



**Community Infection Prevention and Control  
Policy for Care Home settings**

# Venepuncture

**VENEPUNCTURE**

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## Contents

## Page

1. Introduction.....	4
2. Preparation for venepuncture .....	4
3. Procedure.....	5
4. Gloves .....	6
5. Skin decontamination .....	6
6. Skin dressing.....	6
7. Infection Prevention and Control resources, education and training.....	6
8. References .....	7

# VENEPUNCTURE

## VENEPUNCTURE

### 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 residents, standard infection control 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 disposable or clean wipeable tourniquet
- Vacuum blood collection system needles and appropriate blood bottles
- Clean tray or receiver
- Sharps container
- Single use disposable 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 (optional)
- 70% isopropyl alcohol skin wipe or 2% chlorhexidine in 70% alcohol skin wipe
- Low linting sterile gauze
- Sterile adhesive plaster or hypoallergenic tape

Check the resident'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 Policy for Care Home settings'.
- Apply apron, if required.
- Open packaging and prepare equipment.
- Position the resident comfortably and support the limb. If a pillow is used, it should have a wipeable cover and not have a linen pillow case.
- Apply tourniquet, 5-10 cm above the proposed puncture site.
- Palpate the proposed puncture site to select a vein.
- Release tourniquet.
- Wash hands or use alcohol handrub.
- Put on disposable gloves.
- Reapply tourniquet.
- Clean resident's skin with 70% isopropyl alcohol wipe or 2% chlorhexidine in 70% alcohol skin wipe 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 'Safe management of sharps and inoculation injuries Policy for Care Home settings'.
- Apply pressure and use additional piece of sterile gauze if necessary. Discourage resident 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 if worn, and clean hands after removing each item of PPE, e.g. pair of gloves, apron.

- Label sample bottles.
- Complete the specimen request form.

## 4. Gloves

Best practice is to wear disposable gloves, e.g. non-sterile 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% isopropyl alcohol skin wipe or 2% chlorhexidine in 70% alcohol skin wipe to clean the area for 30 seconds using moderate pressure and allow to air dry for at least 30 seconds
- 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 Care Home in achieving compliance with *The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance* and CQC registration requirements.

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

- 29 IPC Policy documents for Care Home settings
- 'Preventing Infection Workbook: Guidance for Care Homes'

- 'IPC CQC Inspection Preparation Pack for Care Homes'
- IPC audit tools, posters, leaflets and factsheets
- 'IPC Bulletin for Care Homes'

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](http://www.infectionpreventioncontrol.co.uk).

## 8. References

Ernst D. Ernst C. (2017) *The Lab Draw Answer Book*

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 (2020) *The Royal Marsden Hospital Manual of Clinical and Cancer Nursing Procedures 10<sup>th</sup> Edition*