PROTOCOL FOR THE PERFORMANCE OF VENEPUNCTURE

All healthcare professionals must exercise their own professional judgement when using this protocol. However, any decision to vary from this protocol must be documented in the patient's medical records to include the reason for variance and the subsequent action taken.

INTRODUCTION

Venepuncture is the process of entering the vein with a needle and is one of the most commonly 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 Nurses, Midwives, Doctors, Medical Students, Health Care Support Workers and Medical Support Workers.

It is expected that all staff working within the Worcestershire Acute Hospitals NHS Trust should adhere to this protocol when performing venepuncture.

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

THIS PROTOCOL IS FOR USE BY THE FOLLOWING STAFF GROUPS:
Nurses, Midwives, Doctors, Medical Students, Health Care Support Workers and Medical Support Workers. See section 2 of this protocol for the competencies required.

Lead Clinician(s)

Heather Gentry — Lead Nurse-Infection Prevention Team

Sethu Sundari — Clinical Educator - Safe Care Team

Approved by Trust Infection Prevention and Control Committee on: 24th August 2015

Review Date: 30th October 2019

This is the most current document and is to be used until a revised version is available

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
October 2018	Document extended until end of November	Heather Gentry
April 2019	Document extended for 6 months whilst review process takes place	TIPCC

This protocol must to be implemented in accordance with the following related policies:

WAHT-CG-516	Policy and Procedures for the Administration of Injectable Medicines
WAHT-CG-481	Waste Management Policy
WAHT-INF-002	Hand Hygiene Policy
WAHT-INF-075	Aseptic Technique Policy
WAHT-CG-075	Policy for Consent to Examination or Treatment
WAHT-CG-019	Policy to Identify All Patients
WAHT-HAE-001	Policy for Blood/Blood Product Transfusion

PROTOCOL FOR THE PERFORMANCE OF VENEPUNCTURE

1.0 INTRODUCTION

Venepuncture is the procedure of entering the vein with a needle and is one of the most commonly 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 Nurses, Midwives, Doctors, Medical Students, Health Care Support Workers and Medical Support Workers.

It is expected that all staff working within the Worcestershire Acute Hospitals NHS Trust will adhere to this protocol when performing venepuncture. In order 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-HAE-001 Policy for Blood/Blood Product Transfusion).
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 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.

2.0 COMPETENCIES REQUIRED

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

1. Theory relating to venepuncture via a course recognised by the Worcestershire Acute Hospital NHS Trust
   And
2. A minimum of 5 supervised successful venepunctures
   Or
3. A minimum of 1 supervised successful venepuncture if evidence of previous competence is available (including medical students clinical skills booklet competencies).

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.

Health care assistants, senior health care assistants and Medical Support Workers will be trained to the same standards as the medical, nursing and midwifery staff and work under the supervision of their designated line manager.

In addition to attending a formal training programme, formal competency assessment is required for a practitioner to be approved as competent in the performance of venepuncture. Assessment must be performed by a practitioner who has been assessed as competent to perform venepuncture and holds a current recognised qualification to assess practice e.g. PGC Teacher in Healthcare, Mentorship qualification or ENB 998.

A register of competent practitioners trained within the Trust or assessed as competent (if trained outside the Trust and evidence of prior competency) will be held centrally by the training and development department.

TRAINING REQUIREMENTS FOR MEDICAL STUDENTS:

Birmingham University provides their students with a clinical skills passport to record and monitor all simulated training sessions that are provided by all satellite hospitals across the West Midlands.
Warwick University provide their students with an assessment criterion known as a T-DOC, which is completed following a simulated training session.

Training, Supervision and Assessment:

Worcestershire Acute NHS Hospitals the Academy Undergraduate Department provide simulated training sessions within Venepuncture (in line with trust training) for all year 3 semester 1 students and revision sessions for years 3 Semester 2; 4th and 5th if required /assessed. This is part of their clinical placement training, in line with the General Medical Councils Tomorrow's Doctors (2009).

Assessments:
All assessment criterions have been provided by Birmingham and Warwick 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.

3.0 PROCEDURES

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

- After applying the 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 For Venepuncture using Vacutainer Needle and Holder

Equipment

- Clinically clean solid plastic tray or receiver with sharps bin
- 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)
- Sterile 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
- Sterile 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 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 in order 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**. Rubber gloves are **NOT** to be used as tourniquets as they can cause extensive bruising to the patient and vein damage. The 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. (If taking blood cultures 2% Chlorhexidine Gluconate and 70% Isopropyl Alcohol skin antiseptic system must be used) ***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.
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 degrees. Advance the needle approximately 1mm 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 in to 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 pink safety shield to cover the needle until an audible click is heard. This confirms the shield is locked in to 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. Despatch all specimens to the appropriate pathology department without delay.
19. Remove gloves and apron.
20. Carefully wash hands using liquid soap and water and dry thoroughly. Document the procedure in the patient's notes.

3.3 Venepuncture Using the Blood Collection Set

The Blood Collection Set

This is a winged device with a connecting tube that attaches to the vacutainer holder available in 7inch and 12-inch lengths and 21 gauge (standard) and 23 gauge (finer) needle sizes. The smaller length set with the 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
- Tourniquet
- The Blood Collection Set and the Holder (blue bag)
- Appropriate specimen bottles and specimen forms
- Isopropyl alcohol 70% swab (If taking blood cultures 2% Chlorhexidine Gluconate and 70% Isopropyl Alcohol skin antiseptic system must be used)
- Sterile 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
- Sterile 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 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 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 in order 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**. Rubber 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. (If taking blood cultures 2% Chlorhexidine Gluconate and 70% Isopropyl Alcohol skin antiseptic system must be used) ***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.
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 degree angle for 1 - 2 millimetres, then reduce the angle and insert a further 1 - 2 millimetres. Secure the wings of the device to the skin with micropore avoiding the insertion site.
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 in to 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 yellow shield between thumb and forefinger while using your remaining fingers to hold the tubing against the palm of your hand. 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. Despatch all specimens to the appropriate pathology department without delay.

19. Remove gloves and apron.

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

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.***

WAHT-PAE-029
Skin tunnelled central venous catheters in children WAHT-PAE-029

WAHT-INF-017
Central venous access devices (CVAD) Guideline for insertion and management

Blood may be obtained from a peripheral vascular device but only immediately after insertion. Withdrawal of blood is made possible by the use of a luer adaptor.

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

4.0 Aseptic Collection of Blood Cultures

4.1 Introduction

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 a number of 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.

4.2 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 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

4.3 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 using liquid soap and water and dry thoroughly. Apply apron.

4. Prepare the equipment next to the patient.

5. Attach set to the adaptor bottle cap but do not remove sheath.

   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.

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 it to dry completely.

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 tourniquet to patient's arm and clean the puncture area well using 2%chlorhexidine in 70% isopropyl alcohol (Chloraprep) using a circular motion from the centre out for a minimum of 30 seconds and allow to air dry for at least 30 seconds.
   Do not palpate this area again as this will re-contaminate the skin.

10. With needle bevel uppermost, insert the needle into the chosen vein. If no blood is visible in the tubing pull back slightly to ensure needle bevel is not against vein wall. NB: when venous access is obtained the tourniquet may be loosened. Do not leave tourniquet in place for longer than 1 minute. 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.

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

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

13. 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.

14. Remove gloves and apron.

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

16. 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.**

5.0 MONITORING OF 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	Infection Prevention Team 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
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

6.0 PROTOCOL REVIEW

This protocol will be reviewed every two years by the Infection Prevention and Control Team and Safe Care Team and will be circulated for review and approval by the Trust Infection Control Committee.

REFERENCES / BIBLIOGRAPHY

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CONTRIBUTION LIST

Key individuals involved in reviewing the document

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Supporting Document 1 – Checklist for review and approval of key documents

This checklist is designed to be completed whilst a key document is being developed / reviewed.

A completed checklist will need to be returned with the document before it can be published on the intranet.

For documents that are being reviewed and reissued without change, this checklist will still need to be completed, to ensure that the document is in the correct format, has any new documentation included.

1	Type of document	Protocol
2	Title of document	Protocol for the performance of venepuncture
3	Is this a new document?	Yes ☐ No ☒
4	For existing documents, have you included and completed the key amendments box?	Yes ☒ No ☐
5	Owning department	Infection Prevention and Control
6	Clinical lead/s	Heather Gentry, Lead Nurse Infection Prevention Team Martina Morris, Service Lead - Safe Care Sethu Sundari - Clinical Educator – Safe Care Team
7	Pharmacist name (required if medication is involved)	
8	Has all mandatory content been included (see relevant document template)	Yes ☒ No ☐
9	If this is a new document have properly completed Equality Impact and Financial Assessments been included?	Yes ☐ No ☐ N/A
10	Please describe the consultation that has been carried out for this document	Members of TIPCC Matrons Clinical Leads
11	Please state how you want the title of this document to appear on the intranet, for search purposes and which specialty this document relates to.	Infection Prevention and Control Venepuncture Protocol
Once the document has been developed and is ready for approval, send to the Clinical Governance Department, along with this partially completed checklist, for them to check format, mandatory content etc. Once checked, the document and checklist will be submitted to relevant committee for approval.		

Implementation

Briefly describe the steps that will be taken to ensure that this key document is implemented

Action	Person responsible	Timescale
Launch to Matrons at Senior Nurses Meeting, Ward Sisters and Infection Prevention Link Nurses at their relevant meetings for wider dissemination to ward and departmental nursing staff	Lead IPC Nurse	Within 3 months of approval
Launch to all clinical staff through Trust Brief	Lead IPC Nurse	Within 3 months of approval
Launch to all medical colleagues via Clinical Directors and presentation at relevant speciality audit meetings if requested	Associate Director Infection Prevention and Control/Consultant Microbiologist	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

Plan for dissemination

Disseminated to	Date
Instruction to all clinical staff of revised protocol via weekly Trust Brief.	
Ward and departmental based clinical staff via Infection Prevention Link Nurses	
Updated protocol to be made available via IPC intranet site	

1	**Step 1 To be completed by Clinical Governance Department** Is the document in the correct format? Has all mandatory content been included? Date form returned _____/_____/_____	Yes ☐ No ☐ Yes ☐ No ☐
2	Name of the approving body (person or committee/s)	
	Step 2 To be completed by Committee Chair/ Accountable Director	

3	Approved by (Name of Chair/ Accountable Director):	
4	Approval date	_____/_____/_____

Please return an electronic version of the approved document and completed checklist to the Clinical Governance Department, and ensure that a copy of the committee minutes is also provided.

Office use only	Reference Number	Date form received	Date document published	Version No.
	WAHT-INF-035			1

Supporting Document 2 - Equality Impact Assessment Tool
To be completed by the key document author and attached to key document when submitted
to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	**Does the policy/guidance affect one group less or more favourably than another on the basis of:**		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Transgender	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability - learning disabilities, physical disability, sensory impairment & mental health problems	No	
2.	**Is there any evidence that some groups are affected differently?**	No	
3.	**If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?**	No	
4.	**Is the impact of the policy/guidance likely to be negative?**	No	
5.	**If so can the impact be avoided?**	No	
6.	**What alternatives are there to achieving the policy/guidance without the impact?**	No	
7.	**Can we reduce the impact by taking different action?**	No	

If you have identified a potential discriminatory impact of this key document, please refer it to Assistant Manager of Human Resources, together with any suggestions as to the action

required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Assistant Manager of Human Resources.

Supporting Document 3 – 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