

Venepuncture Policy

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Name of originator / author:	Workforce Development Manager Clinical Practice Educators
Name of responsible committee / Individual	Effective Practice Assurance Group
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Target audience:	All staff and Healthcare students who practice this skill
Distributed via	Website

**Venepuncture Policy
Version Control Sheet**

Version	Section / Para / Appendix	Version / Description of Amendments	Date	Author / Amended by
1	New policy. Replacing G_CS_40 – Venepuncture (A Guide to Practice)	Included Healthcare Students in accordance with NMC (2018) Standards For Education for Pre- registration healthcare students	08/06/18	V Ronis V Pruteanu
		Clarity on students who already work for the trust can continue to practice extended role	08/06/18	V Ronis V Pruteanu
		Removed Anatomy and Physiology	08/06/18	V Ronis V Pruteanu
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Venepuncture Policy

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Venepuncture Policy Procedural Document Statement

Background Statement

There is a need to provide an efficient service to patients who require venepuncture as part of their care.

Statement

The venepuncture education programme is a clinical skill based education package aimed at clinical staff, with standardised assessment and risk management guidelines for clinical practice. LCHS is agreeable to accept the transferability of training provided by the Higher Education Institutions (HEI) within the East Midlands for student nurses where there is a local agreement between the trust and the education provider.

Responsibilities

Individual staff member's accountability and assessor responsibilities and accountability are outlined in the document. Assessors are accountable for the assessment decisions and fitness for purpose and practice of those they assess. Manager's responsibilities are to review competency via annual personal development review, through practical observation using the assessment in this document. Workforce development team will hold records of the venepuncture practice education package once completed and record on the Electronic Staff Record (ESR). Managers to identify suitably qualified phlebotomy assessors in their clinical teams.

Training

Health professionals are expected to undertake learning and development opportunities, supporting both the needs of the individual, and the service area. Personal development plans will be discussed and agreed with line managers through the appraisal process. This training will cover knowledge, skills, competencies and behaviors. On this basis HEI training will be compatible. Training will be recorded in our staff members' Electronic staff record. Managers are responsible for updating competency achievement in ESR. Student nurses must be able to present evidence from their HEI of their training and competence (LCHS will support the achievement of competence in practice with students). LCHS will also accept evidence for achievement of competencies in venepuncture from Healthcare professionals who have achieved these in other partnership organizations, however, must demonstrate this observed on 3 separate occasions on commencement of post in LCHS.

Dissemination

View from Staff web site, and upon attendance at training session

Resource implication

Manikin arms are available in the training department. Practice based assessors will be identified by the manager, with experience and knowledge, ensuring the individual assessment of competence

Main body of policy

1 Introduction

1.1 Lincolnshire Community Health Service (LCHS) supports the extended role of health professionals, support staff and healthcare students undergoing accredited programmes with HEI's to take blood for investigations on behalf of medical staff provided they have been

appropriately trained and are competent to do so. **Healthcare students are not permitted to achieve these competencies in a clinic setting (such as a phlebotomy clinic) as they must be assessed via a competent supervisor who is on a professional register and within the context of the practice area.** Healthcare students **MUST** demonstrate **5 successful venous samples**. If the assessor deems that additional practice is required, this is based on their clinical judgement and will only deem the student as competent when they feel they have achieved the required standard of competency. There must be a clear record where assessors are able to document if they deem the student to be competent or not. Students will be able to provide evidence of previous successful venepunctures to their assessors from other Lincolnshire Healthcare Providers and this will be accepted by LCHS. This also applies to staff new to LCHS who can evidence achievement of this competency with another healthcare provider. The assessor's clinical judgement also applies to health care professionals and 5 successful attempts must be observed.

1.2 There is a need to provide an efficient service to patients (adults only) that is accessible and timely, in order that care and treatment is not unduly delayed and which prevents the unnecessary distress to patients should they have to attend an outpatient clinic to have their blood taken for investigation.

1.3 Only those staff and healthcare students under supervision of the appropriate trained healthcare professional are approved to take blood samples after completing the venepuncture training programme will be permitted to perform this procedure, subject to service need and undertaking annual updates (National Phlebotomy Association 2007). Healthcare support workers who have already achieved competency in venepuncture and are undergoing accredited HEI courses may continue to practice this skill in line with the new standards for education for pre-registration nursing students (NMC, 2018). When healthcare students achieve registration and are employed by LCHS, their achievement of competency from their HEI will be accepted.

1.4 The purpose of this policy is to determine the standards and governance arrangements for staff and healthcare students to be able to undertake venepuncture and ensure services acknowledge their responsibility to ensure safe practice to patients.

2. Duties

2.1 The Director of Nursing will ensure appropriate arrangements are in place to support the implementation of this policy and that monitoring arrangements are in place to determine performance outcomes.

2.2 The Effective Practice Assurance Group will be responsible for ensuring the implementation of the policy and assuring that standards and governance arrangements are being applied and reported on.

2.3 The Effective Practice Assurance Group will be responsible for monitoring and reviewing the policy to ensure that the relevant policy guidance is up to date and relevant.

2.4 It will be the responsibility of the Matron and managers to monitor all new and existing staff undertaking venepuncture within the Trust and ensure they provide safe practice in accordance with the standards set within this guideline. This will include supporting staff and healthcare students to undertake training to extend their role and acquire competence in venepuncture as required by services and monitor staff undertake yearly updates. Assessors will be identified by local manager and allocated to the learner.

2.5 Staff and healthcare students undertaking venepuncture will be required to carry out their extended role in accordance with the standards set out within this document.

3. Accountability

3.1 The code of Professional Conduct (NMC, 2015) makes clear that practitioners must acknowledge any limitations in their knowledge and competence and decline any duties or responsibilities unless able to perform them in a competent manner.

3.2 The opportunity to practice the skill to maintain standards of competency is essential together with the opportunity to re-evaluate at yearly intervals that the level of competency has been maintained. The opportunity to review competency can be taken up via regular clinical supervision, direct observation or at annual personal development reviews. It will be the responsibility of approved nurses and support staff that undertake venepuncture to undertake annual update and review of their competence to practice.

3.3 When undertaking venepuncture, health professionals have a responsibility to act in the best interest of the patient and follow evidence based practice. (Rowe 2000)

3.4 The principles of good practice within this policy apply to all staff involved in carrying out venepuncture on behalf of the Trust including those who have honorary contracts with the Trust agreed as part of approved projects and research

3.5 Approval to practice venepuncture will follow both theoretical and practical learning provided.

Competence will be determined when the trainee achieves a level of skill and ability assessed as being able to practice safely without the benefit of direct supervision. This will be achieved by the trainee performing a minimum of 5 venepuncture procedures under direct supervision and successfully achieving the appropriate level of competency. A certificate of competence to practice this skill (Appendix 1) will be completed by both parties to demonstrate competence achievement and issued to the trainee.

3.6 The NMC (2018) has issued new Pre registration Education Standards (annex b, part 1 2.2) this requires nurses prior to registration to achieve competence in broader range of clinical skills. This underpins the requirement of NHS trusts to support healthcare students in the achievement of clinical skills (venepuncture, cannulation and male catheterisation).

4. Definition

4.1 Venepuncture is the act of insertion of a needle into a vein to withdraw blood. It is a practice skill that can be used by a range of health professionals. Whilst this has previously been an extended skill, the new standards for Education published by the NMC (2018) now consider this to be a skill, healthcare students acquire during their training.

4.2 The vein most commonly used for this purpose is the median cubital vein which lies close to the surface of the skin in the antecubital region.

5. Informed Consent

5.1 This practice skill should be carried out with reference to LCHS Policy for Consent to Examination or Treatment. Supervisors of healthcare students should ensure that patients have been provided with an information leaflet of patient involvement with student learners and consent to a student carrying out this procedure.

5.2 Consent should not be assumed, all service users must be engaged in the process of informed consent.

5.3 As a professional when obtaining consent you have three key responsibilities:-

- 1) You must act in the best interests of the patient
- 2) You must ensure that the process of gaining consent determines a clear level of Accountability
- 3) You should ensure that all discussions and decisions relating to obtaining consent are Recorded accurately (NMC 2007) Mental Capacity Act (MCA, 2005)

6.0 Venepuncture Procedure

The venepuncture procedure will be carried out as per appendix 2 at the request of medical or appropriately trained staff. Should any problems be encountered, solutions should be decided in conjunction with the patient as per appendix 3

Venepuncture breaches the closed sterile circulation system, thus providing a potential portal for bacterial entry. The LCHS aseptic non touch technique (LCHS Aseptic, Sterile Clean technique policy) must therefore be employed throughout the procedure. Any cuts or abrasions must be covered prior to commencing the procedure, and gloves must be worn. The infection status of the individual, as well as the area, must be taken in to account. Best practice therefore indicates (Marsden Manual (date), Infection Control Nurses Association (date)):-

- Wear gloves when performing venepuncture
- Change gloves between patient, wash hands appropriately as per policy
- Report inoculation injury – refer to Trust Inoculation Injury policy
- Report any skin problems to occupational health
- CE/UN approved Sharps bin at point of use

Results will be interpreted by medical staff, or those clinically trained to do so, who will be responsible for appropriate actions. Delegation of responsibilities should be documented in the patient's records. Due to the fact that clinical decisions will be based on the results of this procedure, accuracy in following procedure is key. Care must be taken when documenting results when taken over the telephone for accuracy.

It is recognised that on admission to community hospitals that routine blood tests are carried out which may include – full blood count, urea and electrolytes, blood glucose, liver function tests, coagulation screen, thyroid function test and c-reactive protein. Extra tests can be requested (providing gold and lavender bottles sent) within 48 hours of the sample being taken to prevent the further venepuncture of the patient.

Tests taken on an unconscious patient in Urgent Care Centres will be in accordance with the best interests of the patient following assessment using the Mental Capacity Act 2005.

6.1 Venepuncture Checklist:

- Have you confirmed the identity of the patient?
- Have you obtained informed consent?
- Have you considered local anaesthesia?
- Does the patient have an IV infusion in progress in the limb you propose to use?
- Do you have all the equipment required?
- Do you have a sharps bin?
- Do you know how to document the procedure?
- What will you do if you are unsuccessful?

6.2 Unsuccessful venepuncture

If two unsuccessful attempts at venepuncture have been made by one person, a further two attempts should be carried out by a second person, if the patient is consenting. If venepuncture remains unsuccessful, please contact the requesting practitioner.

6.3 Equipment

1. Clean tray or receiver
2. Single patient use tourniquet or sphygmomanometer and cuff.
3. 21 swg safety needle (Vacurette) or 21 swg safety winged infusion device and vacutainer single use holder.
4. Plastic tube holder, standard or for blood cultures.
5. Appropriate vacuumed specimen tubes.
6. Swab saturated with chlorhexidine 2% in 70% alcohol.
7. Low-linting swabs
8. Sterile adhesive plaster or hypoallergenic tape.
9. Specimen request forms
10. Gloves (latex/powder free) - sterile if taking blood culture
11. Plastic apron (optional)
12. CE/UN approved Sharps bin

This is a guide and not exhaustive as equipment/needs change, the practitioner must maintain knowledge of appropriate devices.

Please Note, if using a winged device, for example a butterfly safety needle with a vacutainer end for difficult, small or fragile veins, a discard tube must be used first. The discard tube must be used to fill the space in the collection tubing; however, the discard tube does not need to be completely filled.

6.4 Blood Cultures

These should not be seen as a routine investigation. These must only be taken when clinically indicated, where bacteraemia or septic infection is suspected, and before the administration of antibiotics (High Impact Interventions 2010). If the patient is undergoing a course of antibiotics already, these cultures should be taken immediately prior to the next dose. Indicators for blood cultures:-

- Pyrexia > 38.3degrees Celsius (Sepsis Screening Guidelines, DATE)
- Local signs of infection
- Abnormal heart rate (raised), blood pressure (low or raised) or respiratory rate (raised)
- Chills or rigors
- raised or very low white blood cell count
- New or worsening confusion.

Please note: signs of sepsis may be minimal or absent in the very young and the elderly.

Blood cultures should always be taken from a fresh stab, not an established peripheral intravenous line. The caps of the bottles should be cleansed using 2%chlorhexidine in 70%isopropyl alcohol, and allowed to dry for 30 seconds prior to use. A winged blood collection set is preferred. False positive results, where the sample has been contaminated, should be monitored and be kept below 3%.

6.5 High Risk Patients

LCHS follow the department of health guidelines which are as follows:

The department of Health High Impact Interventions, (2010) identify the following groups are considered High Risk:

- Persons known to be or suspected of being HIV antibody positive.
- Persons known to be or suspected of being Hepatitis B Hbs Ag positive.
- Known intravenous drug abusers.
- Those with identified Creutzfeldt Jakob Disease.
- Haemophiliacs on regular treatment.
- Those persons who present with an illness suggestive of HIV.

1. Specimens from patients with known HIV or Hepatitis B may be taken by the phlebotomist providing the patient has good venous access.
2. Affix **DANGER OF INFECTION** stickers to each labelled specimen and all copies of request forms. The doctor requesting the investigations must sign the request forms.
3. The request form must contain sufficient clinical information to enable laboratory staff to undertake appropriate health and safety precautions. The warning label must be visible, but the clinical information need not be conspicuous to other people. The specimen must be placed and sealed in the transparent transport bag.
4. The sealed transport bag must be brought to the laboratory immediately and separate from other samples. The bag must be handed to a member of the laboratory staff and not left unattended.

6.6 Safe Order of Draw for Sampling

Blood Cultures are always taken first, followed by:-

Bottle Type	Colour	Test
Citrate	Blue	Coagulation
Gel	Gold	U&E
EDTA	Lavender	FBC/HBA1c
Citrate	Grey	Glucose
Citrate	Black	ESR only
Citrate	Red/ Yellow Ring	Virology/ Microbiology
EDTA	Pink	X-Match

A discharge tube may be needed to be used first if taking blue INR tubes with a winged safety device due to the air space in the tubing which may result in an incorrect fill if discharge tube is not used – white cap with black ring.

All tubes must be mixed to allow accurate testing in the laboratory. Blue and mauve tops should be gently rotated 3-4 times. All other tubes should be rotated 6-8 times.

7.0 Associated Documentation (Available on LCHS public website)

- Hand washing and the use of hand sanitiser
- Infection prevention and control guidance management of specimens
- Mental Capacity Act including deprivation of liberty safeguards

- Infection Control Policy, including Aseptic, Sterile and clean procedures
- Consent to Examination and Treatment Policy
- Infection prevention policy
- Sepsis Screening Policy
- Sharps safe handling policy
- Incident reporting

References

Dimond B (2015) *Legal Aspects of Nursing* (7th Edition). Pearson Education Limited. Harlow. Essex

Dougherty, L. and Lister, S. (2015) *Royal Marsden Manual of Clinical Nursing Procedures* 9th Edition. Blackwell Publishing. London.

The Sepsis Trust (2017) *The Sepsis Manual*, 4th Edition (online) available at <https://sepsistrust.org/?s=the+sepsis+manual>

Lincolnshire Community Health Services (2018) Policy for Consent to Examination or Treatment (online) available at https://www.lincolnshirecommunityhealthservices.nhs.uk/application/files/9615/1782/7556/P_CIG_05_Consent_to_Examination_or_Treatment_Policy.pdf

Mental Capacity Act 2005 http://www.opsi.gov.uk/ACTS/acts2005/ukpga_20050009_en_1

NMC (2011) *The Code of Professional Conduct*, Nursing and Midwifery Council. London

NMC 2007 – Record Keeping. NMC London.
<http://www.nmcuk.org/aFrameDisplay.aspx?DocumentID=4008>

NMC (2018) *Future Nurse: Standards of proficiency for registered nurses*.

Rowe J A 2000, Accountability: a fundamental component of nursing practice. *British Journal of Nursing*. 9,9. 549-552

Monitoring Template

Minimum requirement to be monitored	Process for monitoring e.g. audit	Responsible individuals/ group/ committee	Frequency of monitoring/audit	Responsible individuals/ group/ committee (multidisciplinary) for review of results	Responsible individuals/ group/ committee for development of action plan	Responsible individuals/ group/ committee for monitoring of action plan
All staff and Healthcare students carrying out this competency	Initial Sign of a competent/ annual review of competency via clinical supervision	Individual Practitioner/ Line Manager Effective Practice Assurance Group Infection Prevention	Annual	Department Managers Effective Practice Assurance Group Infection Prevention	Local department managers Effective Practice Assurance Group Infection Prevention	Local department managers Effective Practice Assurance Group Infection Prevention

Equality Analysis

Name of Policy/Procedure/Function* Venepuncture Policy

Equality Analysis Carried out by: Victoria Pruteanu

Date: 08/06/2018

Equality & Human rights Lead: Rachel Higgins

Director\General Manager: Lisa Stalley-Green

***In this template the term policy\service is used as shorthand for what needs to be analysed. Policy\Service needs to be understood broadly to embrace the full range of policies, practices, activities and decisions: essentially everything we do, whether it is formally written down or whether it is informal custom and practice. This includes existing policies and any new policies under development.**

Section 1 – to be completed for all policies

A.	Briefly give an outline of the key objectives of the policy; what it's intended outcome is and who the intended beneficiaries are expected to be	Policy to ensure the practice of venepuncture is carried safely by competent healthcare professionals/students who have completed the necessary training and can evidence this skill can be performed competently.
B.	Does the policy have an impact on patients, carers or staff, or the wider community that we have links with? Please give details	Yes. Policy relates to an invasive investigative procedure which is performed on patients in response to a health need. There is a need for competent practitioners to be able to perform this skill to ensure provision of care to patients and a service need. Staff impact also relates to sharps injury and contamination of blood products.
C.	Is there is any evidence that the policy\service relates to an area with known inequalities? Please give details	No

D.	Will/Does the implementation of the policy/service result in different impacts for protected characteristics?	No		
		Yes	No	
	Disability		X	
	Sexual Orientation		X	
	Sex		X	
	Gender Reassignment		X	
	Race		X	
	Marriage/Civil Partnership		X	
	Maternity/Pregnancy		X	
	Age		X	
	Religion or Belief		X	
	Carers		X	
If you have answered 'Yes' to any of the questions then you are required to carry out a full Equality Analysis which should be approved by the Equality and Human Rights Lead – please go to section 2				
The above named policy has been considered and does not require a full equality analysis				
Equality Analysis Carried out by:		Victoria Pruteanu		
Date:		08/06/2018		

Section 2

Equality analysis

Title:
Relevant line in:

What are the intended outcomes of this work? <i>Include outline of objectives and function aims</i>
Who will be affected? <i>e.g. staff, patients, service users etc</i>

<p>Evidence</p> <p><i>The Government's commitment to transparency requires public bodies to be open about the information on which they base their decisions and the results. You must understand your responsibilities under the transparency agenda before completing this section of the assessment.</i></p>
<p>What evidence have you considered?</p> <p><i>List the main sources of data, research and other sources of evidence (including full references) reviewed to determine impact on each equality group (protected characteristic). This can include national research, surveys, reports, research interviews, focus groups, pilot activity evaluations etc. If there are gaps in evidence, state what you will do to close them in the Action Plan on the last page of this template.</i></p>

<p>Disability Consider and detail (including the source of any evidence) on attitudinal, physical and social barriers.</p>
<p>Sex Consider and detail (including the source of any evidence) on men and women (potential to link to carers below).</p>
<p>Race Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.</p>
<p>Age Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare.</p>
<p>Gender reassignment (including transgender) Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment.</p>
<p>Sexual orientation Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.</p>
<p>Religion or belief Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.</p>
<p>Pregnancy and maternity Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.</p>
<p>Carers Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities.</p>
<p>Other identified groups Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.</p>

<p>Engagement and involvement</p> <p>Was this work subject to the requirements of the Equality Act and the NHS Act 2006 (Duty to involve)? (Y/N)</p>
<p>How have you engaged stakeholders in gathering evidence or testing the evidence available?</p>
<p>How have you engaged stakeholders in testing the policy or programme proposals?</p>
<p>For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:</p>

Summary of Analysis

Considering the evidence and engagement activity you listed above, please summarise the impact of your work. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups. How you will mitigate any negative impacts. How you will include certain protected groups in services or expand their participation in public life.

Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups.

Eliminate discrimination, harassment and victimisation

Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).

Advance equality of opportunity

Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).

Promote good relations between groups

Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).

What is the overall impact?

Consider whether there are different levels of access experienced, needs or experiences, whether there are barriers to engagement, are there regional variations and what is the combined impact?

Addressing the impact on equalities

Please give an outline of what broad action you or any other bodies are taking to address any inequalities identified through the evidence.

Action planning for improvement

Please give an outline of the key actions based on any gaps, challenges and opportunities you have identified. Actions to improve the policy/programmes need to be summarised (An action plan template is appended for specific action planning). Include here any general action to address specific equality issues and data gaps that need to be addressed through consultation or further research.

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

For the record

Name of person who carried out this assessment:

Date assessment completed:
Name of responsible Director/ General Manager:
Date assessment was signed:

Appendix 3

Competencies Required by all Staff Undertaking Venepuncture (Adults)

The following competencies must be achieved within a 4 month period in order to ensure application of knowledge and skills in a timely manner.

Competency Achieved	Supervised Practice (Date/s)	Assessor Signature and Print Name
Has attended approved recognised theoretical training		
Understands the relevant normal anatomy and physiology of the arm including major arteries, veins and nerves.		
Understands how disease processes cause changes in the structure of veins and the significance of these changes		
Understands the reasons for taking blood and is able to explain the procedure clearly to the patient		
Is aware of the physical and psychological comfort of the patient		
Is able to describe informed consent		
Knows what equipment is required		
Knows the criteria for choosing both a vein and the appropriate device to use		
Knows preferred sites to be used		
Knows the appropriate techniques to be used		
Knows what blood bottles should be used for different tests, and order of draw		
Knows the potential problems/risks that may be encountered, how to prevent them, and any necessary interventions		
Knows how to restrict blood flow		
Knows how to reduce the risk of bleeding/bruising after the procedure		
Understands associated dangers and always practices basic universal infection control precautions, and Aseptic, sterile and clean		

procedures.		
Demonstrates the safe use and disposal of equipment, including PPE		
Knows how to prevent & deal with needle stick injuries		
Is able to define clinical competence and accountability, according to their Professional Code of Conduct		
Knows how to deal with a faint and other complications		
Has attended recent Cardio-Pulmonary Resuscitation (CPR) training		
Knows where the emergency equipment is kept		
Has documented process in records		

This is to confirm that, payroll number.....meets all the competencies listed above and is authorised to take blood from patients on behalf of Lincolnshire Community Health Services

Assessor - Print Name.....

Signed Designation

Date.....

Learner print name.....

Learner signature.....Designation.....

On successful completion, copy of assessment to be placed in the staff members personal profile, copy to manager and to workforce development team who will make entry onto appropriate staff data base – ESR and trained phlebotomists. Managers are responsible for ensuring competencies are recorded in ESR (support and advice can be obtained from the business support team within the Education learning and development team.

Learning and development team, Beech House, Witham Park, Waterside South, Lincoln. LN5 7JH

Procedure Checklist - Taken from Marsden Manual (Dougherty & Lister 2011)

Action	Rationale
1. Approach the patient in a confident manner and explain and discuss the procedure with the patient.	To ensure that the patient understands the procedure and gives his/her valid consent.
2. Allow the patient to ask questions and discuss any problems which have arisen previously	Anxiety results in vasoconstriction; therefore a patient who is relaxed will have dilated veins, making access easier.
3. Consult the patient as to any preferences and problems that may have been experienced at previous venepunctures. Check for allergies	To involve the patient in the treatment. To acquaint the nurse fully with the patient's previous venous history and identify any changes in clinical status, e.g. mastectomy, as both may influence vein choice.
4. Check the identity of the patient matches the details on the request form by asking for their full name and date of birth and, in hospitals, checking their identification bracelet.	To ensure the sample is taken from the correct patient.
5. Assemble the equipment necessary for venepuncture.	To ensure that time is not wasted and that the procedure goes smoothly without unnecessary interruptions.
6. Carefully wash hands using soap and water or bactericidal alcohol hand rub, and dry before commencement	To minimise risk of infection.
7. Check hands for any visibly broken skin, and cover with a waterproof dressing.	To minimise the risk of contamination to the practitioner.
8. Check all packaging before opening and preparing the equipment on the chosen clean receptacle	To maintain asepsis throughout and check that no equipment is damaged.
9. Take all the equipment to the patient, exhibiting a competent manner Support the chosen limb on a pillow.	To help the patient feel more at ease with the procedure. To ensure the patient's comfort and facilitate venous access.
10. In both an inpatient and an outpatient situation, lighting, ventilation, privacy and positioning must be checked	To ensure that both patient and operator are comfortable and that adequate light is available to illuminate this procedure.
11. Apply single patient use tourniquet, assess, palpate and select appropriate vein.	To reduce discomfort from prolonged use of tourniquet, and ensure sample is not affected by prolonged pressure
12. Should venous access need to be improved:- The arm may be placed in dependant position. The patient may assist by clenching and unclenching the fist. The veins may be tapped gently or lightly stroked	To increase the prominence of the veins To promote blood flow and therefore distend the veins

If all these measures are unsuccessful, remove the tourniquet, apply moist heat Release tourniquet	
13. Choose relevant sampling device, based on vein size, site etc.	To reduce trauma to vein
14. Wash hands, Reapply tourniquet, apply personal protective equipment	To maintain sepsis, minimise risk of infection and prevent possible contamination of the professional
15. Clean the patients skin using appropriate skin preparation (70 % alcohol impregnated swab for 30 seconds) and allow to dry	To maintain asepsis and minimise risk of infection
16. Remove needle carefully from the cover and inspect devise	To detect faulty equipment e.g. bent or barbed needles – if faulty place in sharps container
17. Anchor the vein by applying manual traction on the skin a few cm below the proposed insertion site. Insert the needle smoothly at an angle of about 30 degrees, dependant on size and depth of vein	To immobilise the vein. To prevent counter tension to the vein which will facilitate a smoother entry
18. Reduce the angle of descent of the needle as soon as a flashback of blood is seen in the vacutainer device or when entry to the vein wall is felt	To prevent advancing too far through vein wall and causing damage to the vessel
19. Slightly advance the needle into the vein if possible Do not exert any pressure on the needle	To stabilise the device in the vein and prevent it from becoming dislodged during withdrawal of blood To prevent a puncture occurring through a vein wall
20. Gently but firmly push bottles onto end of WID through the vacutainer holder and withdraw blood for sampling in appropriate order, ensuring that the vacutainer fills to the required level Remove tube from plastic tube holder	To allow the vacutainer bottles to fill with Blood To obtain full samples for accurate reporting of results and to reduce the risk of transferring additives from one tube to another and bacterial contamination of blood cultures To prevent spillage caused by vacuum in tube
21. Release the tourniquet. In some instances this may be necessary at the beginning of sampling as inaccurate measurements caused by haemostasis may occur e.g. when taking blood for calcium levels	To decrease pressure on the vein
22. Pick up swab and place over the puncture point Remove the needle but do not apply pressure until the needle has been fully removed	To prevent pain on removal and damage to the intima of the vein
23. Do not re-sheath needle; dispose of needle into CE/UN approved sharps bin or	To reduce the risk of sharps injury

activate safety device	
24. Apply digital pressure directly over the To stop leakage and heamotoma puncture site- Pressure should be applied until bleeding has ceased. May need longer in patients who have a disease that/or are on medications that interfere with clotting mechanisms formation.	To preserve vein by preventing bruising. To prevent leakage and haematoma formation.
25.Gently invert the blood tubes six times	To prevent damage to blood cells and to mix with additives
26. Immediately label the bottles with the patient's relevant details (at the bedside). Addressograph labels should be used if possible on forms but not sample bottles. In the case of blood cultures take care to not contaminate sample	To ensure that the specimens from the right patient are delivered to the laboratory, the requested tests are performed and returned to the patient's records. (<i>Refer to Path links Guidance – National Safety Patient Guidelines</i>)
27.Inspect the puncture point before applying a dressing	To check the puncture point has sealed
28.Ascertain whether the patient is allergic to adhesive plaster	To prevent an allergic reaction
29.Apply suitable dressing plaster	To cover the puncture point and prevent leakage or contamination
30.Ensure patient is comfortable	To ascertain if any other measures need to be taken
31.Follow local LCHS policy for collection and transportation of specimens to the laboratory – Ensure policy guidance followed for management of high risk specimens	To make sure that specimens reach their intended destination
32.Remove gloves and discard of appropriately – wash hands	Discard waste correctly in accordance with LCHS Guidelines and local policy To ensure safe disposal and avoid any injuries to staff. To prevent re-use of equipment
33.Ensure patient receives advice re accessing results of investigations	Promotes good relations

Problem Solving

Problem	Cause	Prevention	Suggested Action
Pain	Puncturing an artery	Knowledge of location of an artery. Palpate vessel for pulse.	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. Provide information leaflet.
	Touching a nerve (sharp, shooting pain along arm and fingers)	Knowledge of location of nerves. Avoid excessive or blind probing after needle has been inserted.	Remove the needle immediately and apply pressure. Explain to the patient what has happened and that the pain or numbness may last a few hours. Document in the patient's notes. Inform patient to contact doctor if pain continues or becomes worse. Provide information leaflet.
	Use of vein in sensitive area (e.g. wrist)	Avoid using veins in sensitive areas wherever possible. Use local anaesthetic cream	Complete procedure as quickly as possible.
Anxiety	Previous trauma.	Use all methods Minimise the risk of a traumatic venepuncture available to ensure successful venepuncture.	All above and perhaps referral to a psychologist if fear is of phobic proportions.
	Fear of needles		
Limited venous access	Repeated use of same veins.	Use alternative sites if possible	Do not attempt the procedure unless experienced.
	Peripheral	Ensure the room is	Put patient's arm in warm

	<p>shutdown</p> <p>Dehydration</p> <p>Hardened veins (due to scarring and thrombosis)</p>	not cold	<p>water. Apply glycerol trinitrate patch.</p> <p>May be necessary to rehydrate patient prior to venepuncture.</p> <p>Do not use these veins as venepuncture will be unsuccessful.</p>
<p>Bruising and/or haematoma</p>	<p>Needle has punctured the posterior wall of the vein.</p> <p>Inadequate pressure on removal of needle.</p> <p>Forgetting to remove the tourniquet before removing the needle.</p> <p>Poor technique/choice of vein or device.</p>	<p>Lower angle of insertion.</p> <p>The practitioner should apply pressure.</p> <p>Ensure correct device and technique are used.</p>	<p>Remove the needle and apply pressure at the venepuncture site until bleeding stops. The following actions apply regardless of cause:</p> <ol style="list-style-type: none"> Elevate the limb Apply ice pack if necessary Apply Hirudoid cream or arnica cream (as per instructions) with pressure dressing. <p>Explain to patient what has happened. Inform patient to contact doctor if area becomes more painful as haematoma may be pressing on a nerve.</p> <p>Do not re-apply tourniquet to affected limb. Provide information leaflet. Document.</p>
<p>Infection at the Venepuncture site.</p>	<p>Poor aseptic technique.</p>	<p>Ensure good hand washing, adequate skin cleaning, wearing PPE.</p>	<p>Report to doctor as patient may require systemic or local antibiotics.</p>
<p>Vasovagal reaction</p>	<p>Fear of needles.</p> <p>Pain</p> <p>Warm environment</p>	<p>Ensure environment is comfortable temperature</p>	<p>Place patient's head between his or her legs if patient is feeling faint. Encourage patient to lie down. Call for assistance. It may be appropriate to secure the device (short term) in case it is required for the administration of medication</p> <p>Open a window or door.</p>

Needle inoculation of or contamination to practitioner	<p>Unsafe practice.</p> <p>Incorrect disposal of sharps.</p>	<p>Maintain safe practice. Activate safety device if applicable.</p> <p>Ensure sharps are disposed of immediately and safely. Use of safety needles</p>	Follow accident procedure for sharps injury, e.g. make site bleed, dry and apply a waterproof dressing. Report (datix/occupational health) and document. An injection of hepatitis B immunoglobulin or triple therapy may be required.
Accidental blood spillage.	<p>Damaged/faulty equipment.</p> <p>Reverse vacuum</p>	<p>Check equipment prior to use.</p> <p>Use vacuumed plastic blood collection system. Remove blood tube from plastic tube holder before removing needle.</p>	Ensure blood is handled and transported correctly.
Missed vein	<p>Inadequate anchoring. Poor vein selection. Wrong positioning. Lack of concentration.</p> <p>Poor lighting.</p> <p>Difficult venous access</p>	Ensure that only properly trained staff perform venepuncture or that those who are training are supervised.	<p>Withdraw the needle slightly and realign it, providing the patient is not feeling any discomfort. Ensure all learners are supervised. If the patient is feeling pain, then the needle should be removed immediately.</p> <p>Ask experienced colleague to perform the procedure.</p>
Spurt of blood on entry.	Bevel tip of needle enters the vein before entire bevel is under the skin'; usually occurs when the vein is very superficial.		Reassure the patient. Wipe blood away on removal of needle.
Blood stops flowing.	<p>Through puncture: needle inserted too far.</p> <p>Contact with valves.</p> <p>Venous spasm.</p>	<p>Correct angle.</p> <p>Palpate to locate</p> <p>Results from mechanical irritation and cannot be</p>	<p>Drawn back the needle, but if bruising is evident, then remove the needle immediately and apply pressure.</p> <p>Withdraw needle slightly to move tip away from valve. Gently massage about the vein or apply heat.</p> <p>Release tourniquet, allow veins to refill and retighten</p>

	<p>Vein collapse</p> <p>Small vein</p> <p>Poor blood flow.</p>	<p>prevented.</p> <p>Use veins with large lumen. Use a smaller device.</p> <p>Avoid use of small veins wherever possible</p> <p>Use veins with large lumens.</p>	<p>tourniquet.</p> <p>May require another venepuncture.</p> <p>Apply heat above vein.</p>
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