



Venepuncture by non-medical practitioners

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Type of document	Policy
Target audience	All CWP staff
Document purpose	<p>The policy raises awareness of the need for physical health checks for those clients in an inpatient and community setting, as part of the initial medical / Nursing assessment and who are regularly compliant with typical and atypical antipsychotic medication prescribed by medical practitioners within CWP but are unable to engage with primary care services for physical health checks.</p> <p>The policy sets out guidance for non medical staff to complete routine blood tests for clients in an Inpatient, community setting and those clients to be initiated / maintained on clozapine therapy.</p>

Approving meeting	Patient Safety and Effectiveness Sub Committee	27-May-15
Implementation date	27-May-15	

CWP documents to be read in conjunction with	
HR6	Mandatory Employee Learning (MEL) policy
IC2	Hand decontamination policy and procedure
IC3	Standard (universal) infection control precautions policy
IC8	Policy for the procedure for aseptic non touch technique ANTT
IC10	Prevention and management of exposure to HCAI and inoculation incidents
CP35	Physical health mental health pathway and policy
HS1	Waste management policy
CP3	Health Records Policy.
MH13	Consent to Treatment - MHA part 1V and 1Va (1983)
MH27	Consent to Treatment by children and young people

Document change history	
What is different?	<ol style="list-style-type: none"> 1. Full document review - April 2015 2. Document Purpose - Inpatient and Community Setting, as part of the initial medical / nursing assessments, added. 3. Point 3 - Para 2: Non-medical staff who may carry out venepuncture in CWP - The competencies have to be achieved within three month time frame, a completion form signed by an identified competent mentor and then sent to Education CWP, this will then be signed off by the Physical Health trainer and entered into ESR by Education CWP staff – Para 7: Practice must be suspended if deemed necessary and a further period of supervision or re-training and re-assessment must be carried out and the Physical Health Lead notified. added. 4. Point 5 - Para 1: Local Resources - changed to - The Physical Health trainer at Education CWP via ESR, Para 2: 70% Alcohol, 2% Chlorhexidine wipes must be used to prep the patient’s skin, in an up / down, side to side movement for 30 seconds and allow to dry, Promote the use of butterfly needles for patient comfort. added

	<p>5. Point 7 - Para 1: appropriate clinical waste disposal - Para 2: In other circumstances where a clinic room is not available Para 1: with an appropriate Chair, examination couch, lighting, facilities for hand washing and sharps and appropriate clinical waste disposal, added</p> <p>6. Point 8.4 - To assess and supervise non-medical members of staff with Venepuncture and to ensure that all required competencies are met and signed off - added</p> <p>7. CP3 Health Records Policy. added</p> <p>8. MH13 Consent to Treatment - MHA part 1V and 1Va (1983). Added</p> <p>9. MH27 Consent to Treatment by children and young people. Added</p>
Appendices / electronic forms	N/A
What is the impact of change?	Low

Training requirements	Yes - Training requirements for this policy are in accordance with the CWP Training Needs Analysis (TNA) with Learning and Development (L&D)
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Financial resource implications	No
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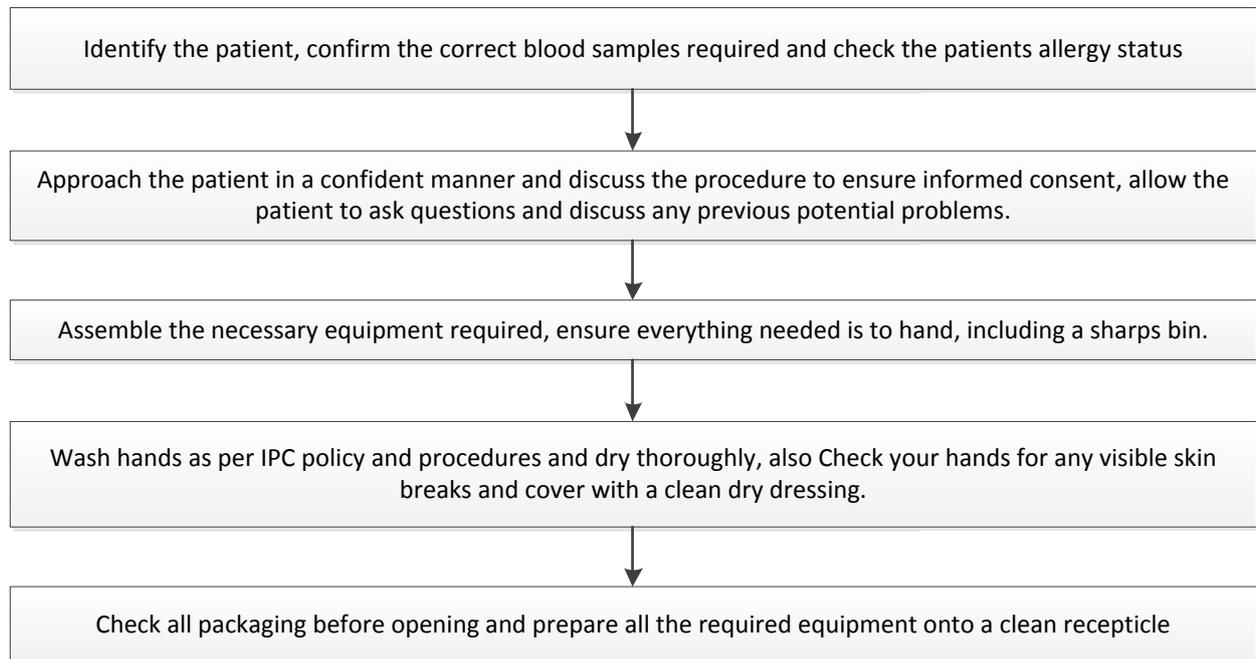
External references	
<p>1. The Maudsley prescribing guidelines.</p> <p>2. Supporting policies and guidance - Venepuncture by non-medical practitioner.</p> <p>3. Royal Marsden Manual (2011)</p>	

Equality Impact Assessment (EIA) - Initial assessment	Yes/No	Comments
Does this document affect one group less or more favourably than another on the basis of:		
- Race	No	
- Ethnic origins (including gypsies and travellers)	No	
- Nationality	No	
- Gender	No	
- Culture	No	
- Religion or belief	No	
- Sexual orientation including lesbian, gay and bisexual people	No	
- Age	No	
- Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?		
Is the impact of the document likely to be negative?	No	
- If so can the impact be avoided?	N/A	
- What alternatives are there to achieving the document without the impact?	N/A	
- Can we reduce the impact by taking different action?	N/A	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.		
If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact. For advice in respect of answering the above questions, please contact the human resource department.		
Was a full impact assessment required?	No	
What is the level of impact?	Low	

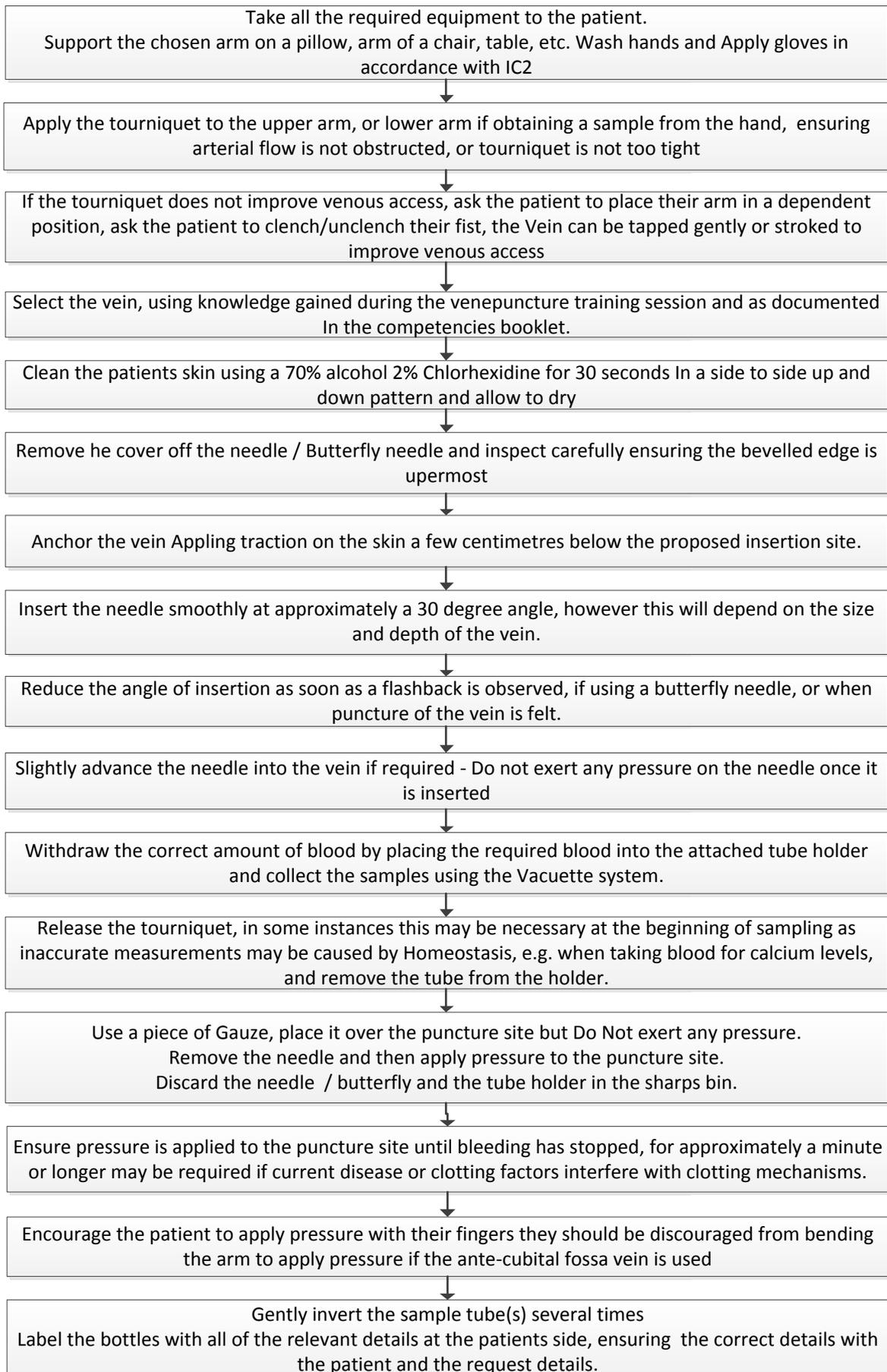
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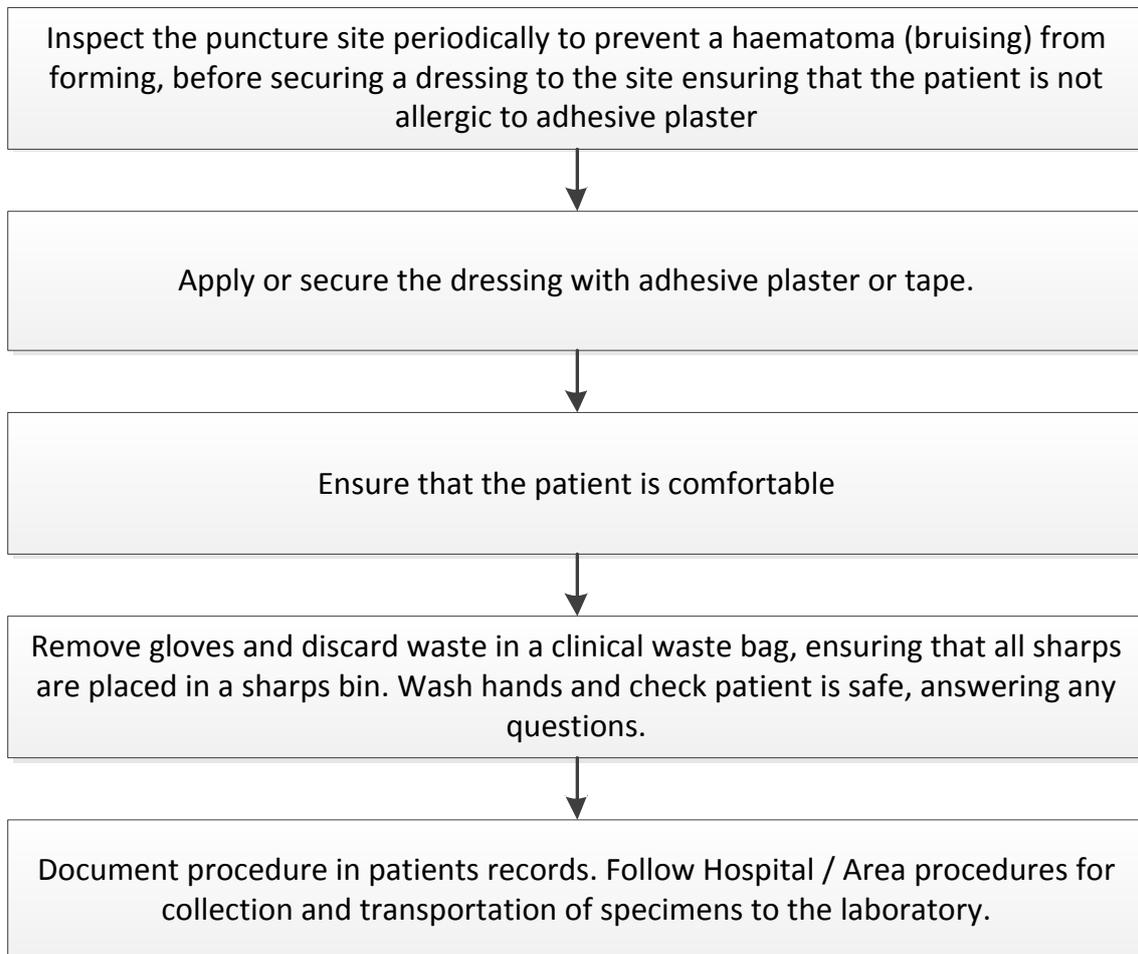
Quick reference flowchart 1 – Pre procedure



Quick reference flowchart 2 - During procedure



Quick reference flowchart 3 - Post Procedure



Royal Marsden (2015)

1. Introduction

This document sets out the standards to be followed by non-medical members of staff employed by Cheshire and Wirral Partnership NHS Foundation Trust (CWP) whose role involves venepuncture.

For the purpose of this policy a non-medical member of staff is defined as a registered nurse, support worker or other non-medical health care practitioner.

This policy must be read in conjunction with CWP [Infection Prevention and Control \(IPC\) policies](#) and the policy [prevention and management of exposure to Health Care Associated Infections \(HCAI\) and inoculation incidents](#).

2. Definition of Venepuncture

- Venepuncture is the procedure of entering a vein with a needle and withdrawing blood;
- Venepuncture is carried out to obtain a blood sample for analysis.

3. Non-medical staff who may carry out venepuncture in CWP

Registered nurses, support workers or other non-medical health care practitioners, who have obtained the required competences through a training course recognised by CWP followed by practical application, are authorised to carry out the procedure where the need has been identified by their clinical managers.

Following training, the member of staff must be assessed and supervised by a phlebotomist or a registered nurse or other registered health professional, who is competent in the skills of venepuncture and assessment of competence. They must not proceed unsupervised until the supervising phlebotomist registered or other registered health professional is confident they have achieved a competent level of practice. The competencies have to be achieved within three month time frame and all competencies completed and sign off by an identified competent mentor and then sent to Education CWP, this will then be signed off by the clinical Education Manager for Physical Health and entered into ESR by Education CWP staff as a record of competency, the staff member will then be contacted by Education CWP and informed that they are competent to practice.

Line managers should be notified by the trainee when they have achieved the required level of competence and are ready to commence practice.

Registered professionals are responsible for ensuring their competencies are maintained in line with requirements of their professional organisations.

If the skill / role is delegated to unregistered practitioners, clinical supervision sessions should be available as part of their supervision package by a phlebotomist, registered nurse or other registered health professional with competence and skills in venepuncture. This can include follow up training sessions where required.

The CWP procedure for carrying out venepuncture is that set out in the Royal Marsden Hospital Manual Clinical Nursing Procedures (Ninth edition, 2015), this can be accessed via hard copy throughout the trust or a copy can be borrowed from the library service at library@cwps.nhs.uk.

Practice must be suspended if deemed necessary and a further period of supervision or re-training and re-assessment must be carried out and the Physical Health Lead notified.

Members of staff may be required to take blood from individuals with complex needs in difficult situations. If, on the basis of a risk assessment the member of staff is not willing to undertake the procedure, further discussion and alternative strategies should be discussed with members of the multidisciplinary team, e.g. use of local anaesthetic cream, distraction or strategies to overcome needle phobia.

4. Consent to treatment

The patient's verbal consent to the procedure must be obtained.

Where an adult patient lacks the mental capacity (either temporarily or permanently) to give or withhold consent for themselves, the specimen may be taken if it is considered to be clinically necessary. Where treatment is to commence which requires regular blood tests, this should be discussed and recorded in the care record and with an advocate.

If the patient is a child / younger adolescent, parental consent is required. Where a child is admitted, you should therefore, discuss with their parent(s) what routine procedures will be necessary and ensure that you have their consent for these interventions in advance. If parent(s) specify that they wish to be asked before particular procedures are initiated, you must do so, unless the delay involved in contacting them would put the child's health at risk. All such discussions are to be recorded in the care record.

Competent young people are entitled to give consent to treatment.

If the individual does not speak or has limited understanding of English and the member of staff does not speak their language, an interpreter should be used to assist.

5. Training requirements for venepuncture

Training can be accessed through local area resources for example - The Physical Health trainer at Education CWP via ESR

All staff undertaking venepuncture must have attended and achieved a minimum knowledge of:

- The relevant anatomy and physiology;
- Reasons for venepuncture;
- The criteria for choosing the vein and device to use. The vein used and the device will differ depending on the patient i.e. child or adult. For adults, vacuum assisted devices where blood is collected directly into the tubes, are advised as the safer alternative for routine use;
- The correct technique and procedure;
- Complications and other potential problems which may be encountered, how to prevent them and necessary intervention / remedial action;
- Staff will be up to date with attendance at Infection Prevention and Control Mandatory Employee Learning requirements before undertaking training.
- The infection control / health and safety / risk management of the procedure for the patient and employee, including:
 - The principles of asepsis;
 - 70% Alcohol, 2% Chlorhexidine wipes must be used to prepare the patient's skin, in an up/down, side to side movement for 30 seconds and allow to dry..
 - Promote the use of butterfly needles for patient comfort.
 - Routine body substance precautions;
 - The use of protective clothing e.g. single use gloves and aprons;
 - Hand decontamination prior to and following each procedure;
 - Dealing with spillages and decontamination;
 - The safe disposal of sharps and other equipment;
 - Environmental issues e.g. when taking blood in a non-clinical area
 - Legal and professional responsibilities;
- The correct labelling of the sample and packaging for transport;
- Storage of the blood sample within the ward / unit and during transport to the pathology service;
- Correct recording in the patients care record.

Training will include an assessment to establish knowledge gained and a practical technique workshop to enable the member of staff to gain skills.

Following initial training, members of staff are required to:

- Undergo a period of supervised practice, following the competency booklet issued during the training session.
- Seek local information as to the appropriate laboratory containers required for specific tests and the amount of blood required;
- Adhere to safe technique and practices;
- Ensure they remain competent to carry out the procedure and have knowledge of any new advice regarding practice and associated health and safety requirements;
- Following initial training in venepuncture attend updates arranged by CWP.

If the member of staff is unable to obtain a blood sample after two attempts, they should refer to a more experienced colleague, if available or make arrangements for the blood to be taken at a pathology department.

All staff who have contact with body substances should attend IPC training on the use of routine body substance precautions, the use of protective equipment, the disposal of sharps and other equipment and decontamination.

6. Labelling and transport of samples

All blood specimens must be fully and accurately labelled. Details must be hand written and labelled at the time of specimen collection. The exception to this are specialist kits e.g. the blood sampling kits by the clozapine monitoring service, where pre-printed labels may be provided.

All specimens must be placed in the specimen bags supplied for transport to the laboratory.

Blood specimens, specimen forms and bags from patients with a known or suspected blood borne infection must be labelled with biohazard stickers.

7. Environment

Venepuncture should take place in a designated non-carpeted clinical room, with an appropriate Chair / examination couch, lighting, facilities for hand washing and sharps and appropriate clinical waste disposal.

In other circumstances where a clinic room is not available, the procedure may be undertaken in community clinics or units which do not have a designated clinical room or in the patient's home. In this circumstance, the procedure should be undertaken in an area which is socially clean and there is access to hand washing facilities. Sharps and clinical waste must be disposed of safely. A sterile sheet can be used to isolate the puncture site.

The IPC team should be asked for further advice as required.