Birmingham and Solihull Mental Health NHS Foundation Trust

Phlebotomy (Venepuncture) Policy

Policy number and category	**C34**	**Clinical**
Version number and date	**4**	**June 2025**
Ratifying committee or executive director	**Trust Clinical Governance Committee**	
Date ratified	**July 2025**	
Next anticipated review	**July 2028**	
Executive director	**Executive Director of Quality and Safety and Chief Nurse**	
Policy lead	**Lead for Physical Health**	
Policy author *(if different from 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) staff who perform phlebotomy.
To provides the standards and governance arrangements for staff to be able to undertake phlebotomy 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 phlebotomy.
This policy identifies what processes are required for safe phlebotomy to be undertaken.
Clinicians involved in phlebotomy 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 phlebotomy to maintain their competency on an ongoing basis to continue to have the skills to deliver

Change Record

Date	Version	Author (Name & Role)	Reasons for review / Changes incorporated	Ratifying Committee
June 2025	4	Lyndi Wiltshire. Lead for Physical Health	Three Yearly Review	Trust CGC

Contents Page

1. Introduction

Phlebotomy is also known as venepuncture, 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, whilst 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 provides the process of phlebotomy, 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 Phlebotomy 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 bsmhftnhsuk.sharepoint.com/sites/connect-policies/SharedDocuments/Forms/AllItems.aspx?id=%2Fsites%2Fconnect-policies%2FSharedDocuments%2FPolicies%2FClinical Policies%2FPathology - Transportation of Specimens Policy%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 this trust do 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 phlebotomy services.

1.2.2 This policy identifies when, who and what processes are required to deliver safe phlebotomy practice. **(Lister, Hofland, & Gafton, 2020)**

1.2.3 Clinicians involved in phlebotomy should have knowledge, training and understanding of the process, and equipment to use in clinical practice.

1.3 Principles

1.3.1 This policy will ensure the safe and appropriate practice of phlebotomy 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:

This is a policy for clinical staff who are involved in venepuncture and phlebotomy services. It will ensure best practice is maintained, ensure the required standards and processes are 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:

3.1 Best practice summary (full procedure in appendix 2)

3.1.1 It is the responsibility of staff performing phlebotomy 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 phlebotomy is unsuccessful after a maximum of three attempts (one 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

3.2 Complication Associated with Phlebotomy

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) bsmhftnhsuk.sharepoint.com/sites/connect-policies/Shared Documents/Forms/AllItems.aspx?id=%2Fsites%2Fconnect-policies%2FShared Documents%2FPolicies%2FInfection Control Policies%2FIC01 Annex B - Decontamination 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 phlebotomy 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
- Patients who are anxious about the procedure may experience more pain.
- 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 torniquet 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 phlebotomy 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
- Trainee/Student Nursing Associates
- Medical Assistants

3.3.2 Healthcare Professionals can apply for phlebotomy training by contacting the Trust wide venepuncture coordinator at bsmhft.physical.health.training@nhs.net
Or reviewing information on 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 assessment with an 80% pass mark and supervised practices until competency and confident (We estimate this to be between 10 and 20 procedures but may be more or fewer depending on skill and experience)

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

3.3.5 Assessment is by professionals who has completed the phlebotomy 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 Midlands Metropolitan Hospital Pathology)

3.3.6 Healthcare professionals appointed from outside the Trust, who already have the skills to performed phlebotomy must demonstrate the following: -

- Show evidence of previous training/competency and recent practice
- Have 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 and phlebotomy 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 Student Nurse Associates

3.5.1 Student nurses on placement within BSMHFT in any capacity are not permitted to undertake phlebotomy under any circumstances, even under supervision of a trained member of trust staff.

3.5.2 Nursing students may shadow trust staff performing phlebotomy and assist in the process if trained to do so but must not undertake venepuncture themselves. This applies regardless of whether the student has completed theoretical or simulation phlebotomy training at university.

3.5.3 Students may ask trust staff trained in phlebotomy to sign their MYPAD competency document to demonstrate that the student has a good understanding and knowledge of the skill and can demonstrate their theoretical understanding of the procedure as relevant to their current stage of training.

3.5.4 Trainee/Student nurse associates (TNA's), employed by the Trust will be required to complete Phlebotomy Training as part of the qualification. These TNAs will need to follow the process in 3.3.2 – 3.3.6.

3.6 On-going Competency requirements

3.6.1 All staff who successfully complete a phlebotomy 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' with the aim of facilitating group supervision, updating skills and knowledge, and helping practitioners stay up to date with current practice.
All trained staff on the competency register will be sent monthly invitations to online supervision meetings with the expectation to attend at least one meeting every twelve months**.**

3.7 Other policies to complement and support this policy.

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
- C33 Transportation of Specimens Policy

4 Responsibilities

This should summarise defined responsibilities relevant to the policy.

Post(s)	Responsibilities	Ref
All Staff	All Healthcare staff/ Practitioners have a duty of care to their patients. They should only perform phlebotomy 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. Ensure they have their details correct on the Trustwide phlebotomy register. No Practitioner should attempt to undertake these roles unless they have completed the specific training and associated competencies. Any person delegating these roles must be assured of the accountability and competency of the person to whom they are delegating	
Ward Managers or Department Leaders	Accountable for the policy implementation amongst staff in practice and the monitoring of all associated standards. 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. They are responsible for overseeing the timely completion of the associated study, assessments, and signoffs within competency documentation. Ensure phlebotomy trained staff have the correct details on the Trustwide register and they attend their yearly refresher sessions	
Matrons and Heads of Nurse/AHP	Responsible for ensuring that all staff accountable to them are aware of this policy and adhere to its statement. It is the manager's responsibility to investigate and rectify any deviation from policy or identified discrepancies	
Service, Clinical and Corporate Directors	Responsible for ensuring that necessary measures are in place to support the safe implementation and monitoring of the use of this policy in practice. 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 phlebotomy at the Trust for all staff.	
IPC team	The Infection Prevention and Control Team audit practice for phlebotomy 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, Physical Health Clinical Educators, Consultant Psychiatrist leadership and the Black Country Pathology Services

Consultation summary	
Date policy issued for consultation	*Feb 2025*
Number of versions produced for consultation	3
Committees / meetings where policy formally discussed	Date(s)
Physical health committee	4th February 2025
Phlebotomy training working group	16th January 2025

Where received	Summary of feedback	Actions / Response
Phlebotomy training working group	Change some wording and condense SOP	Agreed and changed
Clinical educator for pre-registration education	Needed improved clarity for pre reg student	Agreed and changed

6 References

References

Chernecky, C., & Berger, B. (2013). *Laboratory Tests and Diagnostic Procedures.* (6th, Ed.) St Louis, MO: Elsevier.

Department of Health. (2010). *Clean Safe Car: high Impact Interventions- Taking Blood Cultures: A summary of Best Practice.* London: Department of Health.

Health and Safety Executive. (2013). *Health and Safety (Sharp Instruments in Healthcare) Regulation 2013.* London: Health and Safety Executive.

Hoeltke, L. (2018). *The Complete Textbook of Phlebotomy* (5th Edition ed.). Boston: CENGAGE Deimar Learning. doi:ISBN: 9781401886516

Lister, S., Hofland, J., & Gafton, H. (2020). *The Royal Marsden Manual of Clinical Nursing Procedures* (10th Edition ed.). West Sussex: John Wiley and Sons. Retrieved April 2022, 8, from The Royal Marsden Manual of Clinical and Cancer Nursing Procedures: https://www.rmmonline.co.uk/manual/c13-fea-0003

McCall, R., & Tankersley, C. (2016). *Phlebotomy Essentials .* Philadelphia: Wolters Kluwer.

Medicines and Healthcare produces Regulatory Agency. (2005). *Reporting Adverse Incidents and Disseminating Medical Device alerts.* London: Medicines and Healthcare products Regulatory Agency.

Weinstein, S., & Hagle, M. E. (2014). *Plumer's Principle and Practice of Intravenous Therapy.* (9th, Ed.) Philadelphia: Lippincott Williams & Wilkins.

Witt, B. (2011). *Venepuncture and Cannulation.* (S. Phillips, M. Collins, & L. Doughterty, Eds.) oxford: John Wiley and Sons.

World Health Organisation (WHO). (2010). *WHO Guidelines on Drawing Blood: Best Practice in Phlebotomy.* Geneva: World Health Organisation.

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

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	quarterly	Physical health committee
Ongoing competency	Individual practitioner Physical Health Clinical Educators Venepuncture lead	Support in practice	Annually	Physical health committee

10. Appendices

- Appendix 1 - The equality assessment
- Appendix 2 – Standard Operational Procedure for phlebotomy
- Appendix 3 – Blood Bottle selection guide (including order of draw)

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 Policy	Phlebotomy (Venepuncture) Policy		
Person Completing this policy	Lyndi Wiltshire	**Role or title**	Lead Nurse for Physical Health
Division	Corporate	**Service Area**	
Date Started	8th January 2025	**Date completed**	8th January 2025
Main purpose and aims of the policy and how it fits in with the wider strategic aims and objectives of the organisation.			
This policy will ensure clinical staff have the skills and competencies to clinically manage and complete venepuncture/phlebotomy. The will support in the understanding of what processed to follow and what training is required			
Who will benefit from the policy?			
The Trusts clinical staff being able to provide a timely blood tests and service users received quicker appropriate treatments			
Does the policy affect service users, employees, or the wider community? ***Add any data you have on the groups affected split by Protected characteristic in the boxes below. Highlight how you have used the data to reduce any noted inequalities going forward***			
The policy affects services and service users in all areas of the Trust to support reduced health inequalities by ensuring staff are skilled in phlebotomy, they are able to provide a timelier commencement/continuation of mental health treatments			
Does the policy significantly affect service delivery, business processes or policy? ***How will these reduce inequality?***			
This policy supports a timelier commencement/continuation of mental health treatments, ensuring this procedure is delivered at the point of need in a place suitable to the service user			
Does it involve a significant commitment of resources? ***How will these reduce inequality?***			
Staff, equipment to complete this procedure.			
Does the policy relate to an area where there are known inequalities? (e.g. seclusion, accessibility, recruitment & progression)			

This policy provides the quality standard to supports accessibility to high quality blood tests by competent staff at a point the service user needs it.				
Impacts on different Personal Protected Characteristics – *Helpful Questions:*				
Does this policy promote equality of opportunity? *Eliminate discrimination?* *Eliminate harassment?* *Eliminate victimisation?*			*Promote good community relations?* *Promote positive attitudes towards disabled people?* *Consider more favourable treatment of disabled people?* *Promote involvement and consultation?* *Protect and promote human rights?*	
Please click in the relevant impact box and include relevant data				
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			√	Supports easier access to the procedure, so travel for multiple appointments with unknow staff is reduced and appropriate treatments are given at the point of need
Including children and people over 65 Is it easy for someone of any age to find out about your service or access your policy? Are you able to justify the legal or lawful reasons when your service excludes certain age groups				
Disability			√	Supports easier access to the procedure, so travel for multiple appointments with unknow staff is reduced and appropriate treatments are given at the point of need for the individual
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 policy?				

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 Gypsy 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 policy 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 policy 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 policy to the Senior Equality and Diversity Lead at bsmhft.edi.queries@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				

Appendix 2 – Standard Operational Procedure for Phlebotomy

In preparation for the procedure

- The phlebotomist is to ensure that the working area is quite, clean, and well-lit. This applies to both in-patient, outpatient, and home settings.
- Appropriate PPE to be readily available prior to commencing any procedure.
- Equipment must be checked prior to use to ensure it is within its expiry date. Assemble the equipment necessary for the procedure. 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)
- Introduce yourself to the service user. The service users and, where appropriate family member or carer must be informed fully about the procedure and rationale for the testing.
- Request/forms (ICE labels) should be completed with patient's details whilst by the side of the service user, using the patient's Rio Number. Complete the following checks: Right service user, Right procedure, Right route, and Right time.
- Check whether the service user has any allergies, (consider latex or chlorhexidine) (McCall & Tankersley, 2016)
- Consent should always be obtained prior to commencing phlebotomy. In rare circumstances, if a service user is admitted under the Mental Health Act and is deemed to lack capacity to refuse important physical health investigations, the Responsible Clinician may request phlebotomy to be completed under AVERTS restraint in accordance with the policy (bsmhftnhsuk.sharepoint.com/sites/connect-policies/Shared Documents/Forms/AllItems.aspx?id=%2Fsites%2Fconnect-policies%2FShared Documents%2FPolicies%2FRisk and Safety Policies%2FPrevention and Therapeutic Management of Aggression Policy%2Epdf&parent=%2Fsites%2Fconnect-policies%2FShared Documents%2FPolicies%2FRisk and Safety Policies)
- 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)
- The phlebotomist must ensure a trauma informed approach is used to manage any anxiety or distress regarding the procedure.
- Blood should be taken as per Black Country Pathology Services (BCPS) 'order of draw (Appendix 3)

During the procedure

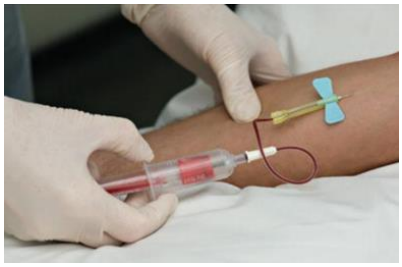
- Check own hands for any visible broken skin and cover any such area with a waterproof dressing (Department of Health, 2010)
- Wash hands using bactericidal soap and water or alcohol-based hand rub and dry before commencement.
- Apply appropriate PPE.
- Skin does not currently need cleaning prior to phlebotomy 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.

- Ensure the patient is comfortable and limb is supported to facilitate venous access.
- Apply a tourniquet to the area on the chosen site, 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 produces 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 30º. However, the angle will depend on the size and depth of the vein.

- Slightly advance the needle into the vein; 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 3



- Release the tourniquet, decontaminate or dispose as per trust IPC policy.

- 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.
- Label bottles immediately completing procedure at the service user's side. Sample bottles should never be taken away and labelled later.
- All samples must be signed by the person performing the venepuncture, without obscuring other details or the barcode.
- The trust discourages any handwritten forms, however on the rare occasion when this is necessary, ensure the patient's details are legibly written on the form and 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

Post Procedure.

- Perform a final check of the puncture point before applying a dressing.
- Re-confirm whether the patient is allergic to adhesive plasters. Apply an adhesive plaster or alternative dressing as indicated.
- Ensure that the patient is comfortable.
- Provide guidance on when the results will be available and who to contact.
- Remove gloves and discard waste as per the Trust Waste Policy.
- Perform hand hygiene.
- Facilitate the 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 SSL General Transport Bus Stops and Routes Version February 2024 .xlsx
- Document the procedure in the patient's notes.

Appendix 3 – Blood bottle Selection Chart (including order of draw)

VACUETTE® SELECTION CHART

NHS Black Country Pathology Services

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, Viscocity, 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 KFK578	 Pink / Black	EDTA Crossmatch	Crossmatch, Group and Save, Cold Agglutinins	Labels must be hand-written, 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.xrwh.nhs.uk/departments/pathology_services/Test_Directory.aspx

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

greiner bio-one

NHS Pathology Serving the Black Country

Provided by Sandwell and West Birmingham NHS Trust, The Dudley Group NHS Foundation Trust, The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust.

VAWN02 VERSION 04. Last updated May 2021

(Correct 8th January 2025)