



Dorset County Hospital
 NHS Foundation Trust

POLICY FOR VENEPUNCTURE/ PHLEBOTOMY IN ADULTS

Policy Title	Policy for Venepuncture/ Phlebotomy in Adults		
Policy Number	0746	Policy Version Number	8
Applicable to	All employees of DCHFT involved in the collection of venous blood samples from Adults.		
Aim of the Policy	To provide information and guidance leading to competent practice in venepuncture for venous blood samples.		
Next Review Due Date	01 May 2027		
Author/ Reviewer	Catherine Johns, Practice Education Facilitator		
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Expert Group	Infection, Prevention and Control Committee		
Date Approved			
Primary Specialties	Patient Care; Phlebotomy		
Secondary Specialties	Pathology; Blood Transfusion		

Document Version Management	
Previous Version Number: 7	
Changes Requested/ Dictated by: 3 year review.	Year: 2024
Description of Changes Since Last Version: Changes to policy sponsors. Minor changes to Section 1, 3 and 4. Updated policy links and references.	
Updated April 2024; March 2023; August 2019; August 2016; May 2013; August 2010; May 2010; July 2009; October 2006.	

EXECUTIVE SUMMARY

Title	Policy for Venepuncture / Phlebotomy in Adults
Applicable to	All employees of Dorset County Hospital NHS Foundation Trust involved in the collection of venous blood samples from Adults. Including Registered Nurse Degree Apprentices, student nurses and student midwives who are in part 2 or part 3 of their programme and Trainee Nursing Associates in part 2 of their programme.
Aim of Policy	To provide information and guidance leading to competent practice in venepuncture for venous blood samples
Main Features	Training and Competence Accountability Standards for best practice
Date Approved	
Review Date	April 2024
Policy Lead/Author	Catherine Johns, Practice Education Facilitator

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1. Introduction/ Scope

- 1.1 The term venepuncture/ phlebotomy within the context of this policy is understood to refer solely to the collection of **venous** blood samples for the purposes of investigation.
- 1.2 The purpose of this policy is to facilitate competent and consistent practice. This Policy is relevant to all Trust employees who have an identified need to perform venepuncture in **adults** as part of the requirements of their post.
- 1.3 In addition, Registered Nurse Degree Apprentices, student nurses, student midwives and trainee nursing associates who are in part 2 or part 3 of their programme and have undertaken the venepuncture theory and simulation session at their university are able to perform venepuncture under direct supervision of an appropriately trained Practice Supervisor. For further details refer to the [Standard Operating Procedure \(SOP\) Safe Demonstration of Nursing Procedures for Pre-registration Nursing Learners \(Ref 2243\)](#)
- 1.4 Operating Department Practitioner students and apprentices are able to undertake venepuncture in part 3 of their programme once they have undertaken the venepuncture theory and simulation session at their university are able to perform venepuncture under direct supervision of an appropriately trained Practice Supervisor.
- 1.5 Staff undertaking venepuncture of a child must be specifically assessed competent to do so.
- 1.6 Arterial blood sampling and blood cultures are not included as part of this policy.

2. Criteria and Responsibilities

- 2.1 It is the responsibility of the Ward/ Departmental Manager to identify and ensure that staff who undertake venepuncture in and on behalf of their Ward/Department are competent to do so.
- 2.2 It is the responsibility of the Practitioner to ensure that they have received training, demonstrated and maintained their competence and are up to date with their practice (Health and Care Professions Council 2016, Nursing and Midwifery Council 2018 and Skills for Care/ Skills for Health 2013).
- 2.3 Staff should only attempt to take blood from veins they have been assessed as competent to access: including both, direct access using a needle, and via a central venous catheter/ percutaneous intravenous catheter. Only staff who are competent in the administration of intravenous medications are permitted to access central venous catheters/ percutaneous intravenous catheters.
- 2.4 Practitioners should only use the designated blood collection system adopted for use in DCH NHS Foundation Trust. It is recognised that some Trust employees may be required to use alternative systems for blood collection, the Trust employee must ensure their competency and safety with all equipment they employ.
- 2.5 If unsuccessful after **two** attempts/ punctures to the skin or if difficulty is anticipated the practitioner must refer to a more experienced practitioner.

- 2.6 If venepuncture is unsuccessful this must be reported to the person ordering the procedure.
- 2.7 The practitioner is accountable and responsible for:
- Correct patient identification,
 - Patient/ client consent,
 - Competent practice, including appropriate selection of vein and equipment,
 - Immediate actions to be taken in the event of a complication,
 - Documentation

3. Training and Competence

- 3.1 All staff accepting to perform venepuncture are required to be appropriately trained, competent, and aware of the manufacturers' guidelines for the products they use. All students are required to be working towards proficiency in venepuncture and will not be considered competent in the skill until they have completed appropriate training post registration.
- 3.2 **REGISTERED MIDWIVES & OTHER HEALTHCARE PROFESSIONALS ONLY –** Where Venepuncture is a competence achieved at the point of registration further formal training and assessment is not required unless instructed by your manager. All other aspects of this policy are applicable.
- 3.3 The Trust employee wishing to undertake venepuncture must have the full support of their line manager. Students must have completed venepuncture theory and simulation as per the SOP and obtain the agreement from their Practice Assessor / Supervisor.
- 3.4 Attendance at a Trust approved theoretical session followed by a period of supervised practice with demonstration of competence must be completed.
- To include:
- Accountability
 - Anatomy & Physiology
 - Positive Patient Identification
 - Patient Consent
 - Site & Vein Selection
 - Equipment Selection
 - Venepuncture Technique including Tourniquet Application and Infection Prevention & Control
 - Contraindications
 - Complications – Prevention and Management
 - Sampling for Transfusion
- 3.5 Dates and Times of training events may be found of the Trust's Education Centre Website: [Clinical Skills](#)
- 3.6 Subsequent to the theoretical study the practitioner must complete a period of supervised practice of no more than 6 months and demonstrate competence and understanding of the procedure; during which time at least **10** successful venepunctures must be achieved.

- 3.7 Supervised practice must be direct and provided by a member of staff who is competent in venepuncture and possess relevant supervising and teaching experience (such as that gained through acting as a supervisor or assessor to student learners or supervisors of Healthcare Support Staff). Medical staff are also permitted to supervise and assess practice. Identification of the Supervisor is the responsibility of the line manager.
- 3.8 New employees to the Trust, who are already competent to perform venepuncture must provide evidence of their training and competence to the Trust's Clinical Skills Practice Educator, Education Centre. Upon receipt, an assessment document will be issued for completion and return within 3 months, at which time a Certificate of Competence for practice in DCH NHS Foundation Trust will be issued.
- 3.9 Initial competency assessment is designed to ensure you are ready to work without direct supervision. Ongoing competency assurance needs to form part of your annual appraisal. You must ensure continued competency and currency in your practice to continue. You must always work within your level of competence and keep your knowledge and skills up to date.
- 3.10 Students are expected to complete the DCHFT logbook for venepuncture if they wish to, on commencement of employment, be provided with a fast-track competency once they are registered with their respective professional body. As detailed in the SOP and on the logbook, students must always be directly supervised.
- 3.11 There is a requirement to complete 'Sampling for Transfusion' update training every three years. Further information can be found here:- [Transfusion Training](#)

4. Insertion and Ongoing Care Actions

4.1 Hand hygiene and Personal protective equipment (NHS England, 2023 & WHO 2010)

Hands must be decontaminated:

- Immediately before and immediately after cannulation
- Decontaminate hands by washing / using alcohol hand rub before applying examination gloves. *When hands are visibly soiled or potentially contaminated with body fluids or if you have been caring for patients with vomiting or diarrhoeal illness, regardless of whether or not gloves have been worn hands must be washed.*

Personal Protective Equipment (PPE):

- Gloves must be worn. Gloves are single-use items and must be removed and discarded immediately after cannulation. The use of sterile gloves are only required where a risk assessment indicates need, otherwise non-sterile gloves are acceptable.
- Gowns, aprons, eye/ face protection are indicated if there is a risk of splashing with blood or body fluids.
- Hands must be decontaminated immediately after gloves have been removed.

4.2 Site Selection

- In selecting an appropriate intravascular insertion site, assess the risks of infection against the risks of mechanical complications and patient comfort.

- Use the lower half of the upper limbs (antecubital fossa to hand) for placement unless medically contraindicated.
- Always aim to venepuncture the antecubital fossa site due to it being easily accessible, stable and the ability to draw large volumes for sampling unless otherwise indicated.

4.3 Topical Local Anaesthetic (Dougherty & Lister, 2020)

- The use of topical local anaesthetic must be prescribed where use is indicated and applied as per the manufacturer’s instructions by a practitioner who is competent to administer medications.

4.4 Skin preparation (World Health Organisation 2010)

- Unless drawing blood culture, cleanse the site with a 70% alcohol swab for 30 seconds and allow to dry fully and naturally (for approx. 30 seconds).
- Apply firm but gentle pressure. Start from the centre of the site and work downward and outward to cover an area of 2cm or more.
- Do not touch or re-palpate the cleansed site.

4.5 Equipment

- The correct use of equipment is promoted at all times. It is the responsibility of the practitioner to ensure they are fully conversant with the correct use of the equipment available to them and that they use the Trust’s preferred blood sampling collection system whenever possible.
- A new sterile needle must be used for each attempt / puncture to the skin. The preferred choice of gauge is 18g or 20g or 23g dependent on the size of the vein. Smaller gauge needles can damage the sample dependent on the intended test (WHO 2010).
- When it is necessary to draw samples for blood cultures the practitioner is referred to the [Policy for Taking Blood Cultures \(Adults\) \(Ref 0798\)](#).
- Tourniquets are a potential source of infection and single patient use disposable tourniquets are therefore recommended (WHO 2010)

4.6 Order of Draw – Vacutainer

Blood Cultures	Blood Culture Bottles	See Blood Cultures (Adults) - Policy for Taking (Ref 0798)
Light Blue	Sodium Citrate	Clotting Screen (INR, APPT), D-Dimer
Red	Serum	Specialist Tests (Immunology, Endocrine, Tumour Markers)
Gold	SST II	General Biochemistry, B12, Folate, Ferritin, Virology, Serology

Lavender	EDTA	FBC, Red Cell Folate, Sickle Cell Screen HbA1c
Pink	Cross Match	Cross Match & Group and Save
Grey	Fluoride Oxalate	Glucose, Lactate
Royal Blue	Trace Element	Cobalt, Chromium, Iron, Zinc, Selenium

4.7 Dressings

- The puncture site must be dressed with clean gauze or cotton-wool ball (WHO 2010). The patient should not bend their arm as this increases the risk of haematoma.

4.8 Documentation and Labelling

- The person taking the blood must - sign, identify themselves, date and time on the request form and document their actions in the patient record.
- The person taking the blood must label samples themselves, while still with the patient, after the sample has been collected. Directly from the wrist band where available.

4.9 Contraindications

- It is the responsibility of the person performing the venepuncture to ensure there are no contraindications in the selection of both the site and the vein being accessed for blood sampling.
- Blood must not be taken from the same arm where there is an intravenous infusion running or a peripheral intravenous cannula is in situ without checking with the person responsible for the infusion/ cannula. It remains the responsibility of the registered nurse / midwife to discontinue/ continue intravenous infusions. Only staff who are competent in the administration of intravenous medications are permitted to do so. Blood samples should be taken distal/below the cannula or accessed using a different vein. Once an infusion has been stopped, wait 5-10 minutes before taking a blood sample.

4.10 Positive Patient Identification

- It is imperative that patients are robustly and correctly identified.
- The patient core identifiers that must be included on the patient ID wristband and all requesting documentation are:
 - First name
 - Last name
 - Date of Birth
 - Unique patient ID number (NHS No/ Hospital No)
 - Patient Sex (at birth) must be recorded on the Transfusion Request Form

- All patients should, wherever possible, be asked to state their:
 - First name
 - Last name and
 - Date of Birth

5. Related DCH NHS Foundation Trust Policies and Guidelines

POLICIES AND GUIDELINES ON CONSENT - INCLUDING A LEARNING PACK
[Policy for Consent to Examination or Treatment \(Ref 0127\)](#)

[Patient Identification Policy \(Ref 0703\)](#)

POLICIES AND GUIDELINES FOR INFECTION PREVENTION AND CONTROL
[Standard Precautions - Infection Control \(Ref 0793\)](#)

[GUIDANCE FOR STAFF on the Management of Accidental Injury and Exposure \(including Needlestick Injuries\) \(Ref 1152\)](#)

[Policy for the Care of Central Access Devices in Adult Patients \(Ref 1148\)](#)

BLOOD TRANSFUSION POLICIES

[Blood Transfusion Policy \(Ref 0374\)](#)

[Policy for Taking Blood Cultures \(Adults\) \(Ref 0798\)](#)

6. References

- 6.1 Dougherty, L. and Lister, S. 2020. ***The Royal Marsden Hospital Manual of Clinical Nursing Procedures***, 10th edition. UK: Wiley-Blackwell.
Available online from: <https://www.rmmonline.co.uk/>
(you will need an NHS OpenAthens Account to access this online through Dorset County Hospital Library – this is free to NHS employees)
- 6.2 DCHFT [Policies and Guidance - Standard Operating Procedure \(SOP\) Safe Demonstration of Nursing Procedures for Pre-registration Nursing Learners - Live Documents \(sharepoint.com\)](#) Dorset County Hospital. Available from: Policies and Guidance
- 6.3 Health & Care Professions Council. 2018. ***Standards of Conduct, Performance and Ethics***. UK: Health & Care Professions Council.
Available online from: <https://www.hcpc-uk.org/standards/standards-of-conduct-performance-and-ethics/> [Accessed 5th April 2024]
- 6.4 NHS England. 2023. ***National Infection Prevention and Control Manual for England***, [online] Available from: [NHS England » National infection prevention and control manual \(NIPCM\) for England](#) [Accessed 5th April 2024]

- 6.5 Nursing and Midwifery Council. 2018. **The Code**. UK: Nursing and Midwifery Council. Available online from: <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf> [Accessed 5th April 2024]
- 6.6 Skills for Care / Skills for Health, 2013. **Code of Conduct for Healthcare Support Workers and Adult Social care Workers in England**. Available online from: <https://www.skillsforhealth.org.uk/standards/item/217-code-of-conduct?highlight=WyJjb2RlIiwJ2NvZGUlLCJoZWZsdGhjYXJlIiwiaGVhbHRoY2FyZSciXQ> [Accessed 5th April 2024]
- 6.7 World Health Organisation. 2010. **WHO guidelines on drawing blood: best practices in phlebotomy**. Available online from: <https://www.who.int/publications/i/item/9789241599221> [Accessed 5th April 2024]