**Phlebotomy Guidance Document**

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# Introduction

## Policy statement

This guidance document has been produced to provide all clinical staff at Sheerwater Health Centre with the necessary information to understand the requirements relating to venepuncture in adults and children, detailing how this task is to be undertaken, while providing links to associated guidance for further reading.

The purpose of this document is to ensure appropriate procedures are in place at this organisation to ensure individuals carry out venepuncture safely and in accordance with the latest best practice guidance. It remains the responsibility of the practice manager to ensure that all staff have undertaken the necessary training to undertake venepuncture safely and efficiently.

Individual clinicians are accountable for their own organisation and any decisions made in the context of law and professional standards, together with national and local evidence-based guidelines relating to phlebotomy.

This guidance provides information regarding the techniques, risks and procedures associated with phlebotomy and is aimed at minimising risk, reducing error and ensuring the procedure is safe and effective at all times. It applies to all employees of the organisation and other individuals performing functions in relation to the organisation, such as agency workers, locums and contractors, are encouraged to use it.

This guidance should be read in conjunction with the following CQC GP Mythbusters:

* [CQC Mythbuster 8: Gillick competency and Fraser guidelines](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-8-gillick-competency-fraser-guidelines)
* [CQC Mythbuster 57: Health Care Assistants in General Practice](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-57-health-care-assistants-general-practice)
* [CQC Mythbuster 99: Infection prevention and control in General Practice](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-99-infection-prevention-control-general-practice)

This guidance document should be read alongside the following national guidelines:

* [Mental Capacity Act (2005) Code of Practice](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/921428/Mental-capacity-act-code-of-practice.pdf)
* [NHS England – Optimising blood testing in primary care (September 2021)](https://www.england.nhs.uk/wp-content/uploads/2021/09/B0960-optimising-blood-testing-primary-care.pdf)
* [NHS IPC – Venepuncture Policy for General Practice (July 2021)](https://www.infectionpreventioncontrol.co.uk/content/uploads/2021/07/GP-24-Venepuncture-July-2021-Version-2.00-1.pdf)
* [PHE Blood tests for people with learning disabilities: Making reasonable adjustments](https://www.gov.uk/government/publications/blood-tests-and-people-with-learning-disabilities/blood-tests-for-people-with-learning-disabilities-making-reasonable-adjustments-guidance)
* [RCN - Competences: an education and training competence framework for capillary blood sampling and venepuncture in children and young people](https://www.rcn.org.uk/professional-development/publications/pub-005700)

Further reference should be made to local policy, to include:

* **Infection Prevention Control (IPC) Handbook**
* **Safe Use and Handling of Chemicals Policy**
* **Consent Guidance**

## Status

The organisation aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the [Equality Act 2010](https://www.legislation.gov.uk/ukpga/2010/15/contents). Consideration has been given to the impact this policy might have regarding the individual protected characteristics of those to whom it applies.

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment.

# Policy

## Staff competency

This organisation will provide a standardised approach to the training and competency of all those undertaking venepuncture. This may include theoretical training (either face to face or online learning) as well as a period of supervised practice.

Competency will be monitored and reassessed as necessary with refresher training and reassessment if deemed necessary. For those staff new to the organisation but with experience of performing venepuncture, reassessment and competency sign off will be required. Only those having met the required standards will be permitted to undertake venepuncture.

Staff will also be aware of circumstances when venepuncture in adults and children may not be appropriate and the action to take in these instances.

## Clinical need

At this organisation, clinicians will identify and subsequently refer patients to the phlebotomist to obtain blood samples for the purpose of aiding diagnosis or for therapeutic monitoring.

## Infection control

The venepuncture process involves a breach to the circulatory system, resulting in the risk of the transmission of infection. To minimise risk, staff are to adhere to the guidance given in the **Infection Prevention Control (IPC) Handbook**.

## Order of draw

The order of draw is the sequence in which blood bottles will be filled to reduce the risk of additives being carried from one bottle to the next, potentially affecting laboratory results. Staff performing venepuncture at this organisation will adhere to local pathology guidance regarding the order of draw.

# Process

## Equipment and Personal Protective Equipment (PPE)

The following equipment is to be available for the phlebotomist when taking blood from both adults or children. It should be noted that all equipment is to be checked for both expiry date and any damage.

* Non-sterile latex-free (nitrile) single-use gloves in various sizes
* Additional PPE, if indicated (apron, surgical mask)
* Clinician request (form or online)
* Tourniquet – single use (check for contraindication to use)
* Tray or trolley on which to place equipment
* Closed system sampling tube and needles or a 21g needle. In addition, a winged steel needle of 23 or 25 gauge (butterfly) available for use for children.
* Blood sample tubes
* Gauze or cotton wool balls (placed over site if necessary)
* Mepore tape (to secure gauze or cotton wool if required)
* Disinfecting alcohol wipes
* Transport bag
* Sharps bin
* Orange waste bag
* Alcohol gel/universal sanitizing wipe

## Preparation of phlebotomist and patient

The phlebotomist must ensure that they are fully prepared to carry out the procedure and the patient is aware and has the opportunity to ask any questions and indicate their consent for the sample to be taken as detailed within the **Consent Guidance**. In this instance, implied consent ordinarily is sufficient

Phlebotomists should adhere to the following process:

* Call the patient into the room and obtain and check blood sample form
* Introduce themselves and confirm patient identity (name & DoB)
* Explain the procedure to the patient and/or carer
* Advise the patient of potential after-effects and actions to be taken
* Ask the patient if they have any questions or concerns and whether they are content for the procedure to go ahead

## Children in attendance

When a child is having blood taken, it is acceptable for that child to be restrained by using the clinical holding procedure as detailed in the RCN’s [Restrictive physical interventions and the clinical holding of children and young people](https://www.rcn.org.uk/professional-development/publications/pub-007746) guidance document to ensure the safe and successful collection of a blood sample.

When the use of restrictive physical interventions or clinical holding of children and young people is concerned, staff must consider the rights of the child and the legal framework regarding children and young people’s rights, including the [Human Rights Act (Human Rights Act 1998)](https://www.legislation.gov.uk/ukpga/1998/42/contents) and the [UN Convention on the Rights of the Child (1989).](https://www.gov.uk/government/publications/united-nations-convention-on-the-rights-of-the-child-uncrc-how-legislation-underpins-implementation-in-england)

Preparation is the same as for an adult. The assistant is to support the child and use one arm to hold the child’s wrist, the other arm goes across the front of the child and then supports the elbow.

Once the child’s arm has been immobilised then the following process that is similar to the adult’s process is to be followed:

## Venepuncture procedure

Once the patient is content with the procedure, the following process is to be conducted:

## Documentation and SNOMED CT code

Once the procedure is complete, the sample tubes are to be labelled with the patient’s details. In addition, the sample request form should be completed and annotated with the date and time the sample was obtained. Place the sample tubes and form in the specimen bag, ensuring it is sealed.

Ensure that the patient’s healthcare record is updated to document the procedure using the venepuncture (procedure) SCTID: 22778000SNOMED CT Code.

## Specimen bag

The phlebotomist must ensure that the specimen bag is stored at near the reception ready for collection.