



Community Infection Prevention and Control Guidance for General Practice

(also suitable for adoption by other healthcare providers,
e.g. Dental Practice, Podiatry)

Venepuncture

VENEPUNCTURE

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1. Introduction

Venepuncture is the procedure of entering a vein with a needle in order to obtain a sample of blood for diagnostic purposes.

Venepuncture breaches the circulatory system, therefore, to minimise the risk of injury and/or infection to both staff and patients, standard precautions should be adhered to.

The procedure should only be undertaken by appropriately trained and competent staff.

2. Preparation for venepuncture

Ensure all equipment is available:

- A clean wipeable tourniquet
- Vacuum blood collection system needles and appropriate blood bottles
- Clean tray or receiver
- Sharps container
- Single use disposable latex or nitrile gloves. Latex or nitrile gloves are advised due to increased inoculation injury protection (see Section 4)
- Nitrile gloves should be available for those with a known or suspected latex allergy
- Disposable apron
- 70% isopropyl alcohol skin wipes or 2% chlorhexidine in 70% alcohol skin wipes
- Sterile gauze
- Sterile adhesive plaster or hypoallergenic tape

Check the patient's details and discuss the procedure. Check for any previous problems with venepuncture, any allergies and obtain verbal consent.

Note: Blood must be drawn in a specific order, 'the order of draw', to avoid cross-contamination of additives from one tube to another, affecting laboratory results. Follow your blood collection systems guidance for order of draw.

3. Procedure

- Assemble specific equipment required, checking packaging for damage and expiry dates.
- Wash hands with liquid soap and warm running water or use alcohol handrub, using the technique given in the 'Hand hygiene guidance'.
- Put on disposable apron.
- Position the patient comfortably and support the limb. If a pillow is used, it should be free from a linen pillow case and have a wipeable cover.
- Apply tourniquet, 5 - 10 cm above the proposed puncture site.
- Palpate the proposed puncture site to select a vein.
- Wash hands or use alcohol handrub.
- Put on disposable gloves.
- Clean patient's skin with 70% isopropyl alcohol skin wipes using a moderate pressure rubbing action (dependent upon skin assessment/fragility) for 30 seconds and allow the skin to dry (see Section 5).
- Remove cover from needle or needle guard and inspect the device for any faults.
- Anchor the vein by applying manual traction on the skin a few centimetres below the proposed puncture site.
- Insert needle smoothly and undertake the procedure of venepuncture as per training received and vacuum system being used.
- Release the tourniquet (if not previously done).
- Place a low linting sterile gauze over puncture site.
- Remove the needle, but do not apply pressure until fully removed.
- Discard sharps in a sharps container as per 'Sharps management and inoculation injuries guidance'.
- Apply pressure and use additional piece of sterile gauze if necessary. Discourage patient from bending their arm.
- Gently invert blood bottle tube at least six times.
- Inspect puncture point for bleeding.
- Apply sterile adhesive plaster or hypoallergenic tape.
- Remove and dispose of gloves and apron.
- Wash hands with liquid soap and warm running water or use alcohol handrub.
- Label sample bottles.
- Complete the specimen request form.

4. Gloves

Best practice is to wear disposable gloves, e.g. nitrile or latex, when undertaking venepuncture. The wearing of gloves can help prevent acquiring a blood-borne virus (BBV) if you sustain a needlestick injury. During a needlestick injury, if gloves are worn, up to 86% of the blood on the needle is wiped off by the glove material, therefore, reducing the risk of acquiring a BBV.

5. Skin decontamination

Best practice is to clean the skin:

- Good skin preparation reduces the risk of infection from colonising skin bacteria
- Use a 70% alcohol or 70% alcohol with 2% chlorhexidine swab to clean the area for 30 seconds using moderate pressure and allow to air dry
- Do not re-palpate or touch the area after cleaning

6. Skin dressing

Applying a lint free sterile dressing over the puncture site is important to prevent infection.

7. Infection Prevention and Control resources, education and training

The Community Infection Prevention and Control (IPC) Team have produced a wide range of innovative educational and IPC resources designed to assist your Practice in achieving compliance with the *Health and Social Care Act 2008* and CQC registration requirements.

These resources are either free to download from the website or available at a minimal cost covering administration and printing:

- Over 20 IPC Guidance documents (Policies) for General Practice
- 'Preventing Infection Workbook for General Practice'
- 'IPC CQC Inspection Preparation Pack for General Practice'
- IPC audit tools, posters, leaflets and factsheets
- 'IPC Advice Bulletin for GP Practice Staff'

In addition, we hold educational study events in North Yorkshire and can arrange bespoke training packages and 'Mock IPC CQC Inspections'. Prices vary depending on your requirements and location.

Further information on these high quality evidence-based resources is available at www.infectionpreventioncontrol.co.uk.

8. References

Loveday HP, et al, epic 3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England *Journal of Hospital Infection* 86S1 (2014) S1-S70

Royal Marsden NHS Foundation Trust (2015) *The Royal Marsden Hospital Manual of Clinical Nursing Procedures (Ninth Edition)*