Trust Policy	Worcestershire Acute Hospitals NHS Trust

Protocol for the Performance of Venepuncture

Department / Service:	Infection Prevention and Control Department
Originator:	L Bailey – Senior Infection Prevention and Control Nurse Advisor Professional Development Team
Accountable Director:	Chief Nursing Officer Chief Medical Officer
Approved by:	Trust Infection Prevention and Control Committee
Date of approval:	14th August 2024
First Revision Due:	14th August 2027
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	All Departments
Target staff categories	All clinical staff that are assessed as competent to perform venepuncture.

Protocol Overview:
This protocol covers the performance of venepuncture on all adult patients.

Key amendments to this document:

Date	Amendment	By:
Feb 2013	Full document review. Previously WAHT-NUR-023	Heather Gentry Martina Morris Sethu Sundari
June 2015	Full document review – section 3.1 updated to add no more than two attempts at venepuncture before seeking senior colleague or anaesthetist.	Heather Gentry Sethu Sundari
Aug 2017	Document extended for 6 months as per TMC paper approved on 22nd July 2015	TMC
Dec 2017	Document extended for 3 months as per TLG recommendation	TLG
Jan 2018	Change wording of 'expiry date' on front page to the sentence added in at the request of the Coroner	
March 2018	Document extended for 3 months as approved by TLG	TLG
June 2018	Document extended for 3 months as per TLG recommendation	TLG
Octobe	Document extended until end of November	Heather Gentry

r 2018		
April 2019	Document extended for 6 months whilst review process takes place	TIPCC
Feb 2021	Document extended as per Trust agreement 11.02.2021	
May 2024	Document extended whilst review process is complete	Lara Bailey
August 2024	Hyperlinks updated throughout document	TIPCC
Octobe r 2024	Updated Introduction Updated competency requirements Added Training and awareness	Professional Development

Protocol to be Implemented in Accordance with:

NHSI National Hand Hygiene and Personal Protective Equipment Policy (2019)	
National Infection Prevention and Control Manual for England (NIPCM) (2022)	
WAHT-CG-516	Policy and Procedures for the Administration of Injectable Medicines
WAHT-CG-481	Waste Management Policy
WAHT-INF-048	Policy for Aseptic Non-Touch Technique (ANTT)
WAHT-CG-075	Policy for Consent to Examination or Treatment
WAHT-CG-019	Policy to Identify All Patients
WAHT-KD-001	Blood Transfusion Policy
WAHT-CG-043	Management of Infection Prevention and Control
WAHT-INF-051	Infection Prevention Procedure and Practice Guidelines for Intravenous Access Devices (IVADs)
WAHT-INF-050	The Prevention and Management of Inoculation Injury Policy

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Supporting Documents

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Supporting Document 2	Financial Risk Assessment

1. Introduction

Venepuncture is the process of entering the vein with a needle and is one of the most performed invasive procedures.

It is carried out to obtain a blood sample for diagnostic reasons. It is performed by a variety of clinical staff including, but not restricted to, Registered Nurses and Nursing Associates, Midwives, Midwifery Support Workers, Doctors, Medical Students, Nursing Students, Health Care Assistants (HCAs) and Medical Support Workers (MSWs).

It is expected that all staff working within the Worcestershire Acute Hospitals NHS Trust should adhere to this protocol when performing venepuncture. **All substantive staff who undertake Venepuncture must attend Trust training prior to clinical engagement with this skill.**

To perform the venepuncture procedure safely, the practitioner must have a knowledge of the following:

1. The clinical indication for the venepuncture procedure and any potential co-morbidities that may affect the patient's clotting mechanisms.
2. What information must be provided to the patient.
3. The relevant anatomy and physiology of the arm and hand.
4. The criteria for choosing both the vein and device to use.
5. The potential problems which may be encountered, how to prevent them and the necessary interventions to resolve these problems.
6. The health and safety/risk management associated with the procedure, as well as the correct disposal of equipment.
7. Safe infection prevention and control practices.
8. The practitioner should also demonstrate correct usage of the vacuum blood collection system and the knowledge of the correct labelling of bottles and forms including for cross match samples (refer to WAHT-KD-001 Blood Transfusion Policy).
    a. NB: Medical students will have an awareness but are not permitted to take blood samples for cross match or group and save.
9. Incident reporting procedure.

The vacuum blood collecting system is the recommended method for blood collection, within Worcestershire Acute Hospitals NHS Trust. To reduce the possibility of contamination to the practitioner, blood collection systems with integrated safety devices are now readily available and should be used wherever possible (NICE, 2003).

The circulatory system is a closed sterile system and venepuncture, however quickly completed is a breach of this system providing a method of entry for bacteria. Aseptic Non-Touch Technique (ANTT) must be adhered to throughout the procedure.

The practitioner must be aware of the physical and psychological comfort of the patient and to appreciate the value of adequate explanation.

2. Required Competencies

Non-medical Practitioners (including medical students) must have completed the following before undertaking venepuncture independently:

1. Theory relating to venepuncture delivered by Worcestershire Acute Hospital NHS Trust
   And
2. A minimum of 5 supervised successful venepunctures per device with a vacutainer and needle holder and closed collection set (butterfly)

All staff performing venepuncture must have completed ANTT training (available via ESR – 365 ANTT E-Learning) and have been assessed for competency. This should be accompanied alongside their supervised clinical competencies for venepuncture, within an agreed time frame from their line manager and/or Professional Development. Where Trust ANTT e-learning is not completed e.g. medical students, signed off competencies must be evidenced prior to commencement of clinical placement. Assessment must be performed by a clinically competent substantive member of staff who has been assessed as competent to perform venepuncture.

It is expected that medically qualified practitioners will have achieved and developed the requisite knowledge and skill of venepuncture as part of their core medical training and development. Where practitioners are unfamiliar with our Trust policy and equipment requirements, this should be covered on induction to Trust.

HCSWs and MSWs will be trained to the same standards as the Medical, Nursing, Midwifery and Allied Health Professionals and work under the supervision of their designated line manager, or other designated clinician in charge.

A register of competent practitioners trained within the Trust or assessed as competent will be held centrally by the Learning and Development Department.

Training requirements <u>for medical students</u>:

All 3 medical schools (Birmingham University, Warwick University and the Three Counties Medical School, University of Worcester) provide a digital/written record which details all simulated training and number of observed competencies such as venepuncture, that a medical student has performed successfully.

In the context of clinical (practical) skills training in undergraduate medical education:

*Practical Skills and Procedures is a supplementary document from Outcome for Graduates (2018) General Medical Council. This replaced Tomorrow's Doctor (2009).

Within this document all the clinical skills that a medical student requires can be found and level of competence by the end of training.

By the end of medical training, staff should be safe to practice the skill of venepuncture under indirect supervision.

Training, Supervision and Assessment:

The Undergraduate Teaching Academy at WAHT provide simulated teaching sessions and simulated revision sessions on venepuncture for **ALL** medical students on clinical placement at WAHT. This is part of their clinical placement training, in line with the General Medical Council's Outcomes for Graduates (2018).

Assessments:
All assessment criterions have been provided by Birmingham, Warwick and Worcester (Three Counties Medical School) University's. Following training: support; supervision and assessment of competence are carried out by Doctors and Nurses that are competent and currently practicing venepuncture in the clinical area. This also includes the clinical skills facilitator, clinical skills and simulation nurses and the clinical teaching fellows.

3. Procedures:

3.1 Methods for Improving Venous Access (applies to all procedures)

Please note, for all interventions detailed below clinicians are required to obtain informed consent where possible from patients prior to contact

- Apply disposable tourniquet; ask the patient to inform the practitioner if they are feeling any discomfort, or if the tourniquet is too tight.
- After applying the disposable tourniquet in place ask the patient to gently open and close their hands several times. N.B vigorous opening and closing of the hands may elevate potassium levels.
- Lower the arm so that the hand is hanging down.
- **Lightly** tap the proposed puncture site with your index and middle fingers.
- Immerse the arm in warm water or wrap it in a hot towel for a few minutes.
- No more than two attempts should be made at venepuncture without seeking assistance from a senior colleague or anaesthetist.

If the veins at the elbow (antecubital fossa) cannot be seen or felt, consider the use of the blood collection system further down the cephalic vein near the wrist or the metacarpal veins on the back of the hand.

3.2 Venepuncture with a Vacutainer Needle and Holder

Equipment

- Clinically clean solid plastic tray or receiver with sharps bin
- Disposable Tourniquet
- Vacutainer sleeve and correct size of needle for the chosen site of venepuncture
- Appropriate specimen bottles and specimen forms
- Isopropyl alcohol 70% swab with 2% Chlorhexidine Gluconate (If taking blood cultures 2% Chlorhexidine Gluconate and 70% Isopropyl Alcohol skin antiseptic system must be used e.g., Chloraprep)
- Clean adhesive dressing (plaster)
- Non-sterile surgical gloves (Gloves must be worn when carrying out venepuncture procedures)
- Apron
- Consider eye protection if there is a risk of blood splash.
- Clean gauze swab

Procedure

1. Check the patient's identification. This includes their first name, surname, date of birth and hospital/NHS number. Cross reference this with their clinical records and wrist band. Check the request form and ensure it is completed correctly.
2. Explain the procedure to the patient and gain their consent. Ascertain any previous problems the patient may have had and any allergies. Allow the patient to ask questions and discuss any problems, which may have previously arisen. Consider the use of topical anaesthetic cream for patients with needle phobia, and/or limited venous access. The topical anaesthetic cream must be prescribed prior to its application.
3. Carefully wash hands using liquid soap and water and dry thoroughly. Apply apron.
4. Prepare equipment necessary for venepuncture on a clean solid plastic tray and carry to the patient. Place sharps bin on your dominant side and blood bottles on non-dominant side.
5. Decontaminate hands according to WHO guidelines (WHO, 2021) using alcohol hand gel and rub until dry then don non-sterile surgical gloves. Survey both arms and select the venepuncture site.
6. Apply single use tourniquet to upper arm on the chosen side, 5 - 10 cm above the venepuncture site, tightly enough to obstruct venous return but not arterial blood flow. The single use tourniquet should be applied for no longer than one minute prior to commencing venepuncture as this causes pooling of blood leading to inaccurate results (Hoelke 2006).
7. If it is necessary to keep the single use tourniquet on for a long time to find a suitable vein, it must be removed for a few minutes and re-applied just before venepuncture is carried out [NCCLS Guidelines procedure for the Collection of Diagnostic Blood Specimens by Venepuncture; Fourth Edition H3 A4 Vol. 18, No 7]. **NB Only equipment specifically designed, as tourniquets must be used**. Gloves are **NOT** to be used as tourniquets as they can cause extensive bruising to the patient and vein damage. The disposable tourniquets used

at the Trust are single patient use and must only be re-used on the same patient or be discarded after every use.

8. Clean the skin carefully at the selected site with isopropyl alcohol 70% wipe for a minimum of 30 seconds and allow to air dry for at least 30 seconds. (NICE, 2023) ***Do not re-palpate the vein or touch the skin*.**

9. Open the vacutainer needle and attach the holder securely ensuring that the equipment remains sterile, and key parts and sites are protected. Reapply the disposable tourniquet.

10. Anchor the vein by applying manual traction on the skin a few centimetres below the proposed insertion site with the non-dominant hand.

11. Using the dominant hand insert the needle smoothly at an angle of approximately 15-30 degrees. Advance the needle approximately 1cm into the vein, if possible. Do not exert any pressure on the needle.

12. Withdraw the required amount of blood using the appropriate Vacutainer bottle(s). With the non-dominant hand insert bottle into sleeve keep needle as still as possible and push gently to pierce top. Release the tourniquet and allow vacuum to let required amount of blood flow into bottle. Remove bottle with non-dominant hand and invert gently for recommended times for specimen.

13. **Ensure the recommended order of draw is followed if several samples need to be taken. Information on standard order of draw is available in every clinical area. If in doubt, contact appropriate pathology department for advice. The recommended order of draw is: 1. Blood cultures, 2. coagulation tubes, 3. plain tubes (non-additives), and 4. all other tubes with additives*.***

    (The correct order of blood draw must be followed to avoid draw test error due to cross contamination from tube additives).

14. After the sampling is complete, remove the needle from the vein and engage the safety shield, if able, to cover the needle until an audible click is heard. This confirms the shield is locked into place, covering the needle. Discard the needle and Vacutainer barrel (as a single unit) in sharps bin immediately. DO NOT detach the needle from the holder. Apply pressure immediately to the puncture site using gauze NOT cotton wool. *(Do not apply pressure until the needle has been fully removed).*

    - Pressure should be applied until the bleeding has ceased, approximately 2 - 3 minutes. Longer may be required if current disease or treatment affects the patient's blood clotting mechanisms.

    - The patient may be asked to apply pressure with one finger but should be discouraged from bending the arm if a vein in the antecubital fossa is used.

15. Apply sterile adhesive waterproof dressing when bleeding has stopped.

16. Label the specimen bottles immediately at the patient's bedside *(ensure that the outside of specimen bottle is free of contamination).* Ensure all details are entered on the forms.

17. Place the specimen bottles in the plastic sleeve attached to the specimen form and seal. If using an electronic request, print the copy of the request and place it in the plastic sleeve with the specimen bottles.

18. Remove gloves and apron.

19. Carefully wash hands using liquid soap and water and dry thoroughly. Document the procedure in the patient's notes.
20. Despatch all specimens to the appropriate pathology department without delay.

3.3 Venepuncture Using a Blood Collection Set

The Blood Collection Set

This is a winged device with a connecting tube that attaches to the vacutainer holder available in 21-gauge (standard) and 23-gauge (finer) needle sizes. The smaller 23-gauge needle should be considered for use when patients have friable difficult veins or when taking blood from the back of the hand. The longer set with standard 21-gauge needle should be used with the large vacutainer holder for the collection of blood cultures.

Equipment

- Clinically clean solid plastic tray or receiver with sharps bin
- Disposable Tourniquet
- The appropriate Blood Collection Set and vacutainer holder
- Appropriate specimen bottles and specimen forms
- Isopropyl alcohol 70% swab
- Clean adhesive plaster
- Non-sterile surgical gloves (Gloves must be worn when carrying out venepuncture procedures)
- Apron
- Consider eye protection if there is a risk of blood splash.
- Clean gauze swab

Procedure

1. Check the patient's identification; this includes their first name, surname, date of birth and hospital/NHS number. Cross reference this with their clinical records and wrist band. Check the request form and ensure it is completed correctly.
2. Explain the procedure to the patient and gain their consent. Ascertain any previous problems the patient may have had and any allergies. Allow the patient to ask questions and discuss any problems, which may have previously arisen. Consider the use of topical anaesthetic cream for patients with needle phobia, and/or limited venous access. The topical anaesthetic cream must be prescribed prior to its application.
3. Carefully wash hands according to WHO guidelines (WHO, 2021) using liquid soap and water and dry thoroughly. Apply apron.
4. Prepare equipment necessary for venepuncture on a clean solid plastic tray and carry to the patient. Place sharps bin on your dominant side and blood bottles on non-dominant side.

5. Decontaminate hands according to WHO guidelines (WHO, 2021) using alcohol hand gel and rub until dry and don non-sterile surgical gloves. Survey both arms and select the venepuncture site.

6. Apply single use disposable tourniquet to upper arm on the chosen side, 5 - 10 cm above the venepuncture site, tightly enough to obstruct venous return but not arterial blood flow. The single use tourniquet should be applied for no longer than one minute prior to commencing venepuncture as this causes pooling of blood leading to inaccurate results (Hoelke 2006).

7. If it is necessary to keep the single use tourniquet on for a long time to find a suitable vein, it must be removed for a few minutes and re-applied just before venepuncture is carried out [NCCLS Guidelines procedure for the Collection of Diagnostic Blood Specimens by Venepuncture; Fourth Edition H3 A4 Vol. 18, No 7]. **NB Only equipment specifically designed, as tourniquets must be used**. Gloves are **NOT** to be used as tourniquets as they can cause extensive bruising to the patient. The tourniquets used at the Trust are single patient use and must therefore be discarded after every use.

8. Clean the skin carefully at the selected site with isopropyl alcohol 70% for a minimum of 30 seconds and allow to air dry for at least 30 seconds (NICE, 2023). ***Do not re-palpate the vein or touch the skin*.**

9. Open the Blood Collection Set from the pack and attach the holder ensuring that the device remains sterile, and key parts and sites are protected. Reapply the disposable tourniquet.

10. Anchor the vein by applying manual traction on the skin a few centimetres below the proposed insertion site with the non-dominant hand.

11. Using your dominant hand hold the blood collection set by pinching the wings together and insert the needle smoothly, with the bevel end uppermost at an approximately 15–30-degree angle, advance the needle approximately 1cm into the vein until flashback is seen.

12. Withdraw the required amount of blood using the appropriate Vacutainer bottle(s). With the non-dominant hand insert bottle into sleeve keep needle as still as possible and push gently to pierce top. Release the tourniquet and allow vacuum to let required amount of blood flow into bottle. Remove bottle with non-dominant hand and invert gently for recommended times for specimen.

13. If using a Safety-Lok blood collection set, grasp the shield between thumb and forefinger while using your remaining fingers to hold the tubing against the palm of your hand if it is safe and you are able to do so. With the tubing held taut, advance your thumb and forefinger to slide the safety shield forward until an audible click is heard. The click confirms the shield is locked into place, covering the needle. The device can then be disposed of in the sharps receptacle.

NB. Ensure the recommended order of draw is followed if several samples need to be taken. Information on standard order of draw is available in every clinical area. If in doubt, contact appropriate pathology department for advice. The recommended order of draw is:

a) blood cultures,
b) coagulation tubes,
c) plain tubes (non-additives), and
d)* all other tubes with additives*. (The correct order of blood draw must be followed to avoid draw test error due to cross contamination from tube additives).

14. Do not detach the needle from the holder. Apply pressure immediately to the puncture site using gauze NOT cotton wool. *(Do not apply pressure until the needle has been fully removed).* Pressure should be applied until the bleeding has ceased, approximately 2 - 3 minutes. Longer may be required if current disease or treatment affects the patient's blood clotting mechanisms. The patient may be asked to apply pressure with one finger but should be discouraged from bending the arm if a vein in the antecubital fossa is used.
15. Apply sterile adhesive waterproof dressing when bleeding has stopped.
16. Label the specimen bottles immediately at the patient's bedside *(ensure that the outside of specimen bottle is free of contamination).* Ensure all details are entered on the forms.
17. Place the specimen bottles in the plastic sleeve attached to the specimen form and seal. If using an electronic request, print the copy of the request and place it in the plastic sleeve with the specimen bottles.
18. Remove gloves and apron.
19. Carefully wash hands using liquid soap and water and dry thoroughly. Document the procedure in the patient's notes.
20. Despatch all specimens to the appropriate pathology department without delay.

3.4 Withdrawal of Blood through an Indwelling Catheter

It is recognised that the collection of blood from an indwelling catheter e.g., PICC or Hickman line is occasionally necessary. However, it is important to recognise that the remains of substances injected through the catheter may cause significant changes to the results of laboratory tests.

Please refer to specific guidelines for management of the specific device e.g., Hickman lines, or seek advice from oncology or haematology ward. Please note, this policy does not cover Central Venous Access Devices in Paediatrics.

WAHT-INF-050 Infection Prevention Procedure and Practice Guidelines for Intravenous Access Devices (IVAD)

Blood may be obtained from a peripheral vascular device but only immediately after insertion and before flushing with 0.9% Sodium Chloride. Withdrawal of blood is made possible using a luer adaptor.

NB. Blood cultures must never be obtained from an existing peripheral vascular device.

4. Aseptic Collection of Blood Cultures

Introduction

Considering the following rationale, please note the taking of blood cultures should not be undertaken by all unregistered practitioners

Blood culture to detect bacteraemia is an important investigation with major implications for the diagnosis of patients with infection and the selection of appropriate treatment. This policy describes an aseptic technique which will optimise the quality and clinical value of blood culture investigations and reduce the incidence of sample contamination and "false positives" when taking blood cultures.

A “false positive” also referred to as a “contaminant” is defined as growth of bacteria in the blood culture bottle that were not present in the patient’s blood stream and were introduced during sample collection. Contamination can come from several sources: the patient’s skin, the equipment used to take the sample and transfer it to the blood culture bottle, the hands of the person taking the blood sample, or the general environment.

“False positive” results can result in a patient being commenced on inappropriate antibiotics with associated risks of side effects, reactions, and increased susceptibility to *Clostridium difficile* infection. They can also divert attention from the patient’s true diagnosis. MRSA may arise as a contaminant which artificially raises the Trust’s nationally reported rate of MRSA infection. In addition, unnecessary work is generated in the laboratory and for the clinical team. Reports from NHS trusts and equipment suppliers suggest that the contamination rate could be as high as 10%.

Blood cultures should always be collected using a fresh peripheral venous stab. Existing cannula should not be used. When investigating a central line infection, blood cultures should be collected from each lumen and from a peripheral site.

NB: Medical students have an awareness of the blood culture collection procedure only. The exception to this is Year 5 medical students from Birmingham University who are able to perform the procedure under direct supervision.

Equipment

- Blood sampling set with adaptor. **Use of the blood sampling set, and adaptor is strongly advised wherever possible as it significantly reduces the risk both of bacterial contamination and of needle-stick injuries** (A 20 ml syringe and 2X 21G (green) hypodermic needles must only be used if it is not clinically feasible to use the blood collection set).

- Blood culture set (blue bag) containing: 2 blood culture bottles (aerobic and anaerobic) (NB only one bottle is supplied in the paediatric set (yellow top)), a 21G (green) butterfly with vacutainer compatible safety lock, an adaptor cap, request form and instruction chart.

- 2% chlorhexidine in 70% isopropyl alcohol (Chloraprep) swab and 2 x 2% sani-cloth

- Gauze swab

- Micropore or adhesive plaster

- Sharps disposal container

- Disposable tourniquet

- Non-sterile examination gloves

- Apron

Procedure

1. Check the patient's identification; this includes their first name, surname, date of birth and hospital/NHS number. Cross reference this with their clinical records and wrist band. Check the blood sample request form and ensure it is completed correctly.

2. Explain the procedure to the patient and gain their consent. Ascertain any previous problems the patient may have had and any allergies. Allow the patient to ask questions and discuss any problems, which may have previously arisen.

3. Carefully wash hands according to WHO guidelines (WHO, 2021) using liquid soap and water and dry thoroughly. Apply apron.

   Check expiry date of blood culture bottles and make sure that the broth is clear.
   DO NOT USE IF CLOUDY.
   Make sure the green sensor on the bottom of the bottles is still green.
   DO NOT USE IF SENSOR IS OFF-COLOUR.

4. Prepare equipment necessary for blood culture and venepuncture on a clean solid plastic tray and carry to the patient. Place sharps bin on your dominant side

5. Attach set to the adaptor bottle cap but do not remove sheath. Ensure key parts are protected. Reapply the tourniquet.

6. Remove plastic flip top from caps of bottles. Disinfect exposed rubber caps with 2% sani-cloth for 30 seconds for each bottle and allow to dry for an additional 30 seconds or until completely dry.

7. Decontaminate hands using alcohol hand gel and rub until dry and don non-sterile surgical gloves.

8. Select suitable site for venepuncture by palpating the veins. Always check both arms for most suitable puncture site and be sure you have located a vein before attempting venepuncture preferably using the median cubital vein.

9. Apply single use tourniquet to upper arm on the chosen side, 5 - 10 cm above the venepuncture site, tightly enough to obstruct venous return but not arterial blood flow. The single use tourniquet should be applied for no longer than one minute prior to commencing venepuncture as this causes pooling of blood leading to inaccurate results (Hoelke 2006).

10. Clean the puncture area well using 2% chlorhexidine in 70% isopropyl alcohol (Chloraprep) using a bidirectional stroke for a minimum of 30 seconds and allow to air dry for at least 30 seconds (Barton *et al*., 2022).

    Do not palpate this area again as this will re-contaminate the skin.

11. Anchor the vein by applying manual traction on the skin a few centimetres below the proposed insertion site with the non-dominant hand.

12. Using your dominant hand hold the blood collection set by pinching the wings together and insert the needle smoothly, with the bevel end uppermost at an approximately 15- 30-degree angle, advance the needle approximately 1cm until flashback is seen

13. Holding the blood culture bottles upright, glide the adapter cap to pierce the rubber cap. Obtain a maximum of 10mls of blood into **blue aerobic bottle first.** Then obtain a maximum of 10mls of blood into **purple anaerobic bottle.** Sample volume should ideally not be less than 5ml for each bottle. Invert bottles once. Any remaining blood tests may then be obtained into specimen tubes for other tests using the insert adapter, if available, or by locating the blood tube bung over the needle located in the centre of the adapter cap. Correct order of draw should be maintained.

14. Remove needle from vein and then apply pressure to venepuncture site using gauze swab.

15. Dispose of the blood set into sharps container as a single unit after engaging the safety shield. **NB. Do not re-sheath needles.**

16. Label bottles with patient's name, date of birth, hospital number, ward, date and time of sample collection. Do not obscure or remove the barcode labels on the bottles; these are used in the laboratory.

17. Remove gloves and apron.

18. Carefully wash hands using liquid soap and water and dry thoroughly. Document the procedure in the patient's notes.

19. Send to Microbiology immediately via a porter during working hours or ensure that. the bottles are placed in the overnight 37ºC incubator. **NB. Blood culture samples must never be sent using the hospital 'chute' system as this may break the bottles or compromise the quality of sample.**

5. Implementation

5.1 Plan for implementation

Action	Person responsible	Timescale
Launch to Infection Prevention Link Nurses at their relevant meetings for wider dissemination to ward and departmental nursing staff	Professional Development Team/ IPCT (IPC Link Nurses)	Within 3 months of approval
Launch to all clinical staff through Trust Brief	Infection Prevention and Control Team	Within 3 months of approval
Launch to all medical students (undergraduate and postgraduate) as part of Trust Induction	Undergraduate and Postgraduate Education Team	Within 3 months of approval
Protocol will underpin content to all training in relation to venepuncture for blood collection.	All clinical staff involved in teaching or assessing competence in relation to venepuncture	On approval and publication of the protocol

5.2 Dissemination

As above.

5.3 Training and awareness

Practitioners must have undergone training, supervised practice and be certified in order to perform this skill competently. The Training will consist of:

- WAHT Venepuncture Clinical Skills Training
- Blood transfusion training

Competency assessment will be achieved in line with the Trust Venepuncture Competency document and the Blood Transfusion sampling competency. The competency assessment will be carried out by a competent practitioner within a 12 week time frame. The Practice Educator Team will be notified of completed competencies by the candidate, so that training records can be updated and maintained on ESR. Competency must be re-assessed every 3 years by attending an update and completing the Blood Transfusion competency.
Practitioners have a responsibility towards themselves, the patient and the employer and must therefore have a good working knowledge of all local policies and guidelines.

6. Monitoring and compliance

Activity Monitored	Where	Audit / monitoring tool	Frequency	By whom	Report to	Frequency of reporting
Maintain attendance records on training and education	Trust wide	Staff attendance records OLM records	Quarterly	Training and development	Heads of Nursing	Quarterly
Audit of compliance by procedure	Trust wide	Venepuncture Audit Tool	Annual Quarterly	IPCT Ward Manager/Link Nurse	TIPCC Nursing Dashboard	Annual Quarterly
Review of sharps related incidents	Trust wide	Datix reports	Quarterly	Health and Safety Manager	Needlestick Monitoring Forum Health and Safety Committee	Quarterly Quarterly
Bacteraemia rates monitored against national targets.	Trust wide		Weekly	IPCT	TIPCC	Quarterly
Compliance measured by Blood culture contamination rates	Trust wide		Monthly	IPCT	TIPCC	Monthly
Evaluate compliance in relation to the NHSLA Risk Management Standards and Health Act EU Directive on Safe use of Sharps	Trust wide	Trust Risk Register and Clinical Governance	Annually	Health and Safety/ TIPCC	TIPCC/ H&S/ Executive Risk Management Committee	Annually

6. Protocol Review

This protocol will be reviewed every three years by the Infection Prevention and Control team in conjunction with the Professional Development Team and will be circulated for review and approval by the Trust Infection Prevention and Control Committee (TIPCC).

7. References

References: Code:

Infection Prevention Procedure and Practice Guidelines for Intravenous Access Devices (IVAD)	INF-050
Policy for Aseptic Non-Touch Technique (ANTT)	INF-048

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8. Background

8.1 Equality requirements

[A brief description of the findings of the equality assessment Supporting Document 1]

8.2 Financial risk assessment

[A brief description of the financial risk assessment Supporting Document 2]

8.3 Consultation

Key individuals involved in reviewing the document

Name	Designation
Jon Howard	Professional Development Practitioner
Lara Bailey	Senior Infection Prevention and Control Nurse Advisor

Circulated to the following individuals for comments

Name	Designation
Steve Graystone	Medical Director for Patient Safety
	Chief BMS Biochemistry WRH
	Head BMS Haematology WRH
Dr J Berlet	Divisional Medical Director - SCSD
Dr J Trevelyan	Divisional Medical Director - Medicine
Dr D Raven	Divisional Medical Director – Urgent Care
Dr S Goodyear	Divisional Medical Director - Surgery
H Weathall	Occupational Health Nurse Manager
	Professional Development Team
	Undergraduate Department

This key document has been circulated to the chair(s) of the following committee's / groups for comments.

Committee

All members of TIPCC

8.4 Approval Process

This section should describe the internal process for the approval and ratification of this Policy.

8.5 Version Control

This section should contain a list of key amendments made to this document each time it is reviewed.

Date	Amendment	By:
Feb 2021	Document extended as per Trust agreement 11.02.2021	
Oct 2023	Document hyperlinks updated including reference to existing Key Documents Policy reviewed by Professional Development Team	L Bailey Jon Howard
June 2024	Policy reviewed by Professional Development Team Policy reviewed by Occupational Health Team Policy reviewed by Undergraduate Clinical Skills Team	Kimberley Creighton Helen Wealthall Marion Santos; Angela Connell

Supporting Document 1 - Equality Impact Assessment Tool
To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page

NHS Worcestershire Acute Hospitals NHS Trust

Herefordshire and Worcestershire Safe and effective health and care services

Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	x	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	**Julie Booth**

Details of individuals completing this assessment	**Name**	**Job title**	**e-mail contact**
	Lara Bailey	**Senior Infection Prevention and Control Nurse Specialist**	**larabailey@nhs.net**
Date assessment completed	**15.06.24**		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	**Title:** Policy for the Performance of Venepuncture			
What is the aim, purpose and/or intended outcomes of this Activity?	To maintain patient and staff safety			
Who will be affected by the development & implementation of this activity?	❑	Service User	❑	Staff
	❑	Patient	❑	Communities
	❑	Carers	❑	Other
	❑	Visitors	❑	_____
Is this:	❑ Review of an existing activity ❑ New activity ❑ Planning to withdraw or reduce a service, activity or presence?			
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	National Guidance			
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Professional Development Team for this Specialist expertise			
Summary of relevant findings	N/A			

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale**. Please note it is possible for the potential impact to be both positive and negative within the same equality group and this

should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		x		
Disability		x		
Gender Reassignment		x		
Marriage & Civil Partnerships		x		
Pregnancy & Maternity		x		
Race including Traveling Communities		x		
Religion & Belief		x		
Sex		x		
Sexual Orientation		x		
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		x		

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		x		

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
		.		
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)				

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	L Bailey
Date signed	15.06.24
Comments:	
Signature of person the Leader Person for this activity	
Date signed	
Comments:	

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	EU directive on safety sharps will require further review of products used in blood collection, venepuncture to ensure appropriate safety devices are in use where available. This may prove cost neutral.
3.	Does the implementation of this document require additional manpower	No but may mean the procedure of venepuncture takes longer against current practice.
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	NO current training programmes exist.
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval