



TRUSTWIDE DOCUMENT

	Standard Operating Procedure
DOCUMENT TITLE	Venesection for Registered Nurses
DOCUMENT NUMBER	ELHT / SOP094 Version 1.1
DOCUMENT REPLACES	Version 1.0
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TARGET AUDIENCE	All Trust Personnel
DOCUMENT PURPOSE	To ensure all staff across ELHT healthcare manage and deliver safe effective care to patients requiring venesections within the trust.
To be read in conjunction with	<ul style="list-style-type: none">• ELHT Waste Management Policy CO71• ELHT Clinical Observation Policy CP37• Standing Operating procedure for use, insertion, care, maintenance and removal of a peripheral intravenous cannula SOP 008• Asceptic non Touch Technique (ANTT) policy IC24• Hand Hygiene policy IC01• Standard Infection Control Precautions IC08• Policy and code of practice for the prevention of inoculation sharps injuries CP2• Standing operating procedure for measuring adult fluid status (SOP 017)

<p>SUPPORTING REFERENCES</p>	<ul style="list-style-type: none"> • SHOT Report (2017), available at www.shot-uk.org • The Hospital Transfusion Committee Terms of Reference • HSC 2007/001 'Better Blood Transfusion' Department of Health 2007 • NPSA 'Safer Practice Notice SPN14', Right patient, Right Blood • UK Blood Safety and Quality Regulations 2005, Statutory Instrument 2005, No. 50 (available at www.dh.gov.uk) • BCSH guideline for the administration of blood components (2012) • Health Act 2010 Code of Practice for Prevention and Control of Healthcare Associated Infections. • National Institute for Health Care Excellence (NICE) Guidance Quality Standard QS61, Vascular Access Devices April 2014. 	
<p>CONSULTATION</p>		
	<p>Committee/Group</p>	<p>Date</p>
<p>Consultation</p>	<p>Theatre Directorate Patient Safety and Risk committee</p>	<p>9 November 2022</p>
<p>Approval Committee</p>	<p>Theatre Patient Safety and Risk committee</p>	<p>9 November 2022</p>
<p>Document ratification date</p>	<p>21 February 2023</p>	
<p>NEXT REVIEW DATE</p>	<p>November 2025</p>	
<p>AMENDMENTS</p>	<p>None</p>	

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1. Introduction

This standing operating procedure (SOP) is designed:-

- To guide all practitioners who perform venesection procedure to Haematology and Gastroenterology patients.
- To provide clarity regarding the preparation, performance and maintenance of Venesections in accordance with East Lancashire Hospital Trust (ELHT)
- To inform all practitioners of their responsibilities and ensure they maintain patient health and safety when attempting intravenous access.
- To standardise practices across the trust, to ensure best practice is followed for all patients to deliver safe and effective care

If any element of this policy is not in the best interest of the patient, refer to the relevant expert field for alternative options. Deviating from the SOP must be fully documented with a clear rationale and relevant bodies informed.

2. Personal Responsibility

Registered Nurses and other health professionals involved in the procedure must have been assessed and competent in Venepuncture and cannulation in addition to being competent to undertake this procedure.

They are also responsible for the supervision of non-qualified staff (HCA's) completing some or all of the venesection procedure.

3. Patient Care

- Patients will be treated in line with individual patient care plan, disease specific protocols, and guidance from the referring consultant.
- The large veins of the antecubital fossa are used for this procedure
- The referral must state recommended volume to be obtained if not adhering to trust policy of 7mls/kg
- Fluid replacement therapy required should be clearly stated with review date
- Frequency of blood monitoring and procedure relayed in referral.

4. Pre-Procedure Check list

- Prior to commencing venesection check all blood results are within ranges and it is safe to proceed with procedure.
- Venesections must not be performed if Haemoglobin values become < 11 g/dl.
- Observations noted stable prior to commencing
- Using Appendix 1 complete check list
- Cannulate patients requiring isoalemic venesections in accordance with SOP08
- Complete checklist prior to venepuncture.

5. Equipment/Supplies required

- Suitable chair / bed
- Prescription for procedure if required
- Personal protective equipment (non-sterile gloves and disposable plastic apron, goggles)
- Large sharps container (large enough to accommodate 1 or more blood bags and associated tubing i.e. 2.5ltr or 5ltr).
- Disposable tourniquet
- Sterile gauze, bandage and micropore tape
- 2% chlorhexidine in 70% Alcohol wipe
- Blood pack unit with integral needle
- Blood weighing scales
- Ametop/emla cream or ethyl chloride spray. If this is required then the HCA must ask the RN to apply prescribed cream or spray (as per the current Trust Medicines policy), a minimum of 20 minutes before the procedure.

6. Site preparation

- Refer to Aseptic Non-Touch Technique policy (ANTT IC24).
- ANTT and COSHH regulations must always be followed during the procedure.
- Prior to venesection the intended site should be disinfected with an antimicrobial solution containing 2% chlorhexidine gluconate in 70% isopropyl alcohol wipe using aseptic technique for 30 seconds
- The solution must be allowed to air dry completely before proceeding with needle insertion.

7. Procedure

- Confirm patient identity verbally with patient, wrist band and prescription for procedure
- Ensure patient understands treatment procedure and has given consent.
- Review prescription and treatment plan, current Hb level and medical instructions regarding amount of blood to remove.
- Record baseline observations of NEWS. If observations fall outside the normal parameters shown on the chart contact medical staff for advice prior to commencing procedure.
- Ametop/emla cream or ethyl chloride spray (as per the current Trust Medicines policy), a minimum of 20 minutes before the procedure.
- Wash and dry hands using six stage Hand hygiene technique- Reduce risk of Health Care Associated Infection (HCAI)
- Ensure patient is comfortable – lying flat or at 45* particularly for first venesection
- If for IV fluid replacement, establish I.V access and commence prescribed infusion (as per cannulation / IV policy SP008).
- Apply disposable tourniquet several inches above the chosen antecubital fossa

- Clean venepuncture area with 2% chlorhexidine in 70% alcohol wipe, remembering that the chosen vein needs to be able to accommodate the large bore needle
- Wash and dry hands, or apply alcohol gel. Apply gloves and apron
- Insert needle into vein, support at correct angle with gauze and secure with tape. If the blood is flowing freely, loosen the tourniquet but do not remove it.
- Attach venesection pack loosely on scales
- Nurse to stay with patient during the procedure – check regularly that the blood continues to flow (if the tubing is warm to touch – blood is flowing freely; if the tubing is cold to the touch – blood flow has ceased and action should be taken to remedy the situation).
- During procedure assess peripheral circulation distal to the insertion site. Observe for signs of decreased circulation such as pallor, discolouration of the hand or numbness/tingling of the fingers. If this occurs reduce pressure of tourniquet.
- Take blood samples from the blood collection set tubing, as appropriate, towards the end of the venesection process
- When scales measure correct amount, 7ml/kg or maximum 450mls remove tourniquet keeping the arm straight. To ensure correct amount of blood removed
- Gently remove the needle applying pressure with gauze swab. Ask patient to apply firm pressure to puncture site whilst sharps disposed of as per Trust policy.
- Hold venesection pack upright. Cover needle with sharp safe device. Clamp tubing, and dispose of filled bag into large sharps bin (NB Equipment may vary and should be used according to manufacturer's instructions). Dispose of equipment and sharps bin as per Trust waste policy (CO71.V4.2)

8. Infection Control

Staff undertaking this procedure must do so using an aseptic non touch technique (ANTT)

9. Post procedure

- Record observation of blood pressure, respiration and pulse. If within normal limits, sit patient up, check venepuncture site and tape. If observations outside normal parameters or there are concerns about the patient's condition such as feeling dizzy, nauseous or clammy, leave the patient lying down, give oral fluids if they are able tolerate and repeat observations' after 10 minutes.
- If no improvement contact medical staff for advice. To ensure patient has suffered no side effects/complications as a result of the procedure.

- When bleeding has stopped, apply firm pressure dressing and bandage. If bleeding persists, speak to doctor. To prevent further bleeding, haematoma formation or bruising
- Patient must rest for at least 20-30 minutes before getting off the couch. Patient should be given a drink i.e. tea, coffee, water or Juice.
- Perform and record all vital observations on the Physical Observation chart prior to the patient leaving the department. Contact medical staff if there is any concern regarding the patient's condition. If the patient's blood pressure drops significantly they should have a further drink and remain in the unit until it recovers to the same as at initial assessment. The patient can then be discharged.

10. After care advice

Advise the patient that the pressure dressing should remain in place for several hours. They should avoid smoking for at least one hour and it is suggested avoiding strenuous exercise or work for 6 – 8 hours. Maintain adequate fluid intake. This advice is contained within the Haemochromatosis (Appendix 6) Polycythaemia patient (Appendix 7) information leaflet. Document procedure in patient's medical records.

11. Training

- Training on therapeutic venesection, clinical skill and assessments will be provided by the Clinical Nurse specialist or senior nurse in day unit or clinical educator
- Staff undertaking training and assessment in Therapeutic Venesection must be also competent and undertaking Venepuncture and Cannulation.
- Those acting as trainers / assessors in clinical practice must hold an assessors qualification and must be certified as competent in the procedure themselves and be undertaking the procedure regularly.
- Assessment of competence covers both theoretical knowledge and practical skills. Theoretical knowledge can be achieved by: Attendance at approved training and education support material.
- Evidence of completion of an equivalent training in another Trust.
- Practical skills will be assessed against performance criteria as appropriate.
- Training for other aspects covered by this policy can be achieved by attending approved study day such as venepuncture and cannulation.

12. Therapeutic Venesection Competence(s)

<p><u>Summary</u></p>	<p>For all registered practitioners to demonstrate competence in therapeutic venesection through attainment of relevant knowledge, skills and application in practice, integrated as part of their usual role. This competency is to be achieved with the individual practitioner identifying their own lack of individual theoretical and clinical knowledge so that these can be addressed during the supervision / training.</p>
<p><u>Scope</u></p>	<p>To encompass all patients within haematology/gastroenterology directorate requiring therapeutic venesection as part of their medical treatment: -</p> <ol style="list-style-type: none"> 1. To impart knowledge and information to the patient including potential side effects 2. To safely perform venesections according to directorate policy/guidelines
<p><u>Applicable to</u></p>	<p>All Registered Practitioners caring for patients requiring therapeutic venesection</p>
<p><u>KSF Dimensions</u></p>	<p>Relevant core dimensions: Communication, personal and people development, service improvement, quality, equality and diversity. Relevant specific dimensions: HWB 5: Provision of care to meet health and wellbeing needs HWB 7: Interventions and treatments G1: learning and development</p>
<p><u>Related Policy and Legislation</u></p>	<p>General Collection of specimens for virology investigations from patients (ELHT, Dec 2011)</p> <p>Hand hygiene policy (EHLT, 2019)</p> <p>Medicines Policy (ELHT, 2019)</p> <p>Record keeping: Guidance for nurses and midwives (NMC, 2009) Standards for medicines management (NMC, 2008)</p> <p>Standards to support learning and assessment in practice (NMC, 2008)</p> <p>Standard infection control precautions (ELHT,2018)</p>

	The Code: Standards of conduct, performance and ethics for nurses and midwives (NMC, 2008)
<u>Eligible to Assess</u>	<p>Experienced Registered practitioners deemed competent to undertake role through formal education, supervision and assessment of competence</p> <p>The person must be undertaking the role regularly as part of their current duties and can demonstrate evidence of practice.</p> <p>Must comply with NMC standards to support learning and assessment in practice (2008)</p> <p>The final competency must be signed off by a senior or band 6 nurse, or above, who is already deemed competent in the procedure.</p>
<u>Standard to be Achieved</u>	<p>This competency relates to all Registered Nurses over seeing health care professionals performing venesections.</p> <p>They:- Must be registered with the NMC on nursing part of register.</p> <p>Have evidence of appropriate training / experience to achieve competence in</p> <ul style="list-style-type: none"> • Competent in venous cannulation • Assessment of patients for therapeutic venesection • Assembly of equipment for venesections • Ability to follow appropriate protocol / policy for therapeutic venesections • Understand accountability • Undertake professional development activities to maintain their competence <p>Have sufficient knowledge to act upon information gained during consultation with patients</p>

<u>Training Required</u>	<p>Must have been assessed as competent in venepuncture and cannulation.</p> <p>Have undertaken and completed an initial in-house training session.</p> <p>Demonstrable and countersigned evidence of adequate supervised practice sessions to acquire robust theoretical and practical knowledge – a minimum of 6 in total.</p>
<u>Training Available</u>	<p>ELHT: individual training programme includes:</p> <ol style="list-style-type: none"> 1. Rationale of risks and benefits for therapeutic venesection 2. Equipment assembly for use during procedure 3. Personal protection equipment (PPE) used during procedure 4. Performing venesection procedure 5. Patient education 6. Disposal of equipment after the completion of the procedure <p>The content of the Training will be updated in line with associated changes in evidence based clinical practice.</p> <p>It is expected that such training will be related to work place-based practise</p>

13. Measuring and Monitoring

As a minimum author(s) of procedural documents including Trust-wide SOPs will be expected to monitor compliance with the effective implementation of such documents through the use of tools such as audits in line with the timescales they have set. (Please complete the following table to demonstrate compliance)

Aspect of compliance being measured or monitored.	Individual responsible for the monitoring	Tool and method of monitoring	Frequency of monitoring	Responsible Group or Committee for monitoring
Safety of patients receiving Venesections Avoidance of Vaso- Vagal episodes within the unit	Staff involved in performing Venesections.	Audit IR1	3 monthly	Managers & Matron Elective Centre/Infusion Suite

Appendix 1- Venesection pre-procedure check

<p>Patient sticker</p>

All of the following questions must be answered by the patient

1. How are you feeling today?		
2. Have you taken any hypertensive medication today?	Yes	No
3. Have you had something to eat and drink before attending for treatment?	Yes	No
4. Do you bruise or bleed easily?	Yes	No
5. Are you pregnant?	Yes	No
6. Have you had any previous problems during the venesection procedure?	Yes	No
7. Have you ever fainted / been taken ill during venesection?	Yes	No
8. Have you ever suffered from dizzy spells prior to, during or after any previous venesection?	Yes	No

If the patient states they are **not in good health** or answers **YES to Q 2, 4, 5, 6, 7 or 8**
Please Assess and Action finding and if there is a need to defer the patient contact the referring Consultant.

Have you weighed the patient?	WT;Kgs			Yes	No
For patients that weigh under 49 kgs the volume of blood to be removed must be decided by a registered practitioner and documented clearly on the treatment plan.					
Baseline observations	BP	Temp	Pulse		
Baseline blood results					

NAME:

SIGNATURE: **Date:**.....

Appendix 2: Equipment/Supplies Checklist

Patient Sticker

Suitable chair / bed	
Prescription for procedure if required	
Personal protective equipment (non-sterile gloves and disposable plastic apron, goggles)	
Large sharps container (large enough to accommodate 1 or more blood bags and associated tubing i.e. 2.5ltr or 5ltr).	
Disposable tourniquet	
Sterile gauze, bandage and micropore tape	
2% chlorhexidine in 70% Alcohol wipe	
Blood pack unit with integral needle	
Blood weighing scales	
Ametop/emla cream or ethyl chloride spray (optional)	
Oxygen cylinder and mask	

Ensure emergency equipment at hand in case of vasa-vagal episodes

APPENDIX 3: CRITERIA FOR COMPETENCE

Criteria for achieving Competence To demonstrate Competence the practitioner must be able to:	Please indicate pass or fail against each statement	Core questions for Knowledge Evidence
<p>Preparation</p> <ul style="list-style-type: none"> ▪ Justify the rationale for venesection as per patient's individual protocol ▪ Identify and assemble correct equipment to be used and prepare the environment to ensure it is conducive to an ANTT as per ELHT policy. ▪ Provide a clear explanation of the procedure to the patient; obtain & document informed consent. ▪ Ensure the patient is in a comfortable and safe position that promotes safety, privacy and dignity. <p>Infection Control</p> <ul style="list-style-type: none"> ▪ Demonstrate the correct procedure for hand decontamination in accordance with ELHT policy. ▪ Demonstrate the use of personal protective equipment in accordance with ELHT policy. ▪ Demonstrate the correct disposal of waste and sharps equipment in accordance with ELHT policy. <p>Procedure</p> <ul style="list-style-type: none"> ▪ Demonstrate the process for positive identification of patient and confirmation of allergy status as per ELHT Patient Identification policy. ▪ Articulate how to confirm the patient's details if the patient is unable to do so e.g. unconscious. ▪ Undertake baseline observations. ▪ Demonstrate the correct procedure for the preparing of the sterile field. ▪ Conduct a comprehensive assessment of the patient, including feeling for brachial artery, identify a suitable venesection site and select an appropriate vein. ▪ Demonstrate correct use of a disposable tourniquet 		<ol style="list-style-type: none"> 1. What 7 questions must you ask the patient prior to commencing the procedure? 2. What range of blood tests would you expect to be available prior to venesection? 3. What are the contraindications to venesection and when would you seek medical advice? 4. State the actions you would take if the patient complained of feeling unwell, lightheaded or dizzy during the Venesection procedure. 5. State the actions you would take in the event of a sharp's injury. 6. Name three Trust Policies/Guidelines which link to Performing a Therapeutic Venesection. 7. What action do you take if your patient becomes unwell during or after the procedure?

<ul style="list-style-type: none"> ▪ Demonstrate the correct procedure for cleaning of the skin. ▪ Demonstrate safe insertion of venesection needle using ANTT ▪ Ensure venesection needle is secured, using correct dressing ▪ Ensure flow of blood is maintained and obtain correct volume/weight of blood <ul style="list-style-type: none"> ▪ Take blood samples from blood collection set tubing, as appropriate, towards the end of the venesection process ▪ Demonstrate safe withdrawal of needle and disposal of sharps and used equipment. ▪ Demonstrate the correct application of an appropriate pressure dressing. ▪ Discuss and perform patient observations post procedure, check needle puncture site for bleeding prior to discharge. ▪ Advise patient on aftercare, discharge safely. <p>Record Keeping</p> <ul style="list-style-type: none"> ▪ Document the procedure accurately, articulating the rationale and the importance for clear, concise and accurate record keeping. <p>Knowledge</p> <ul style="list-style-type: none"> ▪ Verbalise the underpinning knowledge of venesection through answers to core questions 		
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NameTrust ID No

Assessor NameTrust ID No.....

Appendix 4. Venesection Competency - Evidence of Supervised Practice.

Name:.....

Assessors Name :

You have completed the venesection training and can now practice this skill under supervision. You must complete a minimum of 6 supervised practices although more can be undertaken if either you or your assessor feels you have not reached the required level of competency.

You are required to complete the competency process within **3 months** from the date of your attendance. Please store the master copy of this form with your competency document, keep a copy of all documents for your own records and give a copy to your manager.

Your assessor must sign your competency document to certify you as competent but, any competent practitioner who frequently carries out venepuncture and has over 6 months experience can sign this document to certify that they have supervised your safe practice.

	Details of Procedure	Date	Assessors Signature	ELHT ID Number
1.				
2.				
3.				
4.				
5.				
6				

Appendix 5: Performance Criteria for Therapeutic Venesection

Performance Criteria The Candidate		Assessments		
		Date	Date	Date
1	Identifies correct patient			
2	Identifies need for venesection according to the patient's individual protocol.			
3	Able to: a) Define haemochromatosis b) Define polycythaemia c) Define normal parameters d) Demonstrate checking of appropriate blood tests prior to venesection including Ferritin and Haemoglobin			
4	Explain procedure, obtain and document consent			
5	Undertake baseline observations. Demonstrate knowledge of contraindications and when to seek senior advice.			
6	Selects correct equipment			
7	Positions patient correctly			
8	Washes hands correctly, applies appropriate PPE and uses aseptic non touch technique throughout the procedure.			
9	Applies and uses tourniquet correctly			
10	Selects appropriate vein for venesection.			
11	Prepares skin correctly.			
12	Demonstrates safe insertion of venesection needle/cannula and secures appropriately.			
13	Ensures flow of blood maintained and obtains correct volume/weight of blood using scales			
14	Observes patient during procedure taking remedial action if problem occurs.			
15	Take blood samples from blood collection set tubing, as appropriate, towards the end of the venesection process			
16	Release tourniquet before removing venesection needle and apply pressure dressing.			
17	Dispose of sharps correctly			
18	Perform observations post procedure; demonstrate understanding of when to seek medical advice.			
19	Advise patient on aftercare, discharge safely.			
20	Able to discuss action to be taken if arterial puncture occurs			
21	Document procedure correctly.			

Appendix 6 : Completion of Competence

This is to state that has passed the **Therapeutic Venesection competency** within the standards set by ELHT on(date)

This has incorporated the following topics:-

- Understanding of the organisations policy on therapeutic venesection.
- Understanding of indications for the procedure according to individual patient protocols.
- Understanding of accountability for expanded practice.
- Anatomy and physiology in relation to therapeutic venesection
- Knowledge of related health and safety regulations, infection control and universal precautions in relation to therapeutic venesection.
- The safe use of associated equipment.
- Identification of potential complications of the procedure and remedial action to be taken.

First Attempt: Pass

Fail

Second Attempt: Pass

Fail

If fail, please refer to the **Assessment of Competence Policy (2007)** on the Trust's Policies and Procedures website.

Assessor Name.....

Trust ID No.....

Assessor Signature.....

Date.....

I have signed below to confirm that I have had a theoretical and practical instruction on how to safely and competently perform therapeutic venesection and agree to comply with the policy and procedures of the Trust.

I acknowledge that it is my responsibility to maintain and update my knowledge and skills relating to this competency.

Practitioner Name.....

Trust ID No.....

Practitioner Signature.....

Date.....

Appendix 7: REFERENCES

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ELHT (2019) Hand hygiene policy IC01

ELHT (2018) Records Management Policy CO80 V1.5

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ELHT (2018) Aseptic Non-Touch Technique Policy IC24

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