

VENEPUNCTURE POLICY

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VENEPUNCTURE POLICY

1. POLICY STATEMENT

Brent PCT supports the extended role of nurses, technicians and health care assistants to take blood for investigations, in the community, on behalf of GPs, provided they have been appropriately trained, and are competent to do so.

2. RATIONALE

- There is a need to provide an quality service to patients and clients in the community that is accessible and timely, in order that care and treatment is not unduly delayed in outpatients departments or due to transport / mobility difficulties.
- Staff working in the community, (Nurses, Technicians and Health Care Assistants and / or any other appropriately trained member of staff) should be facilitated to take an increased responsibility for more aspects of a patient's care in the community in line with the extended role of nurses and care givers

3. CRITERIA FOR PERFORMING THE ROLE

All staff employed on Brent PCT, substantive, temporary or agency contracts, who have undergone the appropriate agreed training (eg DNs, CCNs, Phlebotomists).

4. EXPECTATIONS OF NURSES, TECHNICIANS and HCAs BY THE TRUST

- Any staff carrying out venepuncture within the PCT (including Registered Nurses, Health Care Assistants and Phlebotomy Technicians) are expected to equip themselves with the knowledge and skills required to undertake this procedure safely, by attending relevant, currently approved, theoretical and practical training and must complete and keep an up to date record and countersigned 'statement of competence' (see Appendix 3).
- It is the responsibility of the line manager to ensure any member of staff has access to such training before being required to undertake such duties.
- As with all procedures the practitioner should be regarded as competent and confident to practice.
- Where the phlebotomist is required to take blood from children, specific paediatric practice should only be considered once the practitioner is experienced with adults. Additional competencies are required when taking blood from this client group (see Appendix 4)

- Where the practitioner is a specialist children's nurse and has never worked with adults the above is irrelevant
- Any Nurse, Technician or Health Care Assistant who has received training or acquired skills in previous employment may perform venepuncture without further training, as long as this has been current and that they follow the Trust procedures and competencies as laid down in Appendices 1, 3 & 4, and all other linked policies.
- On appointment of previously trained technicians or HCAs, initial orientation and induction should include supervised practice.
- All Nurses, Technicians and Health Care Assistants performing venepuncture are expected to review and update their practice annually.
- DNs & CCNs are expected to undertake this procedure only where they are already making a visit for nursing care purposes on that day.
- All staff undertaking these procedures are accountable for ensuring that their practice will promote and protect the interests and dignity of patients, irrespective of gender, age, race sexuality, ability, economic status, culture and religious or political beliefs.

5. TRAINING

- Training is available via NWLHT and TVU
- Supervised Practice for nursing staff should be via their own teams and for Phlebotomists via PCT Phlebotomy Supervisor
- Additional advice is available from relevant Trust professional facilitators and specialist nurse advisors.
- All phlebotomy practitioners are expected to access theoretical updates every three years as a minimum, and supervised practice, whenever there has been a significant break in an individual's opportunity to practice.

6. OTHER LINKED POLICIES

- Hand Hygiene Policy (ICC 01)
- Decontamination of Equipment Policy (ICC 02)
- Dress code policy (HR)
- Policy for the Management of Spillages of Blood and Other Body Fluids (ICC 03)
- Policy for the Safe Collection, Storage and Transport of Clinical Specimens" (ICC 06)
- Policy for the Prevention and Management of Accidental Inoculation Injuries (ICC 09)
- Policy for Standard / Universal Infection Control Precautions and the Use of Protective Clothing (ICC 10)
- Policy for Clinical Waste Disposal (RM 07)

7. REFERENCES

MALLETT, J and L. DOUGHERTY. 2001. Royal Marsden '*Manual of Clinical Nursing Procedures*'. Fifth Edition. London. Blackwell Science

PERUCCA, R. 1995. *Clinical Principles and Practice - Obtaining vascular access (Chapter 21)* . Philadelphia. WB Saunders.

WEINSTEIN, S.M. 1997. *Plumer's Principles and Practice of Intravenous Therapy*. 6th Edition. Philadelphia. Lippencott.

WILSON, J. 1998. *Infection Control in Clinical Practice*. London. Bailliere Tindall

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APPENDICES

APPENDIX 1

Venepuncture Procedure

Venepuncture is the procedure of entering a vein with a needle. It is one of the most commonly performed clinical procedures. The circulation is a closed sterile system. Therefore any venepuncture, however quickly completed, is a breach of this system, providing a means of entry for bacteria. An aseptic technique must therefore be applied throughout the procedure, and gloves must be changed after each patient. Any cuts or abrasions on the hands or arms must be covered up in advance of starting the session.

Adult Procedure :

- 1 Ensure that the work area is clean. The surface must be cleaned with soap and warm water or a detergent surface wipe.
- 2 Wash hands using liquid soap and dry thoroughly.
- 3 Approach patient, check identity and record (forename, surname and date of birth), explain the procedure, obtain information regarding any allergies, (eg elastoplast / latex) and then obtain consent.
- 4 Prepare specimen containers and equipment, ensuring that all equipment (including sharps container) is within easy reach. (see appendix 2)
- 5 Open a sterile vacutainer needle package, leaving the needle sheath in place. This is threaded onto a vacutainer holder
- 6 Ensure patient comfort, both physical and emotional, (consider possibility of needle phobia)
- 7 Place the tourniquet around the patient's arm, the patient is asked to close the hand firmly and a suitable vein is selected visually and by palpation. The arm must be well supported.
- 8 Use alcohol gel to decontaminate hands.
- 9 Put on powder free latex gloves (nitrile for patients or staff members with latex / rubber allergy).
- 10 Swab the venepuncture site for 30 seconds with an alcohol wipe using an aseptic technique then allow to air dry for at least 20 seconds (Perucca, 1995 & Weinstein, 1997). The site must not be touched again unless there are problems with obtaining the sample. If touched, the area must then be re-swabbed again.
- 11 Anchor the vein by applying manual traction on the skin a few centimetres below the proposed insertion site.
- 12 Remove the needle shield and perform the venepuncture. Insert the needle

- smoothly at an angle of approximately 30°C.
- 13 Reduce the angle of descent of the needle as soon as a flashback of blood is seen in the tubing of the venepuncture device or when puncture of the vein wall is felt. Slightly advance the needle into the vein, if possible.
 - 14 A vacutainer sample tube is inserted into the holder firmly so that the valved needle punctures the rubber diaphragm of the lid. Do not exert any pressure on the needle
 - 15 When the first tube is full and blood flow has ceased, it is withdrawn smoothly from the holder.
 - 16 Each succeeding tube is placed into the holder, puncturing the diaphragm to initiate the flow of blood. While each tube is filling, the previous tubes containing dry anticoagulant (additives) are mixed by gentle inversion at least 5 times and tubes with liquid additives inverted 6 to 9 times.
 - 17 When the last tube has filled and been removed from the holder the patient is asked to relax the hand and the needle is removed from the vein and immediate pressure is applied to the puncture site using cotton wool.
 - 18 Loosen the tourniquet when blood flow is established. The tourniquet is released as the last bottle is filling then the needle can be safely taken out and disposed of.
 - 19 The needle/ butterfly set is immediately discarded into the sharps container.
 - 20 The patient is asked to apply steady pressure to the site with the arm remaining straight and horizontal. The patient must be discouraged from bending the arm if a vein in the antecubital fossa is used.
 - 21 The blood tubes are labelled immediately with the patient surname, first name, date of birth, hospital number (if applicable) and each bottle is initialled. All samples for analysis should be handwritten. Under no circumstances should the names be written on the tubes **prior** to venepuncture. The request form is also initialled
 - 22 The needle and holder is never re-sheathed but discarded directly into the sharps bin. Re-sheathing a needle carries an increased risk of needle stick injury.
 - 23 When the puncture site has stopped bleeding, the site is dressed using cotton wool and micropore, or adhesive plaster. The patient is reminded to remove the dressing after about 15 minutes and if patient is on warfarin or aspirin recommend 30 mins to one hour.
 - 24 The equipment is cleared away, gloves are then removed and hands are washed with liquid soap and warm water.
 - 25 Blood specimens must only be transported in accordance with the PCT "Policy for the Safe Collection, Storage and Transport of Clinical Specimens" (ICC 06)

Paediatric Procedure :

The same procedure should be followed for children as for adults, but with the additional guidance as detailed below:

Consent

Parental consent is always required for paediatric venepuncture. Consent must be obtained from the person with parental responsibility and that person is expected to be present at all times, and to remain in the room with the child, during the procedure.

Where a care order is in place that confers parental responsibility on the local authority for LAC & in some child protection cases, consent may be required to given by the child's social worker

Over 16, a young person should normally be treated as an adult. A Young Person, over 16 may, therefore, attend a venepuncture clinic session unaccompanied, as long as it can be established that the young person can demonstrate sufficient knowledge and understanding in order to give informed consent, about both the procedure and reasons for it being necessary.

1. Venupuncture should only be offered in clinics to children over 5, and undertaken by adequately experienced phlebotomists
2. All children under the age of 5 Should be referred to the children's clinics held at Barnaby Bear CMH / Carroll ward NPH, or to a Community Children's Nurse if they are on CCNs caseload
3. Play techniques are 'key' to successful invasive procedures with young children. Children's books, music cassettes and toys should be readily available, for use as distraction.
4. Use of the Coping Card (Appendix 5) may help engage a child / Young Person in what is happening and to be less frightened
5. Special Needs children seen at OPD sessions at HLS/ GPS may have their venepuncture undertaken by SN or visiting CCN
6. Where the child is to be seen in school, written consent must have been previously been obtained from the person with parental responsibility, allowing the school to act in 'loco parentis'
7. Explanations should always be given to the parent/ carer in advance of any conversations with the child
8. It is good practice to always offer / use a topical local anaesthesia, (either cream or spray) with children and young people. The Dr ordering the blood test should be requested /reminded to prescribe this at the same time.
9. Use of such creams must allow sufficient time prior to blood test in order to be effective (usually 20mins)
10. Without the availability of such application, very careful consideration needs to be given to the emotional welfare of the child, and to do venepuncture without, is not routinely recommended.

11. The phlebotomist should aim to establish a rapport with the child, in order to gain the child's confidence and to give necessary reassurances before carrying out such a procedure, and should allow sufficient time to do so, using diversional therapy where possible
12. The first language of the child should always be used as far as possible
13. A true description of what will happen & how it will feel should be given to the child without causing undue alarm. On no account should a child be told "It will not hurt".
14. Children are unpredictable when having blood taken; they may move unexpectedly; hurt themselves or become a hazard to others.
15. It may be helpful for the parent / carer to hold the child, but this needs to be established individually
16. If a child's behaviour beforehand suggests this, or they are verbally adamant that they are not going to allow venepuncture to take place, then the phlebotomist should defer the procedure, and refer to the children's ambulatory care unit.
17. The phlebotomist, taking blood from children must demonstrate confidence and complete the procedure as quickly as possible so that the child is not unduly distressed. A certificate or stickers may be awarded for bravery (Appendix 6)
18. If there is any doubt about locating a suitable vein, the parent and child should be referred to the CCN team
19. Depending on the age of the child, the volume of blood required must not exceed that which is detailed in the national guidance for the child's size, this is achieved by using the correct bottles, for children / babies in order to fill to reduced fill line
20. For very young children (under 12) a butterfly needle should be used, in order to limit the risk of venous collapse/ unexpected movement causing damage
21. For children over 12 only the vacutainer system or syringe and needle may be used when taking blood. If thought necessary a butterfly needle may be used
22. If there is extreme distress post procedure comfort child and stay with them until calmer

Difficulties in obtaining Blood :

Under no circumstances should more than 2 attempts at venepuncture be permitted on any patient (adult or paediatric). If after 2 attempts, the required blood samples have not been successfully obtained, the phlebotomist must seek advice from a senior phlebotomist.

Further advice may be sought from:

- ❖ The patients GP
- ❖ Anti -Coagulant Nurses
- ❖ Paediatric Home Care Team NPH
- ❖ Community Children's Nurses CMH
- ❖ CMH Barnaby Bear Ward

Use of Needles & Syringes :

Vacuum collection systems must be used wherever possible for the collection of blood. However, in some rare circumstances, it may be necessary to use a needle and syringe

to collect the blood sample. This must be kept to an absolute minimum. Once blood collection has been completed, the needle must be removed from the syringe using the device on top of the sharps container. The required volume of blood should be transferred into the **opened** sample tubes. Under no circumstances must a needle be inserted into the rubber stopper, as this creates an increased risk of inoculation injury. Transferring the blood through the needle can also damage the blood cells, therefore potentially giving inaccurate test results. Needles must never be re-sheathed. The used syringe must also then be placed in the sharps container.

Fasting Blood Specimens :

1. All fasting bloods must be taken before 10am unless otherwise directed by the patients GP
2. 'Hypostops' (available from pharmacy) should be on hand in case of fainting or hypo-glycaemic attack
3. Before obtaining the specimen, the member of staff must check that the patient has fasted correctly.
4. If not, the fasting procedure must be explained clearly by the member of staff carrying out the phlebotomy, and another appointment booked.
5. Those referring patients for fasting blood specimens must advise patients that the first hour of each morning phlebotomy session will be allocated as a priority for fasting blood specimens.

End of Session Responsibilities:

- ❖ To ensure all samples are dispatched correctly to lab
- ❖ To clear away and lock up all equipment and dispose of clinical waste as per ICC policy
- ❖ To leave room tidy and furniture as required by clinic.

Appendix 2

Equipment Required for Venepuncture:

This equipment will need to be ordered (by site / Administration Managers) and re-ordered to ensure stock levels are maintained at clinic sites.

NB No changes to this list should be made without first seeking advice from the Phlebotomy Supervisor and Trust Infection Control Nurse

Available from Pathology Dept / NHS Supplies

- 2ml light grey blood bottles
- 5ml gold blood bottles
- 4ml lavender blood bottles
- 6ml pink blood bottles
- Sodium citrate light blue blood bottles
- “Danger of Infection” labels (NB only available from Pathology Reception)
- Children’s stickers (various sources)

Available from NHS Supplies

- Vacutainer Needle Holder Plastic - White (single use)
- Bag Specimen Minigrip
- Vacutainer Green Needles
- Alcohol Swab - Pre-injection (eg Steret)
- Alcohol Wipe (eg Alcowipe)
- Cotton Wool Balls APS Small
- Micropore Tape (2.5cm)
- Butterfly Needles (Vacutainer blood collection set)
- White Plastic Aprons
- Plasters (2.2 cm spots)
- Sharps Boxes - Frontier Sharpsafe
- Clear Plastic Transport Bags (large)
- Powder Free Latex Gloves
- Powder Free Non Latex (Nitrile) Gloves
- Tourniquet (disposable or wipeable)
- Bandage (light support)
- Alcohol hand gel
- Surface Detergent Wipes

Available from Pharmacy / On Prescription:

EMLA spray / cream
 AMITOP spray / cream
 ‘Hypostops’

APPENDIX 3

Competencies Required by all Staff Undertaking Venepuncture in Adults

| Competency The practitioner :- | Observation | Supervised Practice | Signature | Date |
|---|--------------------|--------------------------------|------------------|-------------|
| 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 | | | | |
| Is able to explain the procedure clearly to the patient / client / parent | | | | |
| Is aware of the physical and psychological comfort of the patient | | | | |
| Understands about 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 | | | | |
| Knows how to restrict blood flow | | | | |
| Knows the potential problems that may be encountered, how to prevent them, and any necessary interventions | | | | |
| Knows how to reduce the risk of bleeding/ bruising after the procedure | | | | |
| Understands associated dangers and always practices basic universal Infection Control precautions | | | | |
| Demonstrates the safe use and disposal of equipment | | | | |
| Knows how to prevent & deal with needle stick injuries | | | | |
| 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 on site | | | | |

This is to confirm that..... meets all the competencies listed above and is authorised to take blood from patients & clients on behalf of Brent PCT.

Signed **Designation**..... **Date**.....

Appendix 4

Competences required by all staff undertaking paediatric venepuncture in addition to those required for adults. These competences should not be viewed in isolation from Appendix 3

| Competency | Observation | Supervised Practice | Signature | Date |
|---|--------------------|----------------------------|------------------|-------------|
| The practitioner: | | | | |
| Understands the level of trauma that may result from a child having blood taken | | | | |
| Can effectively demonstrate paediatric negotiating skills | | | | |
| Uses age appropriate language | | | | |
| Truthfully explains the procedure | | | | |
| Demonstrates understanding re parental / informed consent | | | | |
| Demonstrates effective use of topical anaesthetic creams & sprays | | | | |
| Demonstrates understanding of when to delay procedure, because of risk to child or others | | | | |
| Understands the need for use of correct sized bottles for babies / children | | | | |
| Demonstrates age appropriate reassurance techniques | | | | |
| Uses coping card opportunity appropriately | | | | |
| Able to provide appropriate reassurance for parent / carer | | | | |

APPENDIX 5

After the Test:-
How do you feel?



0



1



2



3

The first time you will be given a certificate.
If you have more tests you will be given a sticker
each time, for being very brave.

| Date | Score | Comments |
|------|-------|----------|
| | | |
| | | |
| | | |
| | | |
| | | |



BRENT PCT

Children's Coping Card

When we need to do a Blood Test

Name:.....

Address:.....

Birthday:.....

Important information for you to know:

- We are going to take some blood from you and put it into a bottle.
- This will help the doctor help you.
- We use a tiny needle, sometimes it can sting a bit.

Before we begin:-

1. Have you had blood taken before? Yes/No

2. If you have, what was helpful?

3. What didn't you like?

4. If you haven't had this done before, we will tell you what is going to happen.

We can use a special cream or spray that stops it hurting.

5. Would you like cream or spray?

6. Are you allergic to anything?

7. Would you like to watch, read a book, listen to music, play with a toy or nothing?

8. Do you want to look away?

9. What else do you think might help?

10. Do you think your mummy / daddy / carer is worried about this?

11. Would you like to choose a sticky plaster?

12. Can we choose together where we do it this time?

After:-

13. If you need to have another blood test. What should we remember for you that will be helpful next time?

APPENDIX 6



Bravery Certificate

This certificate is awarded

to.....for being

very brave while having blood taken

at.....clinic/hospital.

Signed:.....

Date:.....



Bravery Certificate

This certificate is awarded

to.....for being

very brave while having blood taken

at.....clinic/hospital.

Signed:.....

Date:.....