Procedure for Venepuncture  
(ADULTS)

Document Summary

This document provides clear direction on the process for performing venepuncture on adult patients within the Trust including appropriate clinical indications for the taking of blood.

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<tr>
<th>DOCUMENT NUMBER</th>
<th>STHK0519</th>
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<tr>
<td>APPROVING COMMITTEE</td>
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<td>DATE APPROVED</td>
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<td>Director of Nursing, Midwifery &amp; Governance</td>
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<td>Lead Nurse Infection Prevention &amp; Control, ANTT Nurse Specialist, Clinical Skills Educator, Phlebotomy Lead</td>
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<tr>
<td>TARGET AUDIENCE</td>
<td>All staff undertaking venepuncture</td>
</tr>
<tr>
<td>KEY WORDS</td>
<td>Venepuncture, blood sampling, blood collection.</td>
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</table>

Important Note:

The Intranet version of this document is the only version that is maintained.

Any printed copies should therefore be viewed as “uncontrolled” and, as such, may not necessarily contain the latest updates and amendments.
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1 SCOPE
This policy applies to all staff working within St Helens and Knowsley Teaching Hospitals NHS Trust. It provides clear direction on the process for performing venepuncture on adult patients within the Trust including appropriate clinical indications for the taking of blood.

Indication for venepuncture

- To obtain a blood sample for diagnostic purpose
- To establish and monitor levels of medication
- To monitor response to medical treatment and intervention
- To obtain a sample for the blood transfusion process
- For the purpose of blood culture sampling

2 INTRODUCTION
Venepuncture is one of the most commonly undertaken invasive clinical procedures in Hospitals, for which the practitioner must be suitably trained and competent to perform. It should only be ordered when necessary, as determined by clinical assessment by the patients’ responsible clinician.

Venepuncture breaches the circulatory system, therefore infection control measures (including Standard Aseptic Non-Touch Technique (ANTT)) must be adhered to by all staff to minimise the risk of injury and/or infection to both patient and staff when undertaking this procedure.

3 STATEMENT OF INTENT
This document provides detailed information on the procedure and standards expected by the Trust to promote best practice in relation to venepuncture for adult patients. Users of this policy must ensure they read and comply with the Trust’s policies relating to Consent, Identification of Patients and Babies, Minimum Criteria for Requisition, Infection Prevention and Control, ANTT, Waste Disposal, Sharps Management, Protection of Staff from Blood Borne Viruses, Hand Decontamination and the Pathology Handbook.

Adherence to this policy will reduce the risk of complications for the patient, as well as ensuring appropriate investigation and treatment based upon these results.

Separate Policies are available and must be followed for the collection of Blood Cultures and for Blood sampling for the blood transfusion process.

4 DEFINITIONS

Venepuncture: the term used for the procedure of inserting a needle into a vein.

Adult patient: Patient aged 16 years or above.

Aseptic non-touch technique (ANTT): is the clinical practice framework implemented throughout the Trust, ANTT is designed to protect patients from infection during all invasive clinical procedures. The aim of practice is always asepsis.

5 DUTIES ACCOUNTABILITIES AND RESPONSIBILITIES

5.1 Staff
This procedure must be performed by:

- Phlebotomists

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• Doctors
• Registered Nurses and Midwives
• Operating Department Practitioners (ODP's)
• Assistant Practitioners and Trainee Assistant Practitioners
• Health Care Assistants (bands 2&3)
• Medical Support Workers
• Student Nurses & Midwives
• Medical Students

Who have successfully completed a recognised and approved training and assessment programme (see section 7).

It is the responsibility of all staff to:
• Be aware of the current policy
• Put this policy into practice
• Recognise and work within the limits of their own competence
• Keep skills and knowledge up to date, including annual maintenance ANTT competency
• Keep clear and accurate records
• Challenge and report poor practice
• Bring to the attention of the Unit Manager or Infection Prevention and Control Team any problems in applying this policy in clinical practice.

Breaches of this policy may lead to disciplinary action being taken against the individual.

5.2 Unit managers (person in charge of a ward or department) must ensure that:
• The policy is readily accessible to all staff
• The required facilities and equipment are available to enable compliance with the policies
• All relevant staff within their area of responsibility has received training in the appropriate procedures with respect to venepuncture and ANTT.

5.3 Clinical Education will ensure that:
• All training and education delivered is in line with this Policy
• There is capacity to meet the demand for training needs in relation to venepuncture
• Accurate records are kept of those who attended training

6 PROCESS

6.1 Mental Capacity and Consent
All staff undertaking venepuncture must ensure their practice is in line with the relevant Trust Policy. Informed consent applies to all medical and nursing procedures. It is essential to give an honest account of the procedure you would like to perform and the associated risks and benefits. The patient must be given the opportunity to deny permission.

Staff must ensure the patient is able to understand the information given to them and are able to give their informed consent. This may necessitate the use of a professional interpreter and the translation of written information.

A capacity assessment must be considered for those patients who may be unable to consent to the procedure (as per Trust Policy).
6.2 Infection Prevention and Control

6.2a Hand Washing
Hand washing is an important procedure for preventing the spread of healthcare associated infection (HCAI). Good hand hygiene technique and practice is a simple and effective way of preventing cross infection between patients, and between healthcare workers and patients. Staff must adhere to the Trusts Hand Hygiene Policy. Staff must wash their hands before carrying out a venepuncture procedure and after removal of gloves. Gloves must not be used an alternative to hand hygiene.

6.2b Aseptic Non-Touch Technique (ANTT)
ANTT is a specific type of aseptic technique with a unique Theoretical and Clinical Practice Framework; it is the mandated framework for all aseptic tasks conducted within the Trust. ANTT is designed to protect patients from infection for all invasive clinical procedures including venepuncture; the aim is always asepsis. Asepsis is achieved by protecting Key-Parts and Key-Sites from microorganisms transferred from the healthcare worker & the immediate environment. ANTT is efficient as well as safe; venepuncture is routinely performed using Standard ANTT. The ANTT Clinical Guideline Poster for venepuncture can be found in clinical areas and on the Trust intranet.

The procedure and associated assessment framework in this document have been endorsed by The Association of Safe Aseptic Practice (The ASAP) who governs the on-going development and dissemination of ANTT.

6.2c Personal Protective Equipment (PPE)
Staff must use appropriate PPE e.g. gloves, masks, aprons, eye protection where there is a risk of blood or bodily fluid exposure. Staff must undertake an individual risk assessment as per Chapter 5 of the Infection Control Manual. Additional PPE such as a face mask may also be required depending on the patient's condition. Refer to Trust PPE Policy (see section on relevant policies).

6.2d Sharps Safety
Some procedures have a higher than average risk of causing a sharps injury, this includes venepuncture. The process and procedures delivered in this guidance is aimed at minimising the risks to staff.

There are a number of laws that require employers to protect health care workers from sharps injuries. An additional European directive targeted at protecting health care workers was introduced in May 2010 and was transposed into UK regulations, The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. The Trust is required to provide a safe working environment in relation to sharps injuries, together with safe equipment, training, information and instructions on safe systems of work. The Trust is in the process of responding fully to the directive, where available staff must undertake venepuncture using sharps-safety devices. Sharps must be disposed of at the point of care, in an appropriate sharps container that is correctly assembled.

The regulations and Trust Policy require staff to notify their employer of a sharps incident or near miss as soon as practicable after the event. Managers of clinical areas hold additional responsibilities. All staff must adhere to the Trust Policy: Sharps Safety Policy (see section for relevant policies).

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6.3 Obtaining blood samples for ‘group and save’ and ‘group and cross match’

Blood sampling for the blood transfusion process must only be carried out by practitioners who have received up to date training and has been deemed competent in the blood transfusion process as per Trust policy (see section on relevant policies).

6.3a Transfusion signatories

Registered nurses/midwives who have undertaken specific training from the Trust blood transfusion co-ordinator may complete laboratory forms for blood products following the request of a doctor. They can then also take the necessary blood samples themselves or ask another practitioner to obtain them. Registered nurses/midwives who are recognised transfusion signatories must also undertake a competency assessment to obtain blood samples for transfusion at least every 3 years as per Trust policy and The National Patient Safety Alert 14 (2006) ‘Right Blood, Right Patient’.

6.3b Staff who have not undertaken transfusion signatory training

Registered nurses/midwives, assistant practitioners, ODP’s, trainee assistant practitioners, health care assistants and phlebotomists must first undertake a successful competency assessment to obtain blood samples for ‘group and save’ and ‘group and cross match’ with a request form completed by a recognised transfusion signatory. This competency assessment must be repeated at least every 3 years as per Trust Policy and The National Patient Safety Alert 14 (2006) ‘Right Blood, Right Patient’.

6.4 Preparation and assessment of the patient

The patient must be positioned so they are comfortable and safe from falling particularly if they are prone to fainting.

Only the superficial veins of the arms and hands should be used for venepuncture. Visual inspection and palpation should be used to choose the most appropriate vein. The superficial veins of the upper arm particularly those in the antecubital fossa, are most commonly chosen for venepuncture. These veins are more easily accessible ensuring the procedure can be performed safely and with minimal discomfort:

- The median cubital vein
- The cephalic vein
- The basilic vein

Venepuncture of the lower extremities carries an increased risk of infection, deep vein thrombosis and tissue necrosis; as such it is considered to be an exceptional practice. If blood samples cannot be obtained from the upper extremities the need for the procedure must be weighed against the risk posed to the individual patient. This clinical decision and any further actions must be undertaken by the patients’ medical team.

The practitioner must avoid using:

- Veins that are hard, fibrosed or thrombosed or veins that are close to sites where there is infection, bruising or phlebitis
- Sites that are oedematous, or have had repeated venepuncture or cannulation
- Sites close to peripheral infusion of fluids or medication
- Sites which may have been affected by injury (amputation, burns), disease (stroke, mastectomy, lymphedema) or treatment (fistulae for haemofiltration for dialysis).
Tourniquet use
Tourniquets should be properly applied to promote venous distention and to impede venous but not arterial blood flow. Tourniquet material should provide minimal risk of contamination and transmission of infection, ideally a single use or single patient use device.

The tourniquet should be applied at an appropriate location proximal to the selected insertion site. A pulse should be easily palpable distal to the tourniquet location. The tourniquet must not be applied for an extended period of time in order to prevent circulatory impairment. Ideally tourniquet time should be a maximum of 60 seconds to prevent ‘haemoconcentration’ (blood pooling at venepuncture site) and false blood chemistry results. The tourniquet material should be cleanable and latex free.

Infusion lines in situ
Venepuncture should not be routinely performed from the same site as an infusion line. Where there is no alternative the sample must be taken distally to the infusion site, after the infusion has been stopped for more than 30 minutes. Under no circumstances should an unregistered staff member alter or disconnect an intravenous infusion line.Disconnected infusion lines must not be re-connected, the infusion must be replaced by the registered staff member caring for the patient. (see section on relevant policies).

6.5 Preparation of Equipment
A full list of the equipment needed for the procedure is provided in section 6.7a
Ensure that the correct lighting, ventilation, privacy and position of the patient is taken into consideration.

The practitioner must check expiry dates of all equipment to be used for the procedure, including blood bottles.

Blood collection tubes / bottles must never be pre-labelled.

The choice of needle will depend upon the individual patient and should be ascertained during the patient assessment process (as above). Training will be provided using green (23g), reducing to black (22g) if required (unless the particular blood test requirements determines otherwise). The use of a winged infusion device (“Butterfly needle”) may be considered for difficult, small or fragile veins.

If the practitioner is unsuccessful in gaining the required blood samples after two attempts they must refer to a more experienced colleague in order to prevent unnecessary trauma to the patient. If venepuncture remains unsuccessful, the requesting practitioner must be contacted.

6.6 Documentation

6.6a Request Form Completion
Requests may be written by hand or via the electronic requesting system, and must be fully completed by the requesting medical practitioner or nurse practitioner/team leader. Whether electronic or hand written, the request must be completed with at least three identifiers prior to venepuncture, as follows:

- Full Name, and Date of Birth, and NHS number/Hospital number/A&E number/Address.

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and tests required must also be indicated.

- It is essential to include relevant clinical details for the correct interpretation of results and to perform further tests based on the results. For Microbiology requests, details of current or recent antimicrobial treatment must also be provided.
- Date and time of sample collection. This is a requirement for Pathology and provides important information around sample quality.
- Addressograph labels can be used for request forms; please affix identification labels to all layers of the forms.
- Transfusion forms must be signed by the Medical Officer or authorised Midwife/Nurse who has received specific training in transfusion.

Blood Science forms are black and white. One side of the form is for OCS requests providing space for 4 OCS labels. On the reverse is a template to handwrite a request form.

The electronic requesting system will indicate which blood tubes are required as per the investigations ordered, for hand written forms please refer to the Pathology Handbook.

6.6b Labelling blood bottles
The sample bottles must be labelled whilst the practitioner is still with the patient.

Samples received in Pathology can be;
- Handwritten
- Order Comms System (hospital) labelled with an ID label produced via system
- Blood track labels produced directly from the wristband
- Emergency Department blood tube label

Handwritten samples must be completed with Full Name and Date of Birth. In addition the date and time of sample collection should be included.

Transfusion samples can be labelled using Safe Tx (PDA) labels or handwritten only; for special labelling requirements of Transfusion Samples refer to the Trust Transfusion Policy.

Samples identified with printed labels must comply with the following:
- Contain a minimum of three of the identifiers present on the request form
- All labelling must be done at the patient’s side
- Addressograph labels are not acceptable on blood tubes

Pathology staff are unable to accept inadequately completed forms or samples for testing, resulting in a delay to the patient’s treatment or the patient needing to provide another sample.

6.6c Patient Record
All evidence relating to consent, discussion, advice and explanation must be documented in the patient’s care record by the clinical team.

6.7 Procedure for venepuncture

6.7a Essential Equipment
Clean trolley
Clean tray incorporating sharps bin
Tourniquet
Venepuncture (Monovette) needle or winged device (butterfly needle)
Appropriate specimen bottles

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2% Chlorhexidine in 70% isopropyl alcohol applicator (e.g. Chloraprep Sepp)
Gauze (not cotton wool)
Sterile plaster or hypoallergenic tape
Completed specimen request form
Non sterile gloves
Apron

6.7b Actions and Rationale for Venepuncture Procedure
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<th><strong>Action</strong></th>
<th><strong>Rationale</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Rationalise the need for venepuncture.</td>
<td>To ensure the patient does not undergo an unwarranted invasive procedure.</td>
</tr>
<tr>
<td>2. Positive patient identification, the patient is asked to state their information, which is checked against the request form: (At least 3 identifiers + patient location) • Full name • Date of birth To ensure the correct sample is taken from the correct patient. • Hospital number or NHS Number • Address (out patient’s only) • Ward</td>
<td>To ensure the correct patient is identified for the intended procedure.</td>
</tr>
<tr>
<td>Patient identification for conscious patients/patients able to verbally respond ask the patient to state their: • Full name • Date of birth • Address (out patient’s only) check (in-patient’s): • Details on the wristband • The information on the wristband against that on the request form.</td>
<td></td>
</tr>
<tr>
<td>3. Ask the patient and check documentation to ascertain if they have any allergies e.g. latex, chlorhexidine.</td>
<td>To ensure patient safety.</td>
</tr>
<tr>
<td>4. Gain informed consent: explain the procedure to the patient (risks and benefits) and allow time for discussion.</td>
<td>To ensure that the patient understands the procedure and gives his/her valid informed consent.</td>
</tr>
<tr>
<td>5. Ask the patient if they have had any problems at previous venepuncture attempts. Ascertain history to elicit any site contraindications.</td>
<td>To involve the patient in the treatment. To acquaint the nurse fully with the patients’ previous venous history and identify any changes in the patients’ clinical status that may influence vein choice, e.g. mastectomy.</td>
</tr>
<tr>
<td>6. Promote safety; lay the patient flat if possible. Ensure comfort.</td>
<td>To ensure patient safety and comfort.</td>
</tr>
<tr>
<td>7. Apply tourniquet above the elbow, look and palpate to identify a suitable vein, release tourniquet. If unable to find a suitable vein refer to colleague</td>
<td>To identify a suitable vessel or absence of. To identify the needle gauge and device required for venepuncture.</td>
</tr>
<tr>
<td>8. Wash hands.</td>
<td>To prevent HCAI as per Trust Policy and WHO 5 moments.</td>
</tr>
<tr>
<td>9.</td>
<td>Collect clean trolley and clean plastic tray incorporating a sharps bin. Disinfect all surfaces with a 70% alcohol wipe.</td>
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<tr>
<td>10.</td>
<td>While the tray and trolley surfaces are drying, gather equipment required according to patient assessment. Check the integrity and expiry dates of all equipment selected.</td>
</tr>
<tr>
<td>11.</td>
<td>Decontaminate hands</td>
</tr>
<tr>
<td>12.</td>
<td>Assemble the equipment in the General Aseptic Field (plastic tray), ensuring Key-Parts are not contaminated and are protected using Micro-Critical Aseptic fields. Ensure only necessary items are placed in the tray and the equipment remains organised throughout.</td>
</tr>
</tbody>
</table>
| 13. | Attend the patient. Clean hands and undertake any further bedside preparation e.g. lowering bed rails or closing curtains. | To prevent HCAI.  

*If in the immediate vicinity of the patient and no bedside preparation is required i.e. hands will not become contaminated, then progress to point 15.* |
| 14. | Wash hands. | To promote asepsis. |
| 15. | Apply non-sterile gloves and PPE as per risk assessment. | To protect the staff member from exposure to blood. |
| 16. | Apply a tourniquet 7-8cm above the selected venepuncture site, ensuring the arterial pulse can be felt. Position the arm and palpate the chosen site. Loosen the tourniquet. | To enable selection of a prominent vein. To differentiate between veins, arteries and tendons. Avoid damaging the skin, pain. Ensure patient comfort. |

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17. Clean the Key-Site with 2% chlorhexidine in 70% isopropyl alcohol solution (activate the chloraprep sepp device) for 20-30 seconds using a cross-hatch technique. Allow the skin to dry. Do not re-palpate the vein / Key-Site.

To promote asepsis and minimise risk of introducing infection via the venepuncture (Key) site. To avoid stinging pain on insertion of needle and avoid haemolysis of blood samples.

18. Re-tighten the tourniquet. Remove the cover from the needle and inspect, maintaining Key-Parts (do not touch the needle).

Looking for faults with the needle that could cause damage to the vein. To maintain asepsis.

19. Anchor the selected vein by applying manual traction to the skin a few centimetres below the proposed insertion site.

To immobilise the vein. To protect the Key-Site by not touching it.

20. Ensure the bevel of the needle is facing upward. Insert the needle smoothly at an angle of approximately 30 degrees. Do not touch Key-Parts of the device or the Key-Site.

To minimise pain from the procedure. To avoid damage to the intima of the vein. To maintain asepsis.

21. Reduce the angle of descent of the needle as soon as puncture of the vein is felt. Advance the needle 2mm further into the vein if possible.

To prevent advancing too far through the vein causing damage to the vessel.

22. Release the tourniquet.

To ensure accurate clinical results.

23. Ensure the venepuncture device does not move during the blood sampling procedure by stabilising the device with the thumb and index finger, maintaining Key-Parts.

To avoid trauma to the vessel. To maintain asepsis.
24. Withdraw the required volume of blood pulling the plunger into the base of the tube until a 'click' is heard. If more than one sample is required hold the needle steady in the vein and exchange the bottles by twisting them on and off the barrel of the needle.

If using more than one bottle, ensure that the brown (U&E) bottle is used first.

*The subsequent bottles can be 'pre vacuumed' before attaching to the needle by locking the plunger into the base of the tube as above. This is not recommended if it can be anticipated that sampling may be difficult i.e. with a patient with poor veins as the veins may collapse with the force of the vacuum.*

<table>
<thead>
<tr>
<th>25. Remove the final tube from the venepuncture device.</th>
<th>To stabilise the device and prevent it becoming dislodged during the procedure. To decrease the pressure within the vein and prevent leakage of blood.</th>
</tr>
</thead>
<tbody>
<tr>
<td>26. Place a piece of non-woven gauze over the puncture site. Remove needle ensuring safety device is deployed (if present) and immediately discard into the sharps bin. Do not apply pressure until the needle has been fully removed.</td>
<td>To prepare for removal of the needle. To prevent pain on removal and damage to the intima of the vein. To reduce the risk of sharps injury.</td>
</tr>
<tr>
<td>27. Apply digital pressure until bleeding stops (approximately 1 minute). Haemostasis may take longer if current condition or treatment interferes with clotting mechanisms (i.e. warfarin, hypothermia). Discourage the patient from bending the arm if a vein in the antecubital fossa is used.</td>
<td>To ensure haemostasis is achieved. To prevent bruising/haematoma formation.</td>
</tr>
<tr>
<td>28. Inspect the puncture site. Apply a plaster or alternative dressing if required.</td>
<td>To cover the puncture site and prevent leakage or contamination.</td>
</tr>
<tr>
<td>29. Break off plunger from the bottle and gently invert the tube 6 times.</td>
<td>To prevent clotting and to ensure the patient does not have to have a repeat specimen taken.</td>
</tr>
<tr>
<td>30. Label the sample as soon as it is taken at the patient's bedside (hand label transfusion samples) with the following details:</td>
<td>To ensure the correct patient details are entered on the bottle.</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>Full name, Date of birth, Hospital number or NHS Number, Date/time of collection, Signature of the person collecting the sample.</td>
<td>To ensure the correct specimens accompany the correct request form.</td>
</tr>
<tr>
<td>Refer to the blood form, case notes and identity band, asks the patient to verbally identify themselves again.</td>
<td></td>
</tr>
<tr>
<td>31. Countersign the request form if taking sample with pre-written form, and place the correctly labelled samples in the specimen bag on the reverse of the request form.</td>
<td></td>
</tr>
<tr>
<td>32. Dispose of waste, then dispose of PPE / gloves. Wash hands.</td>
<td>To ensure the correct disposal of clinical waste. To prevent HCAI.</td>
</tr>
<tr>
<td>33. Disinfect trolley and plastic tray prior to returning them to the clinical treatment room.</td>
<td>To prevent HCAI.</td>
</tr>
<tr>
<td>34. Transport samples to the laboratory as soon as possible. Ensure laboratory is contacted and ready to receive samples 'out of hours' as stated in the Trust Laboratory Handbook.</td>
<td>To ensure timely reporting of results and to avoid unnecessary repeating of samples.</td>
</tr>
<tr>
<td>35. Document the procedure and any procedural complications in the patient records.</td>
<td>To ensure patient safety, continuity of care, to meet professional standards.</td>
</tr>
</tbody>
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7 TRAINING
Individuals' training needs will be identified through annual appraisal and supervision.

7.1 Education and Competency Assessment

ANTT
All staff performing venepuncture must hold current ANTT competency. If the learner has not yet completed their ANTT practical assessment (but theory is complete) they may complete their standard ANTT competency Direct Observation of a Procedural Skill (DOPS) concurrently while undertaking venepuncture assessment. It would also be advisable for staff approaching their annual ANTT update to consider undertaking this dual assessment with their local Key-Trainer.

All staff new to the skill of venepuncture must (additionally):
- Attend the Trust venepuncture study day
- Complete the knowledge assessment (section 7.3b)
Complete a minimum of 10 successful DOPS Assessments within a time frame of 12 weeks from attending the study day

Newly appointed staff with evidence of competence from another Trust:
Staff who have demonstrable evidence of competence in venepuncture at another Trust and have previously attended a study day on venepuncture within the past 5 years are required to complete the knowledge assessment (section 7.3b) and DOPS portion of the competency process.

If 5 years or more have elapsed since attending the study session the learner must attend the Trust session at the earliest opportunity. The competency assessment may commence in the interim, however if at any time the supervisor or the learner feel that they are not demonstrating the required knowledge and skills they must abandon the practice assessment and only recommence practice once they have attended the Trust session.

Third Year Student Nurses / Midwives
Third year student nurses / midwives placed at the Trust must attend a Trust venepuncture study day and successfully complete the knowledge assessment (section 7.3b) in order to progress to supervised practice in the clinical setting. The procedure may only be performed under the direct supervision of a designated supervisor as defined in this document.

Once they have received their PIN and have obtained a post at this Trust, they will then be required to complete the knowledge and practice assessment (DOPS).

Phlebotomists
Newly appointed phlebotomists will be trained by the Phlebotomy department and follow the standard training and supervision package delivered locally.

7.1a Who can provide supervision / undertake assessment?
Assessors must be a Trust employed health care worker who is competent in the skill of venepuncture, who routinely utilises this skill in practice (must have performed venepuncture within the past six months). The assessor must also have successfully completed their ANTT annual assessment, as evidenced on ESR.

The learner must be directly supervised every time they perform venepuncture until they have achieved full competency sign off, evidenced on ESR.

Assessors must complete and sign the DOPS section of the clinical competencies acquisition document during each observation of venepuncture, entries must be contemporaneous.

If the assessment was unsuccessful the assessor must document the reasons in the ‘further practice required’ section.

7.1b Designated Supervisors
In addition to the requirements for the assessor, designated supervisors must have achieved competency acquisition no less than six months ago. The designated supervisor would ideally be a senior member of the clinical team with experience of / a qualification in teaching and mentoring.

The designated supervisor must provide the majority of the supervised practice for the period of supervision (at least 50%). This is to ensure continuity of the learning experience.

The designated supervisor will keep the clinical line manager informed of the learners progress and will assist the manager in ensuring that the learner is safe and effective in their venepuncture practice in order to achieve competency acquisition.
Designated supervisors must document any recommendations for further supervised practice and/or repeating the venepuncture study day on the ‘Assessment record for obtaining a blood sample’ (section 7.3c). The rationale for the recommendations must also be included.

If the period of supervision exceeds 12 weeks it is at the discretion of the designated supervisor and the clinical line manager (after discussion with the learner) as to whether to extend the supervised period or recommence the 10 supervisions. Where the clinical line manager requires further support, the case should be referred to the Clinical Education Team.

7.1c Competence to practice
Competence to practice is achieved following the required theoretical and practical learning at the Trust or evidenced from another Trust, successful completion of the knowledge assessment, and a minimum of 10 successful supervised practice episodes.

Once the assessment process has been completed the designated supervisor will inform the clinical line manager. The line manager will engage in dialogue with the designated supervisor and the learner, and when satisfied, complete the clinical competencies acquisition document for obtaining a venous blood sample, and ensure the learners ESR account reflects the acquired competence. **Only once this process is completed will the learner-practitioner be permitted by the Trust to undertake venepuncture without supervision.**

The on-going emphasis for recognising competence lies with the individual practitioner. It remains the responsibility of the health care professional to remain clinically and professionally up to date.

All staff have access to further update training if it is required to enable them to continue to practice competently. This should be considered after periods of extended absence through sickness or maternity leave or where lack of venepuncture opportunities has compromised potential competence.

7.2 Assessor Guidance
Assessments must be carried out using the DOPS form (section 7.3b) at the time of assessment. Assessments will therefore be documented contemporaneously, and all attempts (successful or unsuccessful) will be recorded so as to afford the learner and subsequent assessors the opportunity to re-visit learning points.

- All learners must undertake a verbal knowledge assessment conducted by the assessor prior to attempting the practical (DOPS) assessment.
- Unless indicated as not applicable (N/A) and a reason provided, all the criteria contained in the DOPS must be achieved for the assessment attempt to be successful.
- Where certain aspects cannot be observed such as sampling from an in-patient or patient unable to identify themselves, correct responses in the knowledge assessment will be suffice as long as the alternative is observed.
- It is important that the assessor informs the patient that the members of staff’s skills are being assessed as part of a three-yearly process.
- As a minimum of ten successful DOPS assessments are required to achieve practical competency, a minimum of two copies of this document will be required.
7.3b Knowledge Assessment

It is important to ascertain that the learner has acquired the underpinning knowledge to apply to their practice prior to their practical assessment.

Did the learner demonstrate an understanding of the importance of the following points?

<table>
<thead>
<tr>
<th>Knowledge Assessment</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>The importance of “No form – No phlebotomy”</td>
<td></td>
</tr>
<tr>
<td>Using open ended questions to identify patients</td>
<td></td>
</tr>
<tr>
<td>The wearing of patient identity bands or alternatives by day-case patients</td>
<td></td>
</tr>
<tr>
<td>The correct procedure if a patient is unconscious or otherwise unable to provide verbal identification</td>
<td></td>
</tr>
<tr>
<td>The risks associated with pre-labelled bottles</td>
<td></td>
</tr>
<tr>
<td>The correct action to take if the information identifying a patient is missing</td>
<td></td>
</tr>
</tbody>
</table>
# 7.3b Practical Assessment (DOPS)

**Direct Observation of Procedural Skills (DOPS)**

**VENEPUNCTURE (Adult)**

Please use **black ink** and **CAPITAL LETTERS**

### The Learner:

<table>
<thead>
<tr>
<th>Surname</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Forename</td>
<td></td>
<td>Job Title</td>
<td></td>
</tr>
<tr>
<td>Professional Registration Number</td>
<td>Ward / Department</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### The Designated Supervisor: must complete > 50% of assessments

<table>
<thead>
<tr>
<th>Surname</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Forename</td>
<td></td>
<td>Job Title</td>
</tr>
<tr>
<td>Professional Registration Number</td>
<td>Ward / Department</td>
<td></td>
</tr>
</tbody>
</table>

### Additional Assessor(s): must only account for <50% of assessments.

<table>
<thead>
<tr>
<th>Print Assessment Number, Full Name, Signature and Designation</th>
<th></th>
</tr>
</thead>
</table>

**DIRECT OBSERVATIONAL ASSESSMENT MUST BE PERFORMED**
- PLEASE DOCUMENT ASSESSMENT OF EACH COMPETENCY AGAINST CRITERIA ON GRID
- MARK EACH ACHIEVED COMPETENCY USING A TICK OR CROSS WHEN NOT ACHIEVED IN THE BOX:
- PLEASE MARK N/A IN THE ‘ACHIEVED’ COLUMN FOR ANY ELEMENT OF THE ASSESSMENT THAT IS NOT APPLICABLE
- PLEASE COMPLETE THE FEEDBACK SECTION ATTACHED TO THIS DOCUMENT TO AID THE LEARNER AND FUTURE ASSESSORS. ASSESSORS MUST ENSURE THIS INCLUDES THEIR PRINTED NAME, SIGNATURE AND DESIGNATION.

**Competency Assessment**

<table>
<thead>
<tr>
<th>Enter the number of assessment (i.e. 1 for the first assessment)</th>
<th>Achieved?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initials of assessor:</td>
<td></td>
</tr>
<tr>
<td>Date of assessment:</td>
<td></td>
</tr>
</tbody>
</table>

**Patient**

V.1. Learner is able to rationalise need for venepuncture.

V.2. Undertakes positive patient identification check (asks patient to state details) for each of the following on the request form: (need at least 3 identifiers and patient location):

- Full name, Date of birth, Hospital number or NHS Number, Address (out patient’s only), Ward.

- Checks (in-patient’s):
  - Details on the wristband
  - The information on the wristband against that on the request form

V.3. Asks the patient and checks documentation to ascertain if they have any allergies e.g. latex, chlorhexidine.
V.4. Gains informed consent: explains the procedure to the patient (risks and benefits) and allows time for discussion.

V.5. Asks the patient if they have had any problems at previous venepuncture attempts. Ascertains history to elicit any site contraindications.

V.6. Promotes safety; lies the patient flat, ensures comfort.

V.7. Applies disposable tourniquet above the elbow, looks and palpates to identify a suitable vein, releases tourniquet. If unable to find a suitable vein refers to colleague for assessment.

**Preparation**

V.8. Assessor asks the learner what type of ANTT is being utilised, and what is the fundamental aim of ANTT for this procedure?

V.9. Washes hands.

V.10. Collects clean trolley and clean plastic tray incorporating sharps bin. Disinfects all surfaces as per Trust Policy (e.g. with a sanitiser plus wipe).

V.11. While tray is drying, gathers equipment required according to patient assessment. Checks the integrity and expiry dates of all equipment selected.

V.12. Decontaminates hands

V.13. Assembles the equipment in the General Aseptic Field (plastic tray), ensuring Key-Parts are not contaminated and are protected using Micro-Critical Aseptic fields. Ensure only necessary items are placed in the tray and the equipment remains organised throughout.

Assessor asks the learner to identify the Key-Parts and Key-Site, and to identify and term the types of aseptic fields being used.

*Note to V.13- V.14.*

If in the immediate vicinity of the patient - i.e. you are at the bedside: glove removal, hand hygiene, then re-gloving not required.

V.14. Cleans hands before patient contact, undertakes bedside preparation e.g. touching curtains, bed-rails, clothing.

**Procedure**

V.15. Attends the patient. Washes hands and applies non-sterile gloves and PPE as per risk assessment.

V.16. Applies disposable or single patient use tourniquet 7-8cm above the selected venepuncture site, ensuring the arterial pulse can be felt. Positions the arm and palpates the chosen site. Loosens the tourniquet.

V.17. Cleans the Key-Site with 2% chlorhexidine in 70% isopropyl alcohol solution (activates chloraprep sepp device) for 30 seconds using a cross-hatch technique. Allows area to completely dry. **Does not re-palpate the vein / contaminate the Key-Site.**

V.18. Re-tightens tourniquet. Removes the device needle cover and inspects the device carefully without contaminating the Key-Part (does not touch the needle).

V.19. Anchors the vein by applying manual traction with the non-dominant hand on the skin a few centimetres below the proposed insertion site.

V.20. Ensures the bevel of the needle is facing upward. Inserts the needle smoothly at an angle of approximately 30 degrees. Does not touch Key-Parts of the device or the Key-Site.

V.21. Reduces the angle of descent of the needle as soon as puncture of the vein is felt. Advance the needle 2mm further into the vein if possible.

V.22. Releases the tourniquet.

V.23. Ensures device does not move throughout blood taking process by...
stabilising with index finger and thumb maintaining Key-Parts.

| V.24. | Withdraws the required volume of blood pulling the plunger into the base of the tube until a ‘click’ is heard. If more than one sample is required holds the needle steady in the vein and exchanges the bottles by twisting them on and off the barrel of the needle. If using more than one bottle, ensures that the brown (U&E) bottle is used first. |
| V.25. | Removes the final tube from the venepuncture device. |
| V.26. | Places non-woven gauze over the puncture site. Removes needle ensuring safety device is deployed (if present) and immediately discards into sharps bin. Does not apply pressure until the needle has been fully removed. |
| V.27. | Applies digital pressure until bleeding stops. |

**Note to V.27.**

**Haemostasis may take longer if current condition /treatment interferes with clotting mechanisms (e.g. warfarin, hypothermia).**

**Discourage the patient from bending the arm if a vein in the antecubital fossa is used.**

| V.28. | Inspect the puncture site. Apply a plaster or alternative dressing if required. |
| V.29. | Breaks off plunger(s) from the blood tube(s) and gently inverts the tube(s) 6 times. |

**Labelling and form**

| V.30. | Labels samples at the bedside (handwrites transfusion samples) with the following: Full name, Date of birth, Hospital number or NHS Number, Date/time of collection, Signature of person collecting the sample. Refers to the clinical record, case notes and identity band, asks the patient to verbally identify themselves again. |
| V.31. | Countersigns the request form (if taking sample with pre-written form), and places the correctly labelled bottles in the specimen bag on the reverse of the request form. |
| V.32. | Disposes of waste, then disposes of PPE, washes hands. |
| V.33. | Disinfects trolley and plastic tray prior to returning them to the clinical treatment room. |

**Documentation and dispatch**

| V.34. | Transports samples to the laboratory as soon as possible. Ensure laboratory is contacted and ready to receive samples ‘out of hours’ as stated in the Trust Laboratory Handbook (2009). |
| V.35. | Documents the procedure and any procedural complications in patient records. |

**For competency to be achieved the learner must achieve a YES for every point**

Where the observed practice is borderline the assessor may use professional judgement, where appropriate, to allow the individual being assessed time to give further clarification / demonstrate knowledge of correct procedure.

Please use this space to record any comments, suggestions for development, or document action required (Include time frame, indicate responsibility for actions)
Continuation:
Please use this space to record any comments, suggestions for development, or document action required (Include time frame, indicate responsibility for actions)
7.3c Assessment Record for Obtaining a Blood Sample (Venepuncture)

The learner's clinical line manager must review and discuss the recorded learning process with both the designated supervisor and the learner.

<table>
<thead>
<tr>
<th>Name of member of staff:</th>
<th>Name of designated supervisor:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job title:</td>
<td>Job title:</td>
</tr>
<tr>
<td>Area of work:</td>
<td>Area of work:</td>
</tr>
<tr>
<td>Payroll number:</td>
<td>Date of competency sign off:</td>
</tr>
</tbody>
</table>

I am satisfied that the learner has fully completed the required competency assessment process and demonstrates the knowledge and understanding commensurate to professional practice in the skill of venepuncture: Please circle the appropriate outcome

**YES (PASS)**

If a PASS has been entered, the clinical line manager must now record this competency acquisition on ESR. The staff member is not permitted to perform venepuncture within the Trust until this process has been completed.

Assessment entered onto the electronic personal staff record: Yes/No
Date: .....................................

Learner's signature: ..................................
Date............................................
Print name: ....................................

Signature of Designated Supervisor: ..........................
Date............................................ Print name: ..................................

Signature of Clinical Line Manager:..........................
Date............................................ Print name: ..................................

*The learner should keep the original documentation for their records; a copy must be taken by the clinical line manager and kept in the staff members' personal file.*

Procedure for venepuncture (ADULTS) Policy Reference Number
7.4 REFLECTIVE EVIDENCE OF CONTINUING PROFESSIONAL DEVELOPMENT

What is reflection?
A conscious effort to think about an activity or incident that allows us to consider what was positive or challenging and if appropriate plan how it might be improved or done differently in the future. A reflective model can be used to help guide this process (some useful links are provided in this section).

Why is it important?
It is important for all professionals to undertake reflection as part of their commitment to lifelong learning. For some professional groups this is a requirement of their governing or registering body. Reflective accounts can also form part of the evidence required for staff appraisal, where you will need to demonstrate your on-going professional development. Reflection helps us to think about, plan and deliver high quality and safe care to our patients.

Principles of reflection
You should explore the nature of the practice activity and practice related feedback, what you learn from it, how it might impact on your future practice and how it is relevant to the Trusts Values and the standards set by your professional body.

You can use the questions below to help you. Once completed, keep your reflections, together with the relevant documentation, in your personal professional portfolio.

- What did it consist of?
- Why did you decide to do the learning activity or how did the opportunity come about?
- Where, when and how did you undertake the learning activity?
- What have I learnt that maintains or develops my professional knowledge and competence?
- What do I know or can I do now that I couldn’t do before attending/Completing this educational initiative?
- What can I apply immediately to my practice and client care?
- Is there anything I didn’t understand or need to explore further/read more about in order to clarify my learning?
- What else do I need to do/know to extend my professional development in this area?
- How does this activity relate to the Trusts Values and / or the standards set by your governing body?

Please remember confidentiality when undertaking reflective work.

Links to Reflective Frameworks:

Nursing and Midwifery Council:
https://www.nmc.org.uk/globalassets/sitedocuments/revalidation/reflectiv

Health and Care Professions Council: [http://www.hpc-uk.org/registrants/cpd/activities/](http://www.hpc-uk.org/registrants/cpd/activities/)

## 8 MONITORING COMPLIANCE WITH THIS DOCUMENT

### Key performance Indicators of the Policy

<table>
<thead>
<tr>
<th>Describe Key Performance Indicators (KPIs)</th>
<th>Frequency of Review</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health &amp; Safety procedure elements are reflected in clinical practice</td>
<td>Annual</td>
<td>Pathology Manager</td>
</tr>
<tr>
<td>Infection Control &amp; ANTT elements of the procedure are reflected in clinical practice</td>
<td>Annual</td>
<td>Pathology Manager</td>
</tr>
<tr>
<td>Education &amp; Training needs are met</td>
<td>Annual</td>
<td>Head of Clinical Education</td>
</tr>
<tr>
<td>The number of blood samples rejected falls within acceptable limits</td>
<td>Monthly</td>
<td>Pathology Manager</td>
</tr>
</tbody>
</table>

### Performance Management of the Policy

<table>
<thead>
<tr>
<th>Aspect of compliance or effectiveness being monitored</th>
<th>Monitoring method</th>
<th>Individual responsible for the monitoring</th>
<th>Frequency of the monitoring activity</th>
<th>Group / committee which will receive the findings / monitoring report</th>
<th>Group / committee / individual responsible for ensuring that the actions are completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Safety</td>
<td>Mandatory Training ESR</td>
<td>Chief Phlebotomist Deputy Chief Phlebotomist Training &amp; Education Department</td>
<td>Annually</td>
<td>Pathology Quality Management</td>
<td>Pathology Manager</td>
</tr>
<tr>
<td>Infection Control ANTT</td>
<td>Observation</td>
<td>Chief Phlebotomist Infection Control</td>
<td>Annually</td>
<td>Pathology Quality Management Infection Control</td>
<td>Pathology Manager</td>
</tr>
<tr>
<td>Education and Training is available to meet needs of the Trust.</td>
<td>ESR Evaluation</td>
<td>Head of Clinical Education</td>
<td>Annually</td>
<td>Workforce Council Clinical Education Group</td>
<td>Postgraduate Director of Medical Education / Director of HR</td>
</tr>
<tr>
<td>Rejected samples – haemolysed, mislabelled etc.</td>
<td>Audit and surveillance</td>
<td>Operational Manager, Haematology</td>
<td>Monthly</td>
<td>Pathology Performance Meeting</td>
<td>Pathology Manager</td>
</tr>
</tbody>
</table>
9. REFERENCES/BIBLIOGRAPHY


The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.


9. RELATED TRUST POLICY/PROCEDURES

ANTT clinical guideline poster for venepuncture
Consent Policy
Policy & Procedure for the Identification of Patients & Babies Policy
Infection Prevention and Control Manual
Policy for the Minimum Criteria for Requisition
Pathology User Guide
Policy for the placement and care of all indwelling intravenous and subcutaneous catheters
Obtaining a blood sample for transfusion policy

Procedure for venepuncture (ADULTS) Policy Reference Number
APPENDIX 1

Equality Analysis

"St Helens and Knowsley Teaching Hospitals NHS Trust is committed to creating a culture that promotes equality and embraces diversity in all its functions as both an employer and a service provider. Our aim is to provide a safe environment, free from discrimination, and a place where all individuals are valued and are treated fairly. The Trust adheres to legal requirements and seeks to mainstream the principles of equality and diversity through all its policies, procedures and processes.

The Trust takes a zero tolerance approach to all forms of discrimination, harassment and victimisation and will make every effort to ensure that no patient or employee is disadvantaged, either directly or indirectly, on the basis that they possess any of the "protected characteristics" as defined by the Equality Act 2010. The protected characteristics are as follows: - race; disability; sex; religion or belief; sexual orientation; gender reassignment; marriage and civil partnership; pregnancy and maternity; and age.

This policy will be implemented with due regard to these commitments.

All authors of policy documents must include a completed equality analysis Stage 1 screening. Policy authors must refer to the Trust Equality and Diversity Policy 2011 and the equality analysis toolkit and associated guidance documents (Stage 1 and Stage 2) available on the intranet.

Equality Analysis for this policy

<table>
<thead>
<tr>
<th>Title of Policy</th>
<th>Procedure for Venepuncture (Adults)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Author(s):</td>
<td>Lead Nurse Infection Prevention &amp; Control, ANTT Nurse Specialist, Clinical Skills Educator, Phlebotomy Lead</td>
</tr>
<tr>
<td>Lead Executive:</td>
<td></td>
</tr>
<tr>
<td>Policy Sponsor:</td>
<td></td>
</tr>
<tr>
<td>Target Audience</td>
<td>All staff undertaking venepuncture</td>
</tr>
<tr>
<td>Document Purpose:</td>
<td>To provide clear direction on the process for performing venepuncture on adult patients within the Trust including appropriate clinical indications for the taking of blood.</td>
</tr>
<tr>
<td>Please state how the policy is relevant to the Trusts general equality duties to:</td>
<td>This policy does not discriminate against any staff or patient groups</td>
</tr>
<tr>
<td>• eliminate discrimination</td>
<td></td>
</tr>
<tr>
<td>• advance equality of opportunity</td>
<td></td>
</tr>
<tr>
<td>• foster good relations</td>
<td></td>
</tr>
<tr>
<td>List key groups involved or to be involved in policy development (e.g. staff side reps, service users, partner agencies) and how these groups will be engaged</td>
<td>Clinical staff Clinical education Pathology staff</td>
</tr>
</tbody>
</table>

NB Having read the guidance notes provided when assessing the questions below you must consider;
• Be very conscious of any indirect or unintentional outcomes of a potentially discriminatory nature

Procedure for venepuncture (ADULTS) Policy Reference Number
- Will the policy create any problems or barriers to any protected group?
- Will any protected group be excluded because of the policy?
- Will the policy have a negative impact on community relations?

If in any doubt please consult with the Patient and Workforce Equality Lead

9. Does the policy significantly affect one group less or more favourably than another on the basis of: answer 'Yes/No' (please add any qualification or explanation to your answer particularly if you answer yes)

<table>
<thead>
<tr>
<th>Yes/No</th>
<th>Comments/ Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race/ethnicity</td>
<td>No</td>
</tr>
<tr>
<td>Disability (includes Learning Disability, physical or mental disability and sensory impairment)</td>
<td>No</td>
</tr>
<tr>
<td>Gender</td>
<td>No</td>
</tr>
<tr>
<td>Religion/belief (including non-belief)</td>
<td>No</td>
</tr>
<tr>
<td>Sexual orientation</td>
<td>No</td>
</tr>
<tr>
<td>Age</td>
<td>No</td>
</tr>
<tr>
<td>Gender reassignment</td>
<td>No</td>
</tr>
<tr>
<td>Pregnancy and Maternity</td>
<td>No</td>
</tr>
<tr>
<td>Marriage and Civil partnership</td>
<td>No</td>
</tr>
<tr>
<td>Carer status</td>
<td>No</td>
</tr>
</tbody>
</table>

10. Will the policy affect the Human Rights of any of the above protected groups? No

11. If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? No

12. If you have identified a negative impact on any of the above-protected groups, can the impact be avoided or reduced by taking different action? No

13. How will the effect of the policy be reviewed after implementation? The policy will be audited at least annually in line with the key performance indicators

If you have entered yes in any of the above boxes you must contact the Patient and Workforce Equality Lead (ext. 1042/ Annette.craghill@sthk.nhs.uk) to discuss the outcome and ascertain whether a Stage 2 Equality Analysis Assessment must be completed.

Name of manager completing assessment: (must one of the authors) V. Weston

Job Title of Manager completing assessment: IPC Lead Nurse

Date of Completion: 13.01.17

The Trust has a duty as a public body to publish all completed Equality Analysis Screening and Assessments. Please forward a copy of your completed proforma to Annette.craghill@sthk.nhs.uk. The Patient and Workforce Equality Lead will conduct an audit on all completed Screening and Assessments every six months.