




Venepuncture (Phlebotomy) Policy

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Date ratified	July 2025	
Next anticipated review	July 2025	
Executive director	Director of Nursing	
Policy lead	Lead for Physical Health	
Policy author <i>(if different from above)</i>	As above	
Exec Sign off Signature (electronic)		
Disclosable under Freedom of Information Act 2000	Yes	

Policy context

This document provides guidelines on the authorisation of Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT) personnel to perform venepuncture. To determine the standards and governance arrangements for staff to be able to undertake venepuncture and ensure services acknowledge their responsibility to ensure safe practice to service users and staff.

Policy requirement (see Section 2)

This policy applies to all BSMHFT staff, including temporary employees, locums, agency staff, contractors and visiting clinicians involved in the delivery of venepuncture. This policy identifies what processes are required for safe venepuncture to be undertaken.

Clinicians involved in venepuncture should have knowledge, training and understanding of the process and skills to deliver in clinical practice

It is the responsibilities of all staff trained in venepuncture to maintain their competency on an ongoing basis to continue to have the skills to deliver

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1. Introduction

Venepuncture is also known as Phlebotomy, drawing of blood, taking blood or venesection. As nous the difference between venepuncture and phlebotomy is that venepuncture is (haematology) the collection of blood from a vein while Phlebotomy is the opening of a vein, either to withdraw blood or for letting blood

Blood Sampling, or phlebotomy, is the collection of blood via various methods with the purpose of testing and analysing of the components of the blood (Chernecky & Berger, 2013) (World Health Organisation (WHO), 2010)

This Policy covers the process of venepuncture, including training and monitoring processes, including specific procedural information relating to the obtaining of blood samples to ensure safe practice for service users and staff.

1.1 Rationale (why):

- 1.1.1 The quality of the pathology result is dependent on the quality of the specimen received and the accuracy of information provided on the pathology requisition form or ICE pathology system. Pathology results may be rejected if the correct procedures are not adhered to.
- 1.1.2 Venepuncture is considered a low-risk procedure in the modernising science careers framework. If a blood sample is poorly collected the results may provide inaccurate results and the potential risk of the service user having to undergo further or repeat testing.
- 1.1.3 This policy includes basic infection prevention and control principles for the collection, storage and transportation of laboratory specimens; however, full guidance should be read in Policy C33 – Collection, Storage, Transportation and Carriage of Pathology Laboratory Specimens <https://bsmhftnhsuk.sharepoint.com/sites/connect-policies/Shared Documents/Forms/AllItems.aspx?id=%2Fsites%2Fconnect-policies%2FShared Documents%2FPolicies%2FClinical Policies%2FTransportation of Specimens%2Epdf&parent=%2Fsites%2Fconnect-policies%2FShared Documents%2FPolicies%2FClinical Policies>

1.1.4 *Venous cannulation is a high risk procedure because of how access is gained, the overarching needs for managing the cannula and the risk to the service user in a mental health environment, due to this staff in the trust not receive training to manage a venous cannula; therefore, cannulation should only be undertaken prior to transfer to acute secondary care to reduce the risk of deterioration if absolutely medically required and is the responsibility of a responsible clinician to insert, manage and ensure regular assessment of the site is undertaken prior to transfer to acute care. (Cannulation is not covered within this policy)*

1.2 Scope (when, where and who):

- 1.2.1 This policy applies to all BSMHFT including temporary employees, locums, agency staff, contractors and visiting clinicians in all locations (including the Prison Healthcare Service) that deliver venepuncture services
- 1.2.2 This policy identifies when, who and what processes are required to deliver safe venepuncture practice. **(Lister, Hofland, & Gafton, 2020)**
- 1.2.3 Clinicians involved in venepuncture should have knowledge, training and understanding of the equipment to use in clinical practice

1.3 Principles

- 1.3.1 This policy will ensure the safe and appropriate practice of venepuncture and venous access delivered by trained staff within BSMHFT,
- 1.3.2 The Trust positively supports individuals with learning disabilities and ensures that no-one is prevented from accessing the full range of mental health services available. Staff will work collaboratively with colleagues from learning disabilities services and other organisations, to ensure that service users and carer's have a positive episode of care whilst in our services. Information is shared appropriately to support this.

2 The policy consisting of:

This is a policy for clinical staff who are involved in venepuncture and phlebotomy services. It will ensure best practice maintained, ensure the required standards and processes in place to perform the duty of venepuncture and phlebotomy safely.

- 2.1.1 All clinical staff involved or wishing to develop the skills to carry out venepuncture and phlebotomy therapy must be familiar with the training, and the ongoing skills and competency required for best practice within this policy

3 The procedure consisting of:

3.1 Best practice summary (full procedure in appendix 2)

- 3.1.1 It is the responsibility of staff performing peripheral venepuncture to ensure that patients understand the reason for the procedure and that the procedure involves minimum distress to them.
- 3.1.2 Positive Identification of the patient must occur prior to any invasive treatment
- 3.1.3 Application of a disposable single use tourniquet or a reusable tourniquet (following strict decontamination procedures) promotes venous distention. The tourniquet must be tight enough to impede venous return but not restrict arterial flow. This should be placed above the insertion point 7-8cms without pinching the skin **(World Health Organisation (WHO), 2010) (Lister, Hofland, & Gafton, 2020)**
- 3.1.4 Alternatives to a tourniquet must not be used as these cannot be released quickly and can cause tissue damage. Tourniquets can be in place for up to 3 minutes whilst finding the vein but must be removed to allow circulation to return before being re-applied for 1 minute to take the blood samples to prevent haemolysis

(Rupturing of the red blood cells) or haemoconcentration (pooling of the blood leading to inaccurate results. **(Hoeltke, 2018)**

- 3.1.5** Infection control procedures must be adhered to, with incorporated safety protection mechanisms and the safe disposal of sharps as per Trust policy.
- 3.1.6** Standard aseptic non touch technique must be adhered to throughout the procedure of needle insertion.
- 3.1.7** If venepuncture is unsuccessful after a maximum of three attempts (1 if the procedure is problematic) the health care professional must request a more experienced health care practitioner to undertake the procedure
- 3.1.8** The full standard operational procedure for preparation, equipment requirements, and process is available in Appendix 2 and 3

3.2 Complication associated with Venepuncture

3.2.1 Needlestick injury

In the event of a needle stick injury, first aid is to be administered immediately and the BSMHFT inoculation injury procedure is to be implemented with immediate effect. (IC01 annex I). <https://bsmhftnhsuk.sharepoint.com/sites/connect-policies/Shared Documents/Forms/AllItems.aspx?id=%2Fsites%2Fconnect-policies%2FShared Documents%2FPolicies%2FInfection Control Policies%2FIPC Overarching Policy%2Epdf&parent=%2Fsites%2Fconnect-policies%2FShared Documents%2FPolicies%2FInfection Control Policies>

3.2.2 Blood spillage

Use of the vacutainer system reduces the risk of blood spillage since the blood is drawn directly into the evacuated sample tube. However, there is a risk of blood spurting from the vein when venepuncture commences. Follow IPC guidelines

3.2.3 Pain

Pain can be caused by the following:

- ⊕ Tentative stop–start insertion (often associated with hesitant or new practitioners)
- ⊕ Hitting an artery, nerve, or valve
- ⊕ Poor technique – inadequate anchoring causes the skin to gather as the needle is inserted
- ⊕ Alcohol based skin preparation is not allowed to dry adequately before insertion, resulting in stinging pain
- ⊕ Using a frequently punctured, recently used, or bruised vein
- ⊕ An anxious patient with a low pain threshold
- ⊕ Use of large-gauge device
- ⊕ Use of veins in sensitive areas

Practitioners should take every opportunity to minimise pain for their patient including consideration of the prescription and use of local anaesthetic creams or injections where appropriate.

The Practitioner should avoid the use of bruised, used, or sensitive areas. If the patient complains of pain, depending on the cause (e.g., a nerve or artery has been inadvertently injured), it may be necessary to remove the device immediately. Reassure the patient and ensure that they are provided with suitable pain relief and monitor pain levels until they have resolved. Document actions taken clearly in the Service users Rio records.

3.2.4 Haematoma

This is caused through leakage of blood into the tissues and is indicated by rapid swelling which occurs during the insertion procedure or after removal.

This can be caused by:

- ⊕ Not releasing the tourniquet before removing the needle
- ⊕ Penetration of the posterior vein wall
- ⊕ Incorrect choice of needle to vein size
- ⊕ Fragile veins
- ⊕ Patients receiving anticoagulant therapy
- ⊕ Excessive or blind probing to locate the vein
- ⊕ Spontaneous rupture of the vessel on application of the tourniquet or cleaning of the skin

Prevention includes good vein and device selection and using a careful technique and the following points should be noted:

- ⊕ Patients with fragile veins or those on anticoagulant therapy may be more challenging and inexperienced Practitioners may require support with these individuals.
- ⊕ A tourniquet should not be applied to a limb where recent venepuncture has occurred, and the tourniquet should not be left in place for any longer than necessary.
- ⊕ On removal of the needle, adequate pressure should be applied to the site.
- ⊕ Alcohol pads inhibit clotting and should not be used.
- ⊕ In the event of a haematoma occurring, the needle should be removed immediately, and pressure applied to the site for a few minutes to ensue clotting has taken place and further bleeding does not occur. Elevate the extremity if appropriate and reassure the patient and explain the reason for the bruise. Apply a pressure dressing if required and an ice pack if bruising is extensive.
- ⊕ In the event of a Haematoma forming, the incident should be documented in the patient's notes and recorded using Eclipse incident reporting system and the patient should be given reassurance and information.
- ⊕ Patients who are seen in outpatients' departments should be given advice about when and who to contact if the haematoma gets worse or they develop any numbness in the limb.

3.2.5 Phlebitis

This is inflammation of the intima of the vein which is characterized by pain and tenderness along the vein, erythema, warmth, and streak formation with/without a palpable cord. The patient should be referred to the doctor if the phlebitis occurs

There are three main types.

- ⊕ Bacterial - when the site becomes infected. If bacterial phlebitis is suspected, then the insertion site should be cultured, and sent to microbiology.
- ⊕ Mechanical (normally due to cannulation) - related to irritation and damage to a vein by large-gauge cannulas, sited where there is movement, for example antecubital fossa, not secured adequately or increased dwell time.
- ⊕ Chemical (due to cannulation only) - related to chemical irritation from drugs with high or low pH there are numerous drugs that can cause this problem.

All cases of bacteraemia are reported as an incident using Trust eclipse system – this is completed by the Infection control nurse and sent to the Risk Management Department.

3.3 Training and skills requirements

3.3.1 Staff permitted to apply for training are:

- ⊕ Registered healthcare professionals
- ⊕ Non-registered healthcare professionals
- ⊕ Medical Assistants

3.3.2 Healthcare Professionals can apply for venepuncture training by contacting the Trust wide venepuncture coordinator at bsmhft.phlebotomy.training@nhs.net
Additional support or advice can be sort from bsmhft.physical.health.training@nhs.net
Or via [Venepuncture \(sharepoint.com\)](#)

3.3.3 Staff must only attend training if there is a clinical need for them to have this skill in their clinical area and the skill will be used regularly to maintain user competence
Training includes theoretical session, online workbook with a 70% pass mark and supervised practices until competency and confident (which in normally around 20)

3.3.4 Healthcare professionals must complete the Trust's Venepuncture training programme and be assessed as competent before attempting the skill unsupervised.

3.3.5 Assessment is by professionals who has completed the venepuncture observational assessors' qualifications (Band 3 and above), who have been assessed as competent in this skill and have been using the skill regularly. (This may also be through our BCPS colleagues at City pathology)

3.3.6 Healthcare professionals appointed from outside the Trust, who regularly performed venepuncture must demonstrate the following: -

- ⊕ Show evidence of previous training/competency and recent practice
- ⊕ Read the Trust procedures along with all other relevant policies

- ⊕ Be observed by an assessor, nominated by their manager.
- ⊕ Complete and sign the competency.
- ⊕ A copy of this should be placed on the individual's personnel record and on the Trustwide register.

3.4 Medical Staff training and skills

- 3.4.1** All UK trained doctors have the training and competencies needed to complete venepuncture as part of their medical qualification.
- 3.4.2** Internationally trained doctors may not have had the appropriate skills training which needs to be understood and managed by the local medical team

3.5 Student Nurse training and skills

- 3.5.1** Student nurses will undertake theoretical training as part of their pre-registration university course and may request to complete supervised practice/ observe whilst on placements to achieve their competency.
- 3.5.2** Allowing the student nurse to complete the practical element of this skill should ONLY be completed after the student has provided evidence that they have completed the theoretical session and attended the 'skills lab' first.
- 3.5.3** At no point should a student nurse be allowed to complete the practical supervision without these sections being completed within the university.
- 3.5.4** Competency is recorded within the student practice assessment documents. This is a mandatory requirement to complete training and achieve NMC registration (for those qualifying from 2022 onwards only).

3.6 On-going Competency requirements

- 3.6.1** All staff who successfully completes a venepuncture course are expected to keep their skills and competencies up to date as part of their role.
- 3.6.2** All trained staff are expected to attend a yearly 'refresher support forum' which will be available for them updating their skills and knowledge.
- 3.6.3** Refresher support forums can be booked by contacting the Trustwide venepuncture service at bsmhft.phlebotomy.training@nhs.net
Additional support or advice can be sort from bsmhft.physical.health.training@nhs.net

3.7 Other policies to complement and support this policy

3.7.1 [Policies - Policies \(sharepoint.com\)](#)

- ⊕ C57 Clinical Risk Assessment Policy
- ⊕ IG 01 Confidentiality Policy
- ⊕ MHL 10 Consent to Treatment Policy
- ⊕ IC 01 Infection Prevention Overarching Policy
- ⊕ MHL 14 Mental Capacity Act Policy
- ⊕ MHL 01 Mental Health Act Policy
- ⊕ IC Needle stick injury annex
- ⊕ CG28 Service User Identification for Treatment Policy

4 Responsibilities

This should summarise defined responsibilities relevant to the policy.

Post(s)	Responsibilities	Ref
All Staff	<p>All Healthcare staff/ Practitioners have a duty of care to their patients. They should only perform venepuncture if required to do so as part of their role. This will be identified in their job description or be part of specific role development in support of patient care within their clinical setting.</p> <p>Ensure they have their details correct on the Trustwide phlebotomy register</p> <p>No Practitioner should attempt to undertake these roles unless they have completed the specific training and associated competencies.</p> <p>Any person delegating these roles must be assured of the accountability and competency of the person to whom they are delegating</p>	
Ward Managers or Departmental Leaders	<p>Accountable for the policy implementation amongst staff in practice and the monitoring of all associated standards.</p> <p>They will ensure that all staff within the sphere of their responsibility have access to the required training to develop the necessary skills and competence.</p> <p>They are responsible for overseeing the timely completion of the associated study, workbooks, and signoffs within competency documentation.</p> <p>Ensure venepuncture trained staff have the correct details on the Trustwide register and they attend their yearly refreshed sessions</p>	
Matrons and Lead Nurse/AHP	<p>Responsible for ensuring that all staff accountable to them are aware of this policy and adhere to its statement.</p> <p>It is the manager's responsibility to investigate and rectify any deviation from policy or identified discrepancies</p>	
Service, Clinical and Corporate Directors	<p>Responsible for ensuring that necessary measures are in place to support the safe implementation and monitoring of the use of this policy in practice.</p>	

	They will need to take steps to address issues where practice has been identified as potentially unsafe.	
Policy Lead	Responsible for the production, issue and review of this policy and its contents.	
Executive Director	Responsible for the content and implementation of this policy.	
Education and Training Team	Responsible for the training, education, and associated competency packages in the skills of venepuncture at the Trust for all staff.	
IPC team	The Infection Prevention and Control Team audit practice for venepuncture at ward and department level and provide specialist advice and support.	

5 Development and Consultation process:

✚ Developed by the Lead nurse for physical health following consultation with Trustwide venepuncture lead, Venepuncture trainers, Consultant Psychiatrist leadership and the Black Country Pathology Services

Consultation summary		
Date policy issued for consultation	19 th April 2022	
Number of versions produced for consultation	1	
Committees / meetings where policy formally discussed	Date(s)	
Physical health committee	3 rd May 2022	
IPC committee	26 th April 2022	
Where received	Summary of feedback	Actions / Response
PDMG	Update audit description Clarity of 3.2.3 Clarity of 3.3.2	Agreed and changed Agreed and changed Agreed and changed

6 References

References

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7. Bibliography:

Nil

8. Glossary:

BCPS	Black Country Pathology Service
Haematoma	This is caused through leakage of blood into the tissues and is indicated by rapid swelling which occurs during the insertion procedure or after removal.
ICE	The ICE system allows users to request pathology tests for patients and view results
Immune-compromised	Having an impaired immune system
Invasive Treatment	A medical procedure which breaks the skin in some way.
Needle Phobic	An extreme fear of needles that does not fit the danger or damage involved.
Pathology	The science of the causes and effects of diseases, especially the branch of medicine that deals with the laboratory examination of samples of body tissue for diagnostic or forensic purposes.
Phlebitis	A condition of inflammation of veins causing pain, discomfort and swelling.
Safety Engineered Device	A device that has a built-in sharps injury protection mechanism such as an attached sheath covering the needle or scalpel after use or needles that retract after use.
Venous distention	Venous distension is when the veins swell because there is a greater volume of blood moving through them

9. Audit and assurance consisting of:

Element to be monitored	Lead	Tool	Frequency	Reporting Committee
Review via Eclipse any divergence away from this policy	Ward and department leaders	Eclipse	quarterly	Ward leaders
Education and Training	Physical health clinical educators Venepuncture lead	Attendance of study days Support in practice	annually	Physical health committee
Ongoing competency	Individual practitioner Physical health clinical educators Venepuncture lead	Support in practice	Annually	Physical health committee

10. Appendices consisting of:

- ✦ Appendix 1 - The equality assessment
- ✦ Appendix 2 – Standard Operational Procedure for Venepuncture
- ✦ Appendix 3 – Essential equipment for Venepuncture
- ✦ Appendix 4 – Blood bottle selection guide (including order of draw)
- ✦ Appendix 5 – Tube Changes guide (2021)

a. Appendix 1 - Equality Analysis Screening Form

A word version of this document can be found on the HR support pages on Connect

<http://connect/corporate/humanresources/managementsupport/Pages/default.aspx>

Title of Proposal		Venepuncture (Phlebotomy) Policy		
Person Completing this proposal		Lyndi Wiltshire	Role or title	Lead Nurse for Physical Health
Division		Corporate Nursing	Service Area	
Date Started		11 th April 2022	Date completed	14 th April 2022
Main purpose and aims of the proposal and how it fit in with the wider strategic aims and objectives of the organisation.				
This policy will ensure clinical staff know how to clinically manage venepuncture/phlebotomy. The will understand what processed to follow and when training is required				
Who will benefit from the proposal?				
The trust and service users				
Impacts on different Personal Protected Characteristics – Helpful Questions:				
<i>Does this proposal promote equality of opportunity?</i>		<i>Promote good community relations?</i>		
<i>Eliminate discrimination?</i>		<i>Promote positive attitudes towards disabled people?</i>		
<i>Eliminate harassment?</i>		<i>Consider more favourable treatment of disabled people?</i>		
<i>Eliminate victimisation?</i>		<i>Promote involvement and consultation?</i>		
		<i>Protect and promote human rights?</i>		
Please click in the relevant impact box or leave blank if you feel there is no particular impact.				
Personal Protected Characteristic	No/Minimum Impact	Negative Impact	Positive Impact	Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.
Age	√			
Including children and people over 65 Is it easy for someone of any age to find out about your service or access your proposal? Are you able to justify the legal or lawful reasons when your service excludes certain age groups				
Disability	√			
Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability?				

Are you making reasonable adjustment to meet the needs of the staff, service users, carers, and families?				
Gender	√			
This can include male and female or someone who has completed the gender reassignment process from one sex to another Do you have flexible working arrangements for either sex? Is it easier for either men or women to access your proposal?				
Marriage or Civil Partnerships	√			
People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?				
Pregnancy or Maternity	√			
This includes women having a baby and women just after they have had a baby Does your service accommodate the needs of expectant and post natal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect relation into pregnancy and maternity?				
Race or Ethnicity	√			
Including Traveller or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language?				
Religion or Belief	√			
Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area? When organising events – Do you take necessary steps to make sure that spiritual requirements are met?				
Sexual Orientation	√			
Including gay men, lesbians, and bisexual people Does your service use visual images that could be people from any background or are the images mainly heterosexual couples? Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?				
Transgender or Gender Reassignment	√			
This will include people who are in the process of or in a care pathway changing from one gender to another Have you considered the possible needs of transgender staff and service users in the development of your proposal or service?				
Human Rights	√			

Affecting someone's right to Life, Dignity and Respect?				
Caring for other people or protecting them from danger?				
The detention of an individual inadvertently or placing someone in a humiliating situation or position?				
If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e., Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)				
	Yes	No		
What do you consider the level of negative impact to be?	High Impact	Medium Impact	Low Impact	No Impact
				√
If the impact could be discriminatory in law, please contact the Equality and Diversity Lead immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required.				
If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the Equality and Diversity Lead before proceeding.				
If the proposal does not have a negative impact or the impact is considered low, reasonable, or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the Equality and Diversity Lead .				
Action Planning:				
How could you minimise or remove any negative impact identified even if this is of low significance?				
NA				
How will any impact or planned actions be monitored and reviewed?				
How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic?				

Please save and keep one copy and then send a copy with a copy of the proposal to the Senior Equality and Diversity Lead at bsmhft.hr@nhs.net . The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis.

b. Appendix 2 – Standard Operational Procedure for Venepuncture

- The phlebotomist should work in a quiet, clean, well-lit area, whether working with outpatients or inpatients.
- Equipment must be checked prior to use to ensure it is within its expiry date. (See appendix 3)
- Introduce yourself to the service user, informed fully about the procedure and rationale for the testing. Consent must be gained prior to any venepuncture. A patient has the right to refuse a test
- The service user must be positively identified before obtaining a blood sample. This is by verbal questioning of the patient's surname, first name and date of birth. If unable to verbalise, a second check must be undertaken to ensure this is the right person
- Check whether the service user has any allergies, (consider latex or chlorhexidine) **(McCall & Tankersley, 2016)**
- If the service user is needle phobic, a local anaesthetic cream may be used under direction of responsible clinician. This must be prescribed. **(Weinstein & Hagle, 2014)**
- Assemble the equipment necessary for venepuncture. To ensure that time is not wasted, and that the procedure goes smoothly without unnecessary interruption
- The use of a Safety Engineered Device is essential for phlebotomy. If used incorrectly the phlebotomist is placed at risk from bloodborne viruses.
- Current BSMHFT devices include the BD Eclipse safety needle and Vacutainer system, or Safety Lok Butterfly methods (Please check the equipment used is the same as in training received. New equipment may require update of skill and reassessment)
- Wash hand using bactericidal soap and water or alcohol-based hand rub and dry before commencement
- Check own hands for any visibility broken skin and cover any such area with a waterproof dressing (Department of Health, 2010)
- Blood should be taken as per Black Country Pathology Services (BCPS) 'order of draw (See appendix 4).
- Request/forms (ICE labels) should be completed with patient's details whilst by the side of the patient, using the patient's Rio Number.

During the procedure

- Gloves, apron, and standard PPE must always be worn during the procedure
- Skin does not currently need cleaning prior to venepuncture unless.
 - The patient is socially unclean – Use soap and water
 - The patient is immuno-compromised – Use Chloraprep 1ml (Winged or SEPP design) in a 'criss-cross' pattern for 30 seconds and allow to dry for 30 seconds
- Support the chosen limb on a pillow to ensure the patient is comfortable and facilitate venous access

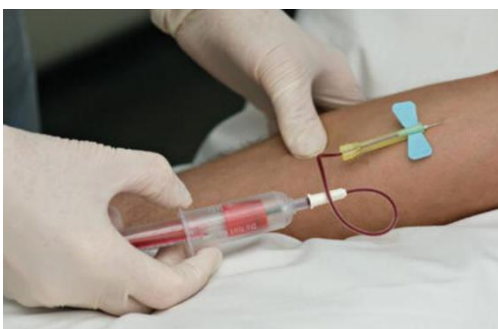
- Apply a tourniquet to the area on the chosen side, make sure it does not obstruct arterial flow. If the radial pulse cannot be palpated, then the tourniquet is too tight. (Weinstein & Hagle, 2014)
- Select the vein by careful palpation to determine size, depth, and condition. (Witt, 2011)



- Select the device, based on vein size, site and volume of blood to be taken. Use a 23 swg winged infusion device for small veins or metacarpal (Lister, Hofland, & Gafton, 2020)
- Remove the cover from the needle and inspect the device carefully for faulty equipment (Medicines and Healthcare products Regulatory Agency, 2005)
- Anchor the vein by applying manual traction on the skin a few centimetres below the proposed insertion site
- Insert the needles smoothly at an angle of approximately 30°. However, the angle will depend on the size and depth of the vein



- Slightly advance the need into the view; however, do not exert any pressure on the needle
- Withdraw the required amount of blood using the vacuumed blood collection system. Collection blood samples in the draw order shown in Appendix 4



- Release the tourniquet
- Remove the tube from the plastic tube holder

- Place a low-linting swab over the puncture point
- Remove the needle, but do not apply pressure until the needle has been fully removed
- Activate the safety device and then discard the needle immediately in a sharps bin (Health and Safety Executive, 2013)
- Apply digital pressure over the puncture site. Pressure should be applied until bleeding has ceased: approx. 1 minute; however, If the patient is receiving treatment which will cause blood to take longer to clot e.g., anticoagulants, steroids, then longer pressure will be required.
- The service user may apply pressure with a finger but should be discouraged from bending the arm (if the vein in the antecubital fossa is used)
- Gently invert blood tubes to mix the blood with the additives thoroughly. Do not shake the tubes as this will damage the blood cells and invalidate test result as guided by the manufacturer's instruction
- Request/forms (ICE labels) and blood bottles should be completed with patient's details whilst by the side of the patient, using the patient's Rio Number. They should never be taken away labelled later.
- When handwritten, the patient's details must be legibly written on to the sample in the appropriate area and should include Forename, Surname, Rio number and/or NHS number, Date of Birth, Date and time of sample, location where sample taken and the signature of phlebotomist
- All samples must be signed by the person performing the venepuncture, without obscuring other details or the barcode

Post Procedure

- Perform a final check of the puncture point before applying a dressing.
- Confirm whether the patient is allergic to adhesive plasters. Apply an adhesive plaster or alternative dressing as indicated.
- Ensure that the patient is comfortable.
- Remove gloves and discard waste as per the Trust Waste Policy.
- Perform hand hygiene.
- If ICE labels were not available and the form is being handwritten, check the patient details that you have written on the blood bottles are identical to those on the request form before applying to the blood bottles/s.
- Facilitate the prompt despatch of samples to the laboratory for processing according to the patients need/level of urgency.
- Ensure the samples are left in the locally agreed Daniel box for collection at the earliest opportunity. See your local guide
- Document the procedure in the patient's Rio notes

The ordering and reviewing process of the electronic ordering system is available to those unsure via this training video <https://www.youtube.com/watch?v=2YMiURBXAzU>

c. Appendix 3 – Essential equipment for Venepuncture

- Personal protective equipment including gloves and aprons for standard precaution measures
- Sink to wash hands and/or Alcohol hand gel
- Clinically clean tray containing. Please follow the latest IPC decontamination procedures for non-disposable tray
- Disposable tourniquet or Reusable tourniquet – and follow the latest IPC decontamination processes
- 21 swg multiple-sample safety needle or 21/23 swg winged safety infusion device



- Plastic tube holder, standard
- Appropriate vacuumed specimen tubes (blood bottles)
- Swab with chlorhexidine 2% in 70% alcohol, or isopropyl alcohol 70%
- Low-linting gauze swabs
- Sterile adhesive plaster or hypoallergenic tape
- Specimen request form
- or appropriate Order Communications equipment (bar code printer) and a leak proof specimen bag
- Appropriately sized sharps bin

d. Appendix 4 – Blood bottle Selection Chart (including order of draw)

VACUETTE® SELECTION CHART

SAMPLES TO BE COLLECTED IN THE FOLLOWING ORDER UNLESS SPECIFIED BELOW

	Volume / Item No.	Cap / Ring Colour	Tube Type	Tests	Special Instructions
1			Blood Culture	Aerobic followed by Anaerobic, if insufficient blood for both culture bottles, use Aerobic only	
2	3.5ml 454327 KFK225	Blue / Black	Trisodium Citrate	Prothrombin Time, INR, APTT, Coagulation Screen, Fibrinogen, D-Dimers, Thrombophilia Screen, Protein C, Protein S, Antithrombin III, Factor V Leiden, Factor Assays, Factor Xa, VWF, Lupus, FII 20210A	Tube must be filled between the arrow. Please mix well.
3	5ml 456010 KFK061	Gold / Gold	Clotting Accelerator and Separation Gel	U+E, LFT, Calcium, CK, CRP, PO4, Amylase, Urate, MG, Paracetamol, Salicylate, TSH, PSA, Reproductive Hormones, Troponin, B12, Ferritin, Serum Folate, Lipids, Iron Studies, Bicarbonate All Routine Immunology, Specific Proteins, RAF, Paraprotein Typing, Complement C3, C4 and Immunoglobulins, Rubella. All Serological and Bacteriology Tests except PCR and Viral Loads	1 tube required per section. Please mix well.
4	4ml 454092 KFK062	Red / Black	Clotting Accelerator (no gel)	Cryoglobulins, HIT	Please mix well.
5	4ml 454084 KFK255	Green / Black	Lithium Heparin (no gel)	Amino Acids, Chromosomes, Karyotype, Osmotic Fragility, Ammonia, T Spot	Ammonia (send within 15 minutes, on ice)
6	4ml 454023 KFK266	Lavender / Black	EDTA	FBC, Retics, DAT, Sickle Test, GF Screen, Malaria, Viscosity, Hb Electrophoresis, G6PD, Lead, ACTH, ESR, Kleihauer, Lactate (on ice) Viral Loads, Bacterial PCR eg: Meningitis, Viral PCR eg: CMV, CD4	Please mix well.
7	6ml 456242 KFK576	Pink / Black	EDTA Crossmatch	Crossmatch, Group and Save, Cold Agglutinins	Labels must be handwritten, with patient's FULL name, DOB and Hospital or NHS number
8	4ml 454091 KFK257	Grey / Black	NAF / EDTA	Glucose, Alcohol, Lactate, HbA1c	Please mix well.
9	6ml 456080 KFK262	Dk Blue / Black	Sodium Heparin	Trace Elements	Please mix well.

PLEASE NOTE: The list of tests provided above is not exhaustive. A full guide can be found on the Test database:

HOW DELAYS CAN BE BUILT INTO PATHOLOGY TESTING

Blood Sciences receive over 3000 individual blood tubes per day, if labelled right first time, it can save delays in analysis.



The 'Perfectly labelled' specimen: Label straight and will pass through analyser first time.



The 'slightly inebriated' specimen: Angled on the tube and will fail to go through the machine, but will have to wait for cycle to finish, adding 40 minutes delay.



The 'Two for One' specimen: Two labels on one bottle, when there should have been two bottles. Builds in delay as sample has to be presented twice to the analyser.



The 'I like it around the middle' specimen: The bar code scanner on the analyser cannot read around bends. Would fail to be analysed. Builds delay.



The 'will make sure its labelled' specimen: Two labels around the middle.



The 'No one is accusing me of not labelling' specimen: Three labels all the same, all incorrectly positioned. Takes time to remove all labels and reprint bar code.



Internal link: (RWT only)
http://intranet.xrw.nhs.uk/departments/pathology_services/Test_Directory.aspx



External link:
<https://www.royalwolverhampton.nhs.uk/services/service-directory-a-z/pathology-services/test-directory/>

e. Appendix 5 – Tube Changes guide (2021)

Sandwell & West Birmingham NHS Trust

TUBE CHANGES

CURRENT TUBE			CHANGING TO	
VOLUME / CODE	CAP / RING COLOUR		NEW VOLUME / CODE	NEW CAP / RING COLOUR
2 ml 454322	 Blue / White	➔	3.5 ml 454327 KFK225	 Blue / Black
3.5 ml 454327	 Blue / Black	➔	4 ml 454092 KFK062	 Red / Black
3 ml 454022	 Red / Black	➔	5 ml 456010 KFK061	 Gold / Gold
5 ml 456018	 Gold / Gold	➔	4 ml 454084 KFK255	 Green / Black
6 ml 456084	 Green / Black	➔	4 ml 454023 KFK266	 Lavender / Black
4 ml 454209	 Lavender / Black	➔	4 ml 454091 KFK257	 Grey / Black
2 ml 454238	 Grey / Black	➔	6 ml 456242 KFK576	 Pink / Black
6 ml 456052	 Pink / Black	➔	6 ml 456080 KFK262	 Dk Blue / Black
6 ml 456080	 Dk Blue / Black	NO CHANGE		

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