

Standard Operating Procedure for Venepuncture

Objectives	This SOP has been written to give general guidance to study personnel on performing venepuncture. There are no GCP Guidelines concerning venepuncture.
Scope	This procedure is applicable to all Research & Development staff undertaking venepuncture.
Responsibility	It is the responsibility of the person carrying out the task to ensure they are fully trained in venepuncture and follow the procedure correctly.
Related Document	DHC Hand Hygiene Policy for HealthCare workers. DHC Community Peripheral Venepuncture. DHC Blood and Body Fluid Exposure Management.

1 Purpose

The purpose of this Standard Operating Procedure (SOP) is to give guidance to study personnel performing venepuncture.

2 Introduction

It is important that all staff in Research & Development perform venepuncture to Dorset HealthCare University NHS Foundation Trust (DHC) standards to ensure participant and staff safety.

3 Training

Staff undertaking this procedure must:

- Attend a study day provided by the Trust
- Undertake supervised practice with patients
- Be assessed as competent, using validated assessment criteria, by an experienced practitioner who undertakes the skill regularly (i.e. at least on a 2 weekly basis)

4 Revisions

This is the second version of this SOP.

5 Procedure

- The investigator is responsible for performing venepuncture according to protocol. This duty can be delegated to other appropriately qualified members of the research team as recorded on the study Delegation Log.
- Prior to carrying out the procedure the investigator or delegated person must ensure the correct participant is identified and cross referenced with appropriate request forms. Areas to be checked are surname, forename, date of birth, research study name and if appropriate, hospital number and current address.
- Prior to carrying out the procedure the investigator or delegated person must ensure the consent of the participant to have the tests.

RES SST 015

- The investigator or delegated person must perform the procedure in accordance with the relevant Trust Health and Safety Policy.
- The investigator or delegated person must ensure constant attention to the appropriate aseptic technique whilst the procedure is being performed.
- The investigator or delegated person will refer to the protocol to ensure specific requirements for performing venepuncture are identified.
- Ensure that the patient has prepared for any specific blood tests, e.g. fasting bloods.
- The investigator or delegated person should wash their hands according to DHC Hand Hygiene Policy.
- Select equipment required –
 - Gauze swab/ cotton wool ball
 - Small plaster
 - Needle/ Butterfly needle
 - Vacutainer holder
 - Tourniquet
 - Vacutainers- according to study
 - Gloves
- Explain to the patient what is going to happen and select which arm is to be used (checking if the patient has a preference).
- Attach needle to Vacutainer
- Apply tourniquet to upper arm and select vein, preferably in the antecubital fossa. Support the arm in a palm upward, straight elbow pattern e.g. using a pillow.
- Insert the needle into the vein of choice and pierce the Vacutainer by inserting it in the holder with the rubber bung in the upward position.
- Once the Vacutainer has filled, remove it and invert tube the required number of times. Attach the next tube if required, following the order of draw.
- When all vacutainers have been filled, release the tourniquet and remove. Remove the needle and using a gauze or cotton wool ball place light pressure to the site immediately after this procedure.
- Apply pressure for approximately 2 minutes to stem any bleeding and reduce the risk of bruising. Do not bend the elbow as this is likely to cause bruising.
- Once bleeding has stopped, apply a plaster to site. If patient is allergic to plasters, micropore may be used.
- Staff taking bloods should be aware of the policy regarding needle stick injuries. If in doubt staff should ring the Occupational Health department for advice.

6 Appendices

There are no appendices to this SOP.


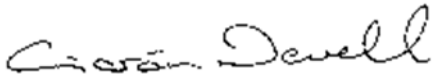
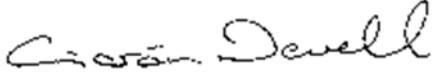
7 Review

This SOP should be reviewed every two years unless new guidance or legislation dictates a review any sooner.

RES SST 015

Date reviewed: 12/04/19

Date of review: 12/04/21

Written By	Signature	Date
Hazel Burt		12/04/19
Reviewed By	Signature	Date
Dr Ciarán Newell		12/04/19
Authorised By	Signature	Date
Dr Ciarán Newell		12/04/19

Uncontrolled document when printed