Document name	VENEPUNCTURE POLICY (SD34)
Document summary	This document clarifies the responsibility of Meseycare NHS Foundation Trust clinicians and establishes the standards in respect of the theory and practice of venepuncture.
Author(s) Contact(s) for further information about this document	Joanne Scoltock Modern Matron, Physical Health Telephone: 0151 471 2396 Email: Joanne.Scoltock@merseycare.nhs.uk
Published by Copies of this document are available from the Author(s) and via the trust's website	Mersey Care NHS Foundation Trust V7 Building Kings Business Park Prescot Merseyside L34 1PJ Trust's Website www.merseycare.nhs.uk
To be read in conjunction with	IC01 Infection Prevention and Control Policy IC02 Inoculation Injuries Policy SD29 Physical Health Policy SA19 Management of Medical Devices Policy MH01: MHA 1983 Overarching Policy MC01: Mental Capacity Act Overarching Policy HR10 Equality and Human Rights SA22 Trust Waste Management Policy SD06 Consent to Examination or Treatment Policy
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	15.2.16
Version 2	Policy Group for Approval	26.2.19
Version 3	Policy Group for Approval	9.8.19

SUPPORTING STATEMENTS

this document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

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

- being alert to the possibility of child / adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child / 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 / 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 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 Foundation 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 Foundation 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 Foundation 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 Foundation 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	5
2. Outcome Focused Aims and Objectives	5
3. Scope	5
4. Definitions	6
5. Duties	6
6. Process	8
7. Consultation	12
8. Training and Support	12
9. Monitoring	14
10. Supporting Documents	14
11. Equality and Human Rights Analysis	15
12. Appendix 1 – Assessment Record (Venepuncture)	18
13. Appendix 2 – Supervision & Assessment Record for Venepuncture	19
14. Appendix 3 – Assessment Criteria	20
15. Appendix 4 – Implementation Plan	25
16. Appendix 5 – Trouble Shooting	31
17. Appendix 6 – First Aid	37

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 be performed 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 designated and approved by the trust and on completion of venepuncture competency assessments.

2. OUTCOME FOCUSED AIMS AND OBJECTIVES

- 2.1 To provide a clear understanding of the Trust's 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 implication 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. Staff should be alert to, and ensure that they respect, any cultural and/or gender sensitivity issues. In the event of concerns regarding religious or cultural practices and beliefs, 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) (MH01: MHA 1983 Overarching Policy), the Mental Capacity Act (2005) (MC01: Mental Capacity Act Overarching Policy) and the Human rights Act 1998 (HR10: Equality and Human Rights) are the three main legislative frameworks governing practice in relation to service users requiring invasive interventions.

3. SCOPE

- 3.1 This policy is applicable to all Trust staff including seconded and trainees who perform venepuncture. It provides clear direction on the process for performing venepuncture on adult patients within the Trust.

- 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 names individual to undertake venepuncture training. Those staff eligible to perform this task include qualified nurses, staff employed as phlebotomists and other staff who have attended relevant training and demonstrated competence under supervision, for example non-registered nursing staff (Band 3 and 4s) and other healthcare 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 healthcare 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

Anti-cubital fossa	The cubital fossa is an area of transition between the anatomical arm and the forearm. It is located as a depression on the anterior surface of the elbow joint. It is the area most commonly used for venepuncture due to its sizable veins.
Metacarpel Veins	The metacarpal veins are located on the back of the hand and are easily visible and palpated. The use of these veins may not always be suitable in the elderly because of skin elasticity and subcutaneous tissues are diminished which makes the veins difficult to anchor.
Venepuncture	Is a procedure that involves entering a vein with a needle and is usually carried out to obtain a venous blood sample.

5. DUTIES

- 5.1 **Board of Directors** – Health Care Providers are under an obligation to provide safe care to their patients and appropriate training to their staff. This duty encompasses ensuring the physical healthcare of patients whilst under the care of the organisation and the Trust has an obligation to comply with its statutory and regulatory observations. The Board of Directors has overall responsibility for ensuring that staff are appropriately trained and competent to effectively fulfill their role within the organisation and to maintain the safety of patients.

- 5.2 **Lead Executive Director** – The Lead Executive Director for this policy (Executive Director of Nursing & Operations) has strategic responsibility for ensuring that effective arrangements regarding the management of physical health across the organisation meets all statutory and national guidelines.
- 5.3 **Physical Health Strategy Working Group** – has delegated responsibility from and provides regular reports to the Lead Executive Director.
- 5.4 **Chief Operating Officer and Associate Medical Director** – are accountable for ensuring effective delivery within the service for which they have overall responsibility and ensuring adherence to the policy.
- 5.5 **Infection, Prevention and Control Team** – are responsible for advising on products, sharps and other products (tourniquets etc) and IPCT best practice in relation to venepuncture including sharps management.
- 5.6 **Service Care Leads, Modern Matrons, Ward Managers and Community Team Managers** – are responsible for:
- a) implementing the policy within their clinical area;
 - b) ensuring that staff undertaking venepuncture have undergone the appropriate training and are competent in practice;
 - c) ensuring that staff have access to all identified equipment to ensure safe practice;
 - d) keep a record of individuals within their team who hold evidence of competence;
 - e) overseeing/undertaking audits and any required service improvements;
 - f) investigate incidents involving Sharps injuries;
 - g) ensure action is taken to prevent reoccurrence of any cases of Sharps injury.
- 5.7 **Responsibility of Medical Staff:**
- a) 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;
 - b) the review of all blood results and ensuring that required actions are completed;
 - c) ensuring that venepuncture carried out is in line with policy.
- 5.8 **Healthcare Professionals:**
- a) all staff who undertake venepuncture must be employed in a clinical post within the Trust or via a SLA Agreement;
 - b) all internal nursing staff must have completed the Trust's recognised training and competency for venepuncture;

- c) staff are responsible for adherence to the policy;
- d) staff must accept responsibility and accountability for their practice and ensure competency is monitored;
- e) all staff must ensure that their practice and scope is in line with their professional standards;
- f) 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;
- g) prior to undertaking venepuncture staff must have completed full course of Hepatitis B vaccinations or be willing to commence a course on employment. 'All healthcare workers who may have direct contact with patients' blood, blood- stained body fluids or tissue, require vaccination. This includes any staff who are at risk of injury from blood-contaminated sharps instruments, or of being deliberately injured or bitten by patients.' Green Book Guidance Chapter 18, GOV. UK.

6. PROCESS

6.1 Patient Safety:

- a) 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, eg fracture, cerebrovascular accident, surgery, mastectomy, axillary node dissection, infection, lymphedema, bruising, inflammation, evidence of venous fibrosis. If a site is contraindicated the staff must seek additional assessment and advice from Medical staff;
- b) if the patient has a history of fainting during venepuncture, then he/she should lie down so that they are resting safely to reduce the possibility of a fall, which could have serious consequences;
- c) care should be taken with patients who have a history of bleeding disorders or who have been taking warfarin or other anticoagulants, as this may increase the time it takes the bleeding to stop;
- d) 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);
- e) there may be a requirement for some patients, whereby advanced plans and preparations must be in place prior to the procedure; to be taken by the practitioner for the patient. If in doubt do not perform and seek advice, eg senior colleagues, Safeguarding Adults Team, Learning Disabilities Team, etc;
- f) only undertake the procedure on one patient at a time.

6.2 Specimen Request Form Instructions:

Ensure the patient has the mental capacity to consent as venepuncture is an invasive procedure it will need to be documented that the patient has given informed valid consent for the procedure whether that be written, verbal or implied and that they have complied with any specific pre-test instructions. Everyone working with and or caring for an adult who may lack capacity to make specific decisions must comply with the Mental Capacity Act 2005 when making decisions or acting for that person. When the person lacks the capacity to make a particular decision for her/himself; any act done for or any decision made on behalf of that person must be done or made in the person's best interests (MCA 2005).

Consent for 16 – 17 year olds, who are presumed in law to have capacity to consent to medical treatment unless there's significant evidence to suggest otherwise. However, their refusal of treatment can, in some circumstances, be overridden by a parent, someone with parental responsibility or a court. 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 to communicate effectively with the patient (eg interpreter, signer, etc).

For any of the following: Lasting Power of Attorney, Advanced Decision, Court Appointed Deputy, IMCA; please refer to the Trust's overarching Policy MC01 and seek advice from the Trust's Legal Team.

6.3 Inappropriately labeled request forms and specimens will lead to the request and sample being rejected by the laboratory. To ensure patient safety, laboratory tests **MUST** be assigned to the correct patient and the results **MUST** be received in the correct location on the correct date and time order. The following information is an **ABSOLUTE REQUIREMENT** when requesting laboratory investigations as this complies with Minimum Data Standard Requirements. The main criteria is that the writing on the request form is **CLEAR, LEGIBLE and ACCURATE.**

6.4 **Printed labels are preferable where available**

6.5 **Essential Information must be written on the sample:**

- a) forename(s) and surname;
- b) date of birth;
- c) unique patient identification number (hospital number, NHS number, X number, RQ6 number);
- d) date and time sample collected;
- e) name of person collecting the sample;
- f) sampling site (essential for Histology/Cytology);
- g) patient's address (essential for all transfusions requests).

Essential Information must be written on the form only

- h) location/address for reporting purposes (ward/clinic/surgery); patient's address (essential for all transfusions requests);
- i) requesting Practitioner name in block capitals, signature and contact details or bleep number Consultant, GP, etc;
- j) patient's address (essential for all transfusions requests);
- k) gender of patient (essential for Transfusion requests);
- l) investigation(s)/nature of specimen/ sample type/ test required;
- m) sampling site (essential for Histology/Cytology);
- n) all relevant clinical details including:
 - relevant medical history,
 - previous history;
 - medication: drug therapies, frequencies and dosages,
 - relevant clinical details – including any special information or precautions relevant to specimen handling, any risk of infection,
 - last menstrual period where relevant,
 - travel history,
 - length of time patient has fasted where applicable,
 - transfusion history and any special requirements,
 - ethnicity for ANC Haemoglobinopathy samples.

Ref: Liverpool Clinical Laboratories Minimum Data Standard (MDS) Policy for Laboratory Investigations (2019)

6.6 Blood Collection Systems:

- a) **only used the blood collection system that is provided by the laboratory.** The 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.

6.7 The Trust only endorses the use of safety devices for venepuncture.

6.8 Venepuncture Procedure:

- a) 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);
- b) 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;
- c) the preferred site for venepuncture should be the antecubital fossa. **Venepuncture should not be performed anywhere else on the body unless clinically indicated** when the metacarpal veins may be used utilising a blue safety butterfly. **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.

6.9 **Equipment Required to Perform Venepuncture:**

- a) please follow the guidelines for equipment as stated in The Royal Marsden Hospital Manual of Clinical Nursing Procedures, 9th edition (access as described above);
- b) safety butterfly needles must be available in every area and used at all times for patient's when clinically indicated. All needles are single use only. Safety devices must be used at all times – as directed by Health and Safety (Sharp Instruments in Healthcare) Regulations 2013: all safety mechanisms must be activated prior to disposal. The used device must be disposed of at the point of care into an approved Sharps container;
- c) **never bend or re-sheath needles;**
- d) **a single use tourniquet MUST be used when performing venepuncture;**
- e) **reusable tourniquets must not be used;**
- f) **the use of disposable gloves as a tourniquet MUST NEVER be used;**
- g) **if the needle has touched any other surface, the needle MUST be changed prior to use;**
- h) **a needle and syringe MUST NEVER be used for venepuncture blood draw.**

6.10 **Blood collection systems provided by the laboratory MUST be used to perform venepuncture.** When taking blood samples the colour coded tube selection charts provided by the laboratory for carrying out the various tests should be followed to inform the sequence of draw in order to prevent contamination of the blood samples.

6.11 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, eg EDTA to Lithium Heparin.

Do not leave Clinical Chemistry blood samples in fridge (4°C) overnight.

6.12 **In the event of a needle stick injury staff must follow the Trust Inoculation Injuries Policy (IC02).** <https://www.merseycare.nhs.uk/media/5526/ic02-v2-innoculation-injuries-up-2-oct-2018-rev-jul-21.pdf>

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:**

- a) 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 Trust's **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**

- a) single use latex free non sterile trust approved gloves and a disposable plastic apron must always be worn when performing venepuncture. These must be changed between patients and hands washed after removal.

6.15 **Disposal of Sharps**

- a) Sharps should be disposed of in a BS EN ISO 23907 appropriate Sharps container (at 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 in the Sharps container, please do not attempt to retrieve as this may result in a needle stick injury;
- b) 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**

- 7.1 Consultation regarding the development of this policy has been undertaken with the Trust's Infection Prevention and Control Team and respective Divisional Leads.

8. **TRAINING AND SUPPORT**

8.1 **Training and Assessment:**

- a) individuals will be trained by the approved Trust provider of venepuncture training who will ensure training is in accordance with trust policy, National Guidance and Standards of Professional Bodies;
- b) 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 (eg 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;
- c) individuals will be required to be competent in performing a minimum of four venepuncture procedures with all systems used in their area 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;

- d) 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 Foundation 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;
- e) 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;
- f) following successful assessment, the individual will be responsible for ensuring that they remain clinically updated. Any lapses in practice of more than six 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;
- g) practitioners who experience difficulties, e.g. needle stick injury, will be followed up by the Occupational Health Team and a further assessment of competency to maintain certification may be required;
- h) **all staff will undertake a formal update and reassessment** of their venepuncture skills and competencies at least **every three years**. (NPSA, 2006 Right Patient, Right Blood: Core blood competencies assessment framework.)

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:

- a) Pathology;
- b) Health and Safety including Infection Prevention and Control;
- c) Principles of blood collection;
- d) Basic Anatomy and Physiology;
- e) Standards and Code of Practice;
- f) Venepuncture technique;
- g) Legal Framework.

8.3 Venepuncture Part 2 – Assessment of Practice Framework:

- a) 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;
- b) Venepuncture Assessment Tool – Appendix 1.

9. MONITORING

- 9.1 The designated leads in the Secure and Local Divisions will maintain a 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.
- 9.2 Ward Managers/department heads are responsible for ensuring that initial assessment occurs. They should maintain a register of venepuncturists in their area and ensure that the formal reassessment and update of the venepuncturists skills and competence is completed every three years (NPSA 2006). They are also responsible for the provision of the correct equipment including Personal Protective Equipment and Sharps containers.

10. SUPPORTING DOCUMENTS

- a) National Patient Safety Agency (2006) Right Patient, Right Blood available at www.npsa.nhs.uk Core blood competencies assessment framework;
- 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;
- f) Health and Safety (Sharp Instruments in Healthcare) Regulations 2013;
- g) Immunisation Against Infectious Disease -Green Book –Gov UK;
- h) Liverpool Clinical Laboratories Minimum Data Standards (MDS) Policy for Laboratory Investigations;
- i) First Aid Made Easy, Edition 10, 2015.

11. EQUALITY AND HUMAN RIGHTS ANALYSIS

Title: Venepuncture Policy
Area covered: Trust-wide
What are the intended outcomes of this work? 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? PALS and Patient complaints. Research Patient Demographics
Disability (including learning disability) Specimen Request Form Instructions acknowledges and supports the need for alternative forms of communication. Supports Learning Disabilities.
Sex Refers sensitivity in gender issues.
Race Supports provision of interpreters. Supports the need for cultural sensitivity.
Age Nothing to note.
Gender reassignment (including transgender) Nothing to note.
Sexual orientation
Religion or belief 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.

<p>Carers Nothing to note.</p>
<p>Other identified groups</p>
<p>Cross Cutting 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.</p>

Human Rights	Is there an impact? How this right could be protected?
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)	Informed, valid consent required.
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 the 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.

Addressing the impact on equalities**Action planning for improvement**

Added the Human Rights Act, 1998 Legislative Framework

Detail in the action plan below the challenges and opportunities you have identified.

For the record**Name of persons who carried out this assessment:**

Kate Jones

Date assessment completed:

12:06:19

Name of responsible Director:

Trish Bennett

Date assessment was signed:

Appendix 1 – Assessment Record (Venepuncture)

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.

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

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 3 Yearly Process

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				
10	Demonstrates knowledge and understanding of the management of a patient in line with First Aid principles.					

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 **three yearly** 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 demonstrate adequate hand hygiene in line with the trusts policy? 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 of a venous blood sample in line with minimum data set</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 2019
NEXT REVIEW DATE	September 2021

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	<i>Time-Scale</i>
<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>

	Issues identified / Action to be taken	Time-Scale
<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> <ol style="list-style-type: none"> 1. What are the key messages to communicate to the different stakeholders? 2. How will these messages be communicated? <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>Ongoing</p>

	Issues identified / Action to be taken	<i>Time-Scale</i>
<p>5. Resources</p> <p>1. Have the financial impacts of any changes been established?</p> <p>2. Is it possible to set up processes to re-invest any savings?</p> <p>3. Are other resources required to enable the implementation of the policy eg increased staffing, new documentation?</p> <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>	

	Issues identified / Action to be taken	<i>Time-Scale</i>
<p>6. Securing and sustaining change</p> <p>1. Have the likely barriers to change and realistic ways to overcome them been identified?</p> <p>2. Who needs to change and how do you plan to approach them?</p> <p>1. Have arrangements been made with service managers to enable staff to attend briefing and training sessions?</p> <p>1. Are arrangements in place to ensure the induction of new staff reflects the policy?</p> <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>	

	Issues identified / Action to be taken	<i>Time-Scale</i>
<p>7. Evaluating</p> <p>1. What are the main changes in practice that should be seen from the policy?</p> <p>2. How might these changes be evaluated?</p> <p>3. How will lessons learnt from the implementation of this policy be fed back into the organisation?</p> <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>	Ongoing
8. Other considerations		

Appendix 5

Trouble Shooting

Problem	Cause	Prevention	Action
Anxiety	Previous Trauma	Reassure patient Appear confident	Listen to patient's concerns and explain the procedure
	Communication barrier	Assess prior to intervention and arrange interpreter through Language Line	Address barrier prior to proceeding
Arterial Puncture	Caused by poor technique or inadequate assessment and leads to bright red blood pulsating into the needle/tube	Prevention is by thorough assessment of the site and the use of correct insertion technique.	The needle should be removed immediately and prolonged digital pressure applied for 5 minutes and then a pressure bandage applied for a further 5 minutes. It is important not to reapply the tourniquet to the arm for at least 24 hours. The incident should be documented within the patient's records. Datix completed.

<p>Nerve injury - Uncommon risk to venepuncture nerve injury (1 in 3,000)</p>	<p>Touching a nerve can produce (sharp, shooting pain, burning or electric shock sensation. The patient may experience numbness/ tingling in the fingers/ along arm and fingers).</p> <p>Nerves in the antecubital fossa classically lie on a plane just beneath, and in close proximity to the veins, making them susceptible to injury during phlebotomy; also it has been shown that there is a large range of anatomic variation, suggesting that even a non-traumatic, satisfactory venepuncture can directly damage these nerves.</p> <p>Inappropriate choice of site or excessive probing may also lead to nerve pain/injury.</p>	<p>Prevention is by thorough knowledge of location of nerves and assessment of the site and the use of correct insertion technique. Avoid excessive or blind probing after needle has been inserted</p>	<p>The procedure should be stopped immediately and the needle withdrawn. Apply pressure to the site.</p> <p>Explain to the patient and advise on the possible cause of pain, what has happened and that the pain or numbness may last a few hours. Some patients may go on to develop persistent pain which can be successfully treated if treatment is started early.</p> <p>In the case of possible nerve damage medical intervention MUST be sought, the incident documented and trust policies followed</p> <p>It is important to Document in the patient's notes. Inform patient to contact doctor if pain continues or becomes worse. Completed Datix.</p>
--	--	---	---

Bruising	Caused by the infiltration of blood into the tissues. This may occur as a result of - unskilled venepuncture technique	Bruising is preventable by accurate identification of a suitable vein, correct angle and insertion technique	Explain to patient why bruising may occur Apply cold pack if bruising extensive If practitioner concerned seek medical help or refer patient appropriately
	Failure to remove tourniquet before removing needle	Ensure the tourniquet is not applied with excessive pressure	
	- Patients taking anticoagulants. - Fragile veins		
Blood Stops Flowing	Needle inserted too far	Correct angle	Draw back needle, if bruising evident remove and apply pressure
	Venous spasm	Results from mechanical irritation and cannot be prevented	Gently massage above vein or apply heat
	Vein collapse	Use smaller device	Release tourniquet, allow veins to refill and retighten tourniquet
Fibrosis Of The Vein	May occur with prolonged use of one site where the vein becomes hard or cord like.	Prevention is by careful assessment and rotation of sites	

Haematoma	Caused by a collection of blood that leaks from a vein into the tissues surrounding the puncture site, and can be caused by poor technique such as overshooting the vein. Other causes may be failure to remove the tourniquet before removing the needle		If a haematoma occurs during the procedure, remove the tube, release the tourniquet and then remove the needle, apply firm pressure for 2-3 minutes and elevate the arm. Reassess before discharging the patient .Document within patients records if significant. And if necessary refer appropriately
Limited Venous Access.	Repeated use of same veins.	Use alternative sites if possible	Do not attempt the procedure unless experienced.
	Peripheral shutdown	Ensure the room is not cold.	Try closing patient's fist, gently lowering arm to let gravity assist. If this fails, apply warm compress or immerse patient's arm in warm water for 10 - 15 mins. Apply tourniquet only when warm compress or warm water removed.
	Dehydration.		May be necessary to rehydrate patient prior to venepuncture
	Hardened veins (due to scarring and thrombosis).		Do not use these veins as venepuncture will be unsuccessful.

Missed Vein	<p>Inadequate anchoring Poor vein selection Wrong position Lack of concentration Poor lighting</p>	<p>Ensure staff are adequately trained Ensure environment well lit</p>	<p>Withdraw needle slightly and realign it providing patient is not feeling discomfort. If the patient is feeling pain, remove needle immediately</p>
	<p>Puncturing an artery</p>	<p>Knowledge of location of an artery. Palpate vessel for pulse.</p>	<p>Remove device immediately and apply pressure until bleeding stops. Explain to patient what has happened. Inform patient to contact doctor if pain continues or there is increasing swelling or bruising. Document in the patient's notes. Complete datix.</p>

Pain	<p>Touching a nerve can produce (sharp, shooting pain, burning or electric shock sensation. The patient may experience numbness/ tingling in the fingers/ along arm and fingers).</p> <p>Nerves in the antecubital fossa classically lie on a plane just beneath, and in close proximity to the veins, making them susceptible to injury during phlebotomy; also it has been shown that there is a large range of anatomic variation, suggesting that even a non-traumatic, satisfactory venepuncture can directly damage these nerves. Inappropriate choice of site or excessive probing may also lead to nerve pain/injury.</p>	<p>Prevention is by thorough knowledge of location of nerves and assessment of the site and the use of correct insertion technique. Avoid excessive or blind probing after needle has been inserted.</p>	<p>The procedure should be stopped immediately and the needle withdrawn. Apply pressure to the site.</p> <p>Explain to the patient and advise on the possible cause of pain what has happened and that the pain or numbness may last a few hours. Some patients may go on to develop persistent pain which can be successfully treated if treatment is started early.</p> <p>In the case of possible nerve damage medical intervention MUST be sought, the incident documented and trust policies followed</p> <p>It is important to Document in the patient's notes. Inform patient to contact doctor if pain continues or becomes worse. Complete Datix</p>
	<p>Sensitive area, frequently punctured or bruised site</p>	<p>Avoid area, obtain urgency of bloods and rearrange if able</p>	<p>Reassure patient, assess for alternative site or rearrange appointment</p>

Appendix 6 First Aid

FAINTING

Fainting occurs when the blood supply to the brain is momentarily inadequate. A previous episode of fainting suggests it is likely to occur again.

Typical causes of fainting are:

- Pain or fright
- Lack of food
- Emotional stress
- Long periods of inactivity(such as standing or sitting)
- Heat exhaustion

Recognition:

- Prior to the faint, a person may have suffered nausea, stomach ache, blurred vision or dizziness
- Temporary loss of consciousness, falling to the floor
- Slow pulse present
- Pale, clammy skin
- Breathing
- Twitching
- Nausea and vomiting on recovery

Treatment:

Don't panic, generally quick responsive recovery

- Remove tourniquet and withdraw needle
- Lay the person down and raise their legs if possible (recliner chair), returning blood to the vital organs
- Check airway and breathing, ensure clear airway
- Loosen tight neck clothing
- Remove causes of stress, crowds of people and allow plenty of fresh air
- Call for assistance if needed – if recovery prolonged or any cause for concern
- Do not leave alone – stay with patient
- Reassure the patient as they recover. Do not allow them to sit up suddenly
- Offer drink water when recovered
- Allow recovery time

- If they feel faint again, repeat the treatment. Look for underlying cause
- If the patient does not recover quickly or you are unsure: check airway and breathing again, place them in the recovery position and call for emergency help
- Accompanied – alone – how getting home?
- Document event
- What about blood sample?
- Consider psychological impact - embarrassment
- Future encounter: explain so they make provisions to manage prevent any impact on patient

EPILEPTIC SEIZURE

Blood tests may be a sufficient stress to trigger a seizure for individuals with Epilepsy

Signs and symptoms:

- Inattentive behaviour to memory loss and full body fitting
- May be sick

Treatment:

- Abandon venepuncture procedure
- Loosen clothing around the neck If full seizure follows; ensure clear air way
- Remove sharp objects from around the person to prevent injury if possible
- Do not try to hold the person down or restrain them as this may result in Injury, protect head if possible
- Do not insert any objects into the patients mouth
- Reassure carers/witnesses
- Call for assistance as necessary
- Document in patient records

NEEDLE STICK INJURIES

When a sharps injury occurs, there is an increased risk of blood-borne virus transmission between recipient and donor.

It is essential that the trust's ICO2 Inoculation Injuries Policy is followed regarding Inoculation incidents and bodily fluids exposure to assist in:

The appropriate management of an inoculation injury.

The provision of guidelines on the assessment of risk associated with exposure to

blood and bodily fluids.

The provision of advice around the specific management and follow up of staff exposed to a known blood borne virus.

Hyperlink to Policy ICO2 <https://www.merseycare.nhs.uk/media/5526/ic02-v2-innoculation-injuries-up-2-oct-2018-rev-jul-21.pdf>

FIRST AID

- Bleed the site GENTLY
- DO NOT SUCK
- Wash with soap and water then dry.
- Apply a waterproof dressing.
- Report Injury to line manager as soon as possible
- Seek immediate medical advice and evaluation

On-going Actions

Prompt first aid and medical evaluation will protect your health and safety, both at the time of the incident and reduce the risk in the event of future exposure to Hepatitis B.

Complete DATIX (IR1)

It is imperative that accidents are reported: details are difficult to recall later and accurate, contemporaneous records of the events are vital, should a problem arise.

It is essential that the Trust's policies are followed regarding incident and accident reporting.