

The Policy and Procedure for Clinicians Undertaking Venepuncture on Adults and Children within LPT

The Document outlines the procedure for staff undertaking venepuncture on patients within LPT

Key Words:	Venepuncture, Phlebotomy	
Version:	9	
Adopted by:	Trust Policy Committee	
Date this version was adopted:	TBC	
Name of Author:	Sue Swanson	
Name of responsible Committee:	Clinical Effectiveness Group	
Please state if there is a reason for not publishing on website:	n/a	
Date issued for publication:	May 2023	
Review date:	February 2023	
Expiry date:	30 November 2023	
Target audience:	Clinical staff within LPT who undertake venepuncture as part of their role.	
Type of Policy	Clinical √	Non Clinical
Which Relevant CQC Fundamental Standards	9,10,11,12	

Contents

Section	Contents	Page
-	Title page	1
-	Contents	2
-	Version Control	3
-	Equality Statement	4
-	Due Regard	4
-	Definition of terms that apply to this Policy	5
1.0	Introduction and Purpose of Policy	6
2.0	Summary and Key Points	6
3.0	Duties / Responsibilities within the Organisation	6/7
4.0	Training Needs	8/9
5.0	Monitoring Compliance and Effectiveness	10
6.0	Standards and Performance Indicators	11
7.0	References and Bibliography	12

APPENDICES

1	Preparation Before Procedure	13 – 17
2	Procedural Guidance for Venepuncture	18 – 21
3	Procedural Guidance for Taking Blood Cultures	22 – 26
4	Factors to consider when communicating with different age groups and Preparation of the infant, child or young person	27 - 29
5	Training Needs Analysis	30
6	NHS Constitution	31
7	Stakeholders and Consultation	32
8	Due Regards Screening Template	33 - 34
9	Privacy Impact Assessment	35

Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
Version 6	May 2015	<ul style="list-style-type: none"> • Updated Reference List • Transferred onto new policy template • Updated to include the Trainee Assistant Practitioner/Assistant Practitioner Role • Updated to include the Advanced Nurse Practitioner Role • The addition of allied health professionals to the list of staff authorised to undertake venepuncture <p>Updated to include translation services from Ujala who are now the provider of this service to LPT</p>
Version 7	June 2015	<p>Following discussion at Clinical Effectiveness Group on June 10th 2015</p> <ul style="list-style-type: none"> • The removal of AHP's as a staff group who undertake venepuncture. • Amendments to Section 7 and Appendix 9 in recognition that not all services lines within LPT undertake venepuncture on a regular enough basis to require monthly monitoring of incidents. • Amendment to Appendix 9 to further clarify minimum requirements for monitoring compliance and effectiveness. • The addition of the Research and Development Team within Enabling Services as a staff group who may undertake venepuncture. • The removal of all hyperlinks to LPT policies as these may not remain current for the life of this policy
Version 8	March 2018	<p>Following discussion at Clinical Effectiveness Group on 12th April 2017, amendments have been made to:</p> <ul style="list-style-type: none"> • blood culture training • LCAT assessment section • Amendments blood transfusion • venepuncture for cross matching/serum save training section <p>These were agreed and will be implemented in the next updated version to be published.</p> <ul style="list-style-type: none"> • Policy transferred to new LPT policy template.
Version 9	May 2020	<ul style="list-style-type: none"> • Updated reference list • Amendments to Blood culture process

		<ul style="list-style-type: none"> • Amendments to list of healthcare professionals authorised to undertake phlebotomy
--	--	---

For further information contact:

Clinical Education Team
 Leicestershire Partnership Trust
 Charnwood Mill, Sileby Road, Barrow on Soar, Leics, LE12 8LR
 Office: 01509 410286

Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all.

This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area.

This applies to all the activities for which LPT is responsible, including policy development and review.

Due Regard

LPT must have **due regard** to the aims of eliminating discrimination and promoting equality when policies are being developed. Information about due regard can be found on the Equality page on e-source and/or by contacting the LPT Equalities Team.

The Due regard assessment template is Appendix 8 of this document

Definitions that apply to this policy

Advanced Nurse Practitioner	Registered Nurses who have completed post-registration training at an Advanced Level, undertaking roles traditionally carried out by medical staff, including ordering patient investigations such as venepuncture
------------------------------------	--

Asepsis	Free from infection and the prevention of contact with micro-organisms
Competence	A bringing together of general attributes – knowledge, skills and attitudes. Skill without knowledge, understanding and appropriate attitude does not equate to competent practice. Thus, competence is “the skills and ability to practice safely”.
Due Regard	Having due regard for advancing equality involves removing or minimising disadvantages suffered by people due to their protected characteristics. <ul style="list-style-type: none"> • Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. • Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.
Haematoma	A swelling containing blood within the body tissues
Nursing Associates	A Healthcare Professional who has completed a recognised course of study and then works independently undertaking delegated clinical patient care. They are registered Nurses on Part 2 of the NMC register.
MAPA	Management of actual or potential aggression
Phlebotomy	Process of withdrawing blood as part of a medical procedure
SCIP	Strategies for Crisis Intervention and Prevention
Trainee Assistant Practitioner Assistant Practitioner	An unregistered healthcare professional who has completed, or is completing, a recognised course of study and then works independently undertaking delegated clinical patient care.
Venepuncture	Process of puncturing a vein, usually with a hypodermic needle in order to withdraw blood or administer an intravenous injection
Compartmental syndrome	A very rare complication of venepuncture. Blood leaks into the tissue and muscle layer surrounding the venepuncture site. Swelling and intense pain then develops which becomes a major problem to the affected limb needing immediate medical attention.

1.0. Introduction and Purpose of the Policy

The process of venepuncture has the potential to expose healthcare workers and patients to blood from other people, thereby putting them at risk from blood borne pathogens. These include human immunodeficiency virus (HIV), hepatitis B virus (HBV) and hepatitis C virus (HCV) (WHO 2010). This policy outlines the procedures staff are to follow and competencies to be achieved in order to minimise risk to the patient and staff when carrying out the procedure of venepuncture.

The purpose of this policy is to state the expected standards of care to minimise the associated risk of harm to patients and staff when undertaking venepuncture. The act of venepuncture carries a risk of exposure to blood borne pathogens. To reduce this risk it is imperative to ensure that all staff have received appropriate training and education, together with a period of supervised practice and assessment to ensure they are competent to undertake this invasive procedure autonomously. The organisation is committed to adhering to the EU directive on the prevention of sharps injuries (2010/32/EU), including the use of safer needle devices to prevent harm or injury to patients and staff as a result of undertaking venepuncture.

2.0. Summary and Key Points

The aim of this policy is to ensure the safe practice of venepuncture within Leicestershire Partnership Trust, thereby reducing the risk of harm to patients and staff when undertaking this procedure. This policy applies to all registered and unregistered practitioners within the organisation who perform venepuncture and phlebotomy within their clinical role. This may include Medical Staff, Registered Nurses, Trainee Assistant Practitioners, Assistant Practitioners, Nursing Associates, Healthcare Support Workers, Health Care Workers Phlebotomists and Medical Students undertaking a clinical placement.

3.0. Duties within the Organisation

The Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.

Trust Board Sub-committees have the responsibility for ratifying policies and protocols.

3.1 Divisional Directors and Heads of Service are responsible for:

- Ensuring there are clear Policies and Protocols that give authority for individuals to perform the tasks and that this is reflected within their job descriptions

3.2 Education Services within the Organisation:

- Ensuring that in house training is current and evidence based in line with national guidelines
- Ensure that venepuncture training is delivered in accordance with the training needs analysis

3.3 Line Managers and Team leaders are responsible for:

- Ensure all staff in their service are aware of and adhere to this policy and that there is a clear process for dissemination.
- Ensure that staff are released to meet their training needs.
- Ensure that line managers are supported in monitoring compliance with the venepuncture policy.

3.4 Responsibility of Clinical Staff

- Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered. Consent can be given verbally and / or in writing. Someone could also give non-verbal consent as long as you are confident they understand the treatment or care about to take place. Consent must be voluntary and informed and the person consenting must have the capacity to make the decision.
- In the event that the patient's capacity to consent is in doubt, clinical staff must ensure that a mental capacity assessment is completed and recorded. Someone with an impairment of or a disturbance in the functioning of the mind or brain is thought to lack the mental capacity to give informed consent if they cannot do one of the following;
 - Understand information about the decision
 - Remember that information
 - Use the information to make the decision
 - Communicate the decision
 - Any decision on behalf of a person lacking capacity must be made in their best interests

3.4.1 Medical Staff and Advanced Nurse Practitioners

- Are responsible for the correct completion of blood request forms, ensuring that patient details are correct and that the tests requested are for the benefit of the patient in diagnosing, management, monitoring of and treating their condition.
- The review of blood results, ensuring that required actions are completed.

3.4.2 Health Care Professionals

The following health care professionals are authorised to undertake venepuncture:

- Medical practitioners and medical students

- Advanced Nurse Practitioners
- Registered nurses inc competent bank and agency nurses.
- Nursing Associates/Assistant Practitioners/Trainee Assistant Practitioners
- Health care assistants/health care support workers
- Phlebotomists
- Pharmacists
- Members of the Research and Development Team

3.4.3 It is expected that staff who undertake venepuncture must be employed in a clinical post within the Trust, however there may be exceptions to this including:
Medical students or members of the research and development team who are required to undertake venepuncture to support the delivery of research or drug trials.

3.4.4 All staff, with the exception of medical staff, must have completed training and produce evidence of competence

3.4.5 Staff are responsible for working in line with the Venepuncture Policy and the clinical guidance given within Appendices 1, 2 and 3. They must accept responsibility and accountability for their practice and ensure that competency is maintained.

3.4.6 Ensure staff have a working awareness of the sharps injury policy if a needle stick injury is sustained – refer to references and bibliography on page 12

3.4.7 All staff must ensure that their practice and scope is in line with their professional standards and Code of Conduct (nurses adhere to NMC, March 2018) where relevant.

3.4.8 Staff may only carry out a venepuncture procedure on a patient/client on the direct or delegated instruction of a doctor/nurse practitioner or team leader/deputy and those staff covered under local agreement.

3.4.9 Staff should only make **2** attempts to obtain blood at any one time on a patient and should then inform the referring practitioner if the blood test is not obtained.

4.0 Training needs

4.1 There is a need for training identified within this policy. In accordance with the Classification of training outlined in the Trust Learning and Development Strategy this training has been identified as role specific training (Appendix 5) The course directory e-source link below will identify who the training applies to, delivery method, the update frequency, learning outcomes and a list of available dates to access the training. <https://www.ulearnlpt.co.uk>

4.2 With the exception of medical staff and medical students, this training can be sourced by Ulearn and will identify:

- Who the training applies to, the delivery method, the update frequency, the learning outcomes and a list of available dates and locations where the training can be accessed.
- A record of the event will be recorded on a ULearn.

The Governance group responsible for monitoring the training is The Clinical Effectiveness Group.

4.3 The use of LCAT (Leicester Clinical Assessment Tool) (McKinley, R.K et al 2008) is the framework used within LPT to assess competence in clinical procedures.

4.4 Prior to undertaking an LCAT assessment, all staff who undertakes venepuncture, with the exception of medical staff and medical students must have:

- Completed the organisation's venepuncture training
- Completed a period of supervised practice.
- It is expected that staff make use of available opportunities for supervised practice and are supported in this by their Line Manager.
- Staff should be competency assessed when confident with practice and skill.
- Staff must not undertake venepuncture unsupervised until they have completed and passed LCAT assessment.

4.5 Staff who join the organisation with existing confidence and competence in venepuncture:

- Should provide evidence of this competence.
- Should familiarise themselves with LPT Policy & procedure
- They should continue to carry out venepuncture unsupervised

4.6 Following successful completion of a venepuncture competency assessment (LCAT).

- Staff can take all blood samples excluding samples for cross matching (see information below)
- Staff must access a short information session on blood culture before taking samples for blood cultures unsupervised.
- Staff must pass the following module Safe Transfusion Practice – Sampling Procedures before taking blood for blood transfusion & cross matching, and Group and Save accessed on the 'LearnPro' website.

4.7 Medical staff are not required to undertake competency assessment in venepuncture or blood cultures, since it is a skill they will have undertaken as part of their medical training.

4.8 Criteria for Assessors/Supervisors

Staff who may supervise those working towards competency in venepuncture must:

- Be a health care professional who is competent in this skill
- Have a sound knowledge of the relevant documents and policies
- Have the support of their line manager

4.8 Final assessment of competency

Final assessment of competency must be completed by a qualified LCAT assessor who is competent in the skill themselves.

Observation, supervised practice and assessment should ideally be undertaken in the area in which the practitioner normally works, this may be within a ward, outpatient department or community setting. The date and details of supervision and assessments must be documented in the record of supervision held by the practitioner and the assessor must sign this document. The practitioner must keep a record of competency in their professional portfolio as well as the copy kept in their personal file.

5.0. Monitoring Compliance and Effectiveness

Ref	Minimum Requirements	Evidence for Self-assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
Page 8	Ensure that staff who undertake venepuncture have attended training and have had a competency assessment to deliver the care as described in Appendices 1,2,& 3	4.1 & 4.4	Monitored by team managers during the appraisal process	Community Managers /Ward Managers/ Ward Matrons / Pharmacy managers	As required - determined by the frequency of incidents within service lines.
Page 9	Venepuncture undertaken within Leicestershire Partnership Trust is safe and effective.	Section 4.4; Appendix 1; Appendix 2; Appendix 3;	Monitoring of complaints, near misses and reported incidents via the ERIF safeguard system.	Divisional Patient Safety Groups, Ward or Team Managers	As required - determined by the frequency of incidents within service lines.

5.0 Monitoring Compliance and Effectiveness

- 5.1** Where relevant, for example in CHS, venepuncture incidents will be reviewed by the service's patient safety group or similar. In services where venepuncture is not a routine activity any incidents will be reviewed locally (i.e. by the Ward/Team manager) and escalated to the Clinical Effectiveness Group for wider review if required.
- 5.2** Findings and learning from incidents and complaints will be shared across LPT services by members of the Clinical Effectiveness Group.

6.0 Standards/Performance Indicators

TARGET/STANDARDS	KEY PERFORMANCE INDICATOR
CQC Standard: Service will be safe	Evidenced by the fact that clinicians are appropriately trained in correct venepuncture technique, Infection Prevention and Control and Safe Management of Sharps.
CQC Standard: Service will be effective	Evidenced by ensuring this policy is underpinned by national guidance and evidence
CQC Standard: Service will be caring	Evidenced by ensuring clinicians maintain patient's dignity and privacy, consider mental capacity and that information is made available to patients about the choices they have.
CQC Standard: Service will be responsive	Evidenced by ensuring that patients receive the appropriate level of care when they need it.
CQC Standard: Service will be well led	Evidenced by rigorous governance procedures that capture and act on untoward incidents in an open and transparent manner.

7.0. References and Bibliography

Care Quality Commission (2010) *Essential Standards of Quality and Safety CQC* London

Featherstone A (2018) *Developing a Holistic, Multidisciplinary Community Service for Frail Older People*.107748/nop 2018.e.1064

Hospeem-EPSU Report (2019) Follow up on European Agency for Safety and Health at Work (2010) *Directive 2010/32/EU - prevention from sharp injuries in the hospital and healthcare sector*. www.hospeem.org/wp-content/uploads/2019/09/HOSPEEM_ESPU_Follow-up-Report-Directive-201032EU.pdf Accessed 01/05/2020

Leicestershire Partnership Trust (2018) *Cleaning & Decontamination of Equipment, Medical Devices and the Environment (including the management of Blood and Body Fluid Spillages) Policy*.

Leicestershire Partnership Trust (2019) *Glove Policy*

Leicestershire Partnership Trust (2019) *Hand Hygiene Including Bare Below the Elbows Policy*

National Institute for Health and Care Excellence (2011) *Healthcare-associated infections: prevention and control*. NICE

Nursing and Midwifery Council (2018) *Standards of Proficiency for Registered Nurses* NMC London

Nursing and Midwifery Council (2018) *The Code* NMC London

Royal College of Nursing (2013) *Guidance to support the implementation of The Health and Safety (Sharp Instruments in Healthcare Regulations) 2013*

Shaw S (2008) *How to undertake venepuncture to obtain venous blood samples*. Nursing Standard. Accessed via RCNi 01/05/2020

University Hospitals of Leicester NHS Trust (2014) *Clinical Microbiology User Handbook – Version 6*

World Health Organisation (2010) *WHO guidelines on drawing blood: best practices in phlebotomy* WHO Geneva

1.0 Preparation Before Procedure

1.1 Request form completion

- Request forms must be fully completed and signed by the requesting medical practitioner or Advanced Nurse Practitioner
- Research & Development team request samples as outlined in the research study protocol
- The request forms must have the following patient/client identifiers before venepuncture is performed:
- Location at time of request
- Consultant/GP/Advanced Nurse Practitioner requesting procedure
- Patient forename and surname
- Date of birth
- Full patient address
- Hospital/NHS number
- Clear indication of what blood samples are requested If the sample is required urgently

1.2 Procedure for patient/client identification

The following procedure MUST be adhered to before blood samples are taken:

- When taking samples for a blood transfusion, staff must adhere to the Blood Transfusion Policy
The health care professional must confirm the patient's/client's identity verbally and by using the patient identity band (in patients only), or other process of identification within local area. The following should be confirmed (without prompting):
- Surname
- Forename
- Date of birth
- 1st line of address
- NHS number (in patients only)
- Where the patient/client is confused or unable to communicate, confirmation of patient/client details should be made with their next of kin or identified carer
- Patient identification should not be taken from patients' notes

1.3 Consent

- All staff must ensure their practice is in line with the Trust Consent Policy
- A patient's/client's consent should be obtained prior to taking any blood sample.

A clear explanation of the procedure and reasons for undertaking the procedure should be given. When communicating with children and young people it is important to ensure that all information offered is aimed at their individual age and stage of development.

The age and stage of development will determine the amount of detail and approach that needs to be offered. It is important to remember that non-verbal communication can offer as much information as verbal communication. Please refer to **Appendix 5** for considerations when communicating with different age groups.

- Appropriate preparation and diversion should always be offered to children and young people whenever and wherever possible. Please refer to **Appendix 6** for more information. In addition the CAFSS are available to provide direct support to children and young people with life limiting / life threatening illness requiring venepuncture or to services and professionals.

CAFSS contact details:

In Writing:

CAFSS (Children and Family Support Service)
Diana Children's Community Service, Bridge Park Plaza, Bridge Park Rd,
Thurmaston, Leicester, LE4 8PQ

Telephone: 0116 295 5080

Fax: 0116 295 5081

- Staff must ensure where possible that the patient is able to understand what they are being told/asked and involve family/carers as appropriate
- Sensory disabilities such as deafness must be considered
- The patient's mental capacity must be considered

If a patient does not speak English, appropriate interpreter services should be obtained from:

Ujala Resource Centre
1st Floor, St. Peters HC,
Sparkenhoe Street,
Leicester
LE2 0TA.

Telephone : 0116 295 4747

Fax : 0116 295 7015

E-mail : requestsujala@leicspart.nhs.uk

- The patient's agreement and consent should be documented in the patient's/client's notes as part of documenting the procedure undertaken
- Where the patient's consent is not given, the health care professional should attempt to gain an understanding for this decision. The refusal and reason

should be documented in the patient's/client's notes and their GP/Consultant informed

1.3.1 Consent in people who lack mental capacity

- Some patients may lack capacity to understand and, therefore, cannot give informed consent, to a blood test. Staff should be familiar with the Mental Capacity Act 2005 and the Trust Mental Capacity Policy, following the correct procedure in these instances, including conducting best interest meetings to confirm the necessity for any blood tests. Should it be decided that the blood test is essential and in the best interests of the patient, a decision should then be taken on the appropriate way to achieve this whilst causing minimal distress to the patient, these may include desensitisation programmes, use of local anaesthetic cream to reduce pain and discomfort during the procedure, or use of a short acting sedative.

1.4 Special Considerations

1.4.1 Venepuncture in children and young people under the age of 16

- For children under the age of 12 years, or under 16 years but of small build, a blue butterfly cannula may be used
- Use of a local anaesthetic cream, such as Ametop, or Ethyl Chloride Spray is advocated for children undergoing venepuncture in order to minimise distress
- It may be helpful to identify any child/young person with particular needs or phobias prior to the venepuncture appointment to allow a play specialist worker to plan supportive intervention with the child and family.

1.4.2 Infusion lines in situ

- When a sample is taken and an infusion line is insitu, where possible the sample should be taken from the opposite limb or be taken distally to the infusion site if at all possible.
- In normal circumstances, a blood sample should not be taken from the same site as an infusion line. This should only be done in extreme circumstances, with the agreement/advice of the responsible medical officer.

- Under no circumstances should an unqualified staff member alter or disconnect an intravenous infusion line.

1.4.3 Equipment Required

- Venepuncture samples that are to be sent to University Hospitals of Leicester (UHL) laboratories should be collected using the “Sarstedt” collection system. Other systems are utilised by out of county hospital laboratories: staff should check local requirements and be aware that collection bottles may be colour coded differently dependent upon the system used.
- Blood Culture samples should be collected using the Biomerieux BacT/ALERT system.

1.4.4 Aggressive and agitated patients

- Staff undertaking venepuncture should assess the patient’s mental and physical status for confusion, cognitive behaviour and mental capacity to make a specific decision at that time, prior to taking blood samples.
- If a patient becomes violent and aggressive and will not respond to verbal instructions, venepuncture should not be attempted and the GP/Consultant/ANP should be informed.
- Under no circumstances should the health care professional use force to restrain the patient. It is accepted by the Mental Health Act (MHA) Commissioners that use of Clozapine under the Mental Health Act includes all monitoring required by the Clozapine monitoring service. If therefore, a sectioned patient is receiving Clozapine against their will in line with the MHA then blood sampling for a full blood count can be carried out as a best interest’s decision.
- In patients with a learning disability who are assessed to lack the capacity to consent to their care and treatment, a best interest decision should be made as part of a multi-disciplinary process. It is important to the patient’s health and welfare that when a blood sample is taken the procedure should be risk assessed. Risk assessment must consider the environment, physical health conditions that may be affected by distress, and support available from family, carers and advocates. A clear plan should be drawn up detailing any actions to make the process as painless as possible and consideration given to role playing the practice. Minimal force may be required to ensure a safe process but this must be clearly documented and agreed with advice on the holding used provided by a MAPA/SCIP trainer. If the blood test is vital and more restraint is required an application to the Court of Protection should be considered.
- Where patients are agitated, but are able to consent to care and treatment,

staff should consider involving relatives/carers who may be able to offer additional reassurance which may enable samples to be taken without causing undue distress to the patient.

1.5 Fasting Blood Glucose Samples

- Patients requiring fasting blood glucose samples should only have water to drink after 12 midnight prior to the date of the blood samples.
- Patients requiring fasting glucose samples should have their blood samples taken at the earliest opportunity
- Phlebotomy areas and wards should ensure there is access to Glucogel should patients experience hypoglycaemia.
- The procedure for venepuncture should be followed.
- At the completion of the procedure the patient should be offered a biscuit (if outpatient) or given their breakfast (if in patient/at home).

1.6 Blood Collection by Finger, Heel or Ear Lobe

1.6.1 This procedure should not currently be carried out within the LPT Hospitals. The only collection of blood from the finger should be that to monitor blood glucose levels as part of diabetes management or for monitoring of INR by appropriately trained staff.

1.6.2 Rarely, blood collection for full blood count may be obtained using finger prick in children receiving chemotherapy. There should be a clear rationale documented for using a finger prick collection and this should only be carried out by staff who has documented competence in carrying out this procedure.

1.7 Order of collection for blood samples

Collect samples in the following order to minimize risk of bacterial contamination of blood cultures and risk of transferring additives from one tube to another:

- Blood culture
- Coagulation
- Serum tube with or without clot activator or gel separator
- EDTA
- All other tubes

2.0 Procedural Guidance for Venepuncture

2.1 All patients should be treated as presenting a high risk of carrying a blood borne virus and staff must ensure that Personal Protective Equipment is worn prior to taking blood samples

2.2 The following equipment should be available prior to commencing the procedure:

- Clean tray or receiver
- Hand washing facilities /Alcohol hand rub gel
- Single Use Tourniquet
- Correct blood bottles and safety needles (ensure the correct size of needle is used)
- Completed relevant blood request form/authorised form if in community
- 70% alcohol impregnated swab
- Gauze/cotton wool/plaster and tape
- Sharps bin
- Non sterile gloves and apron

All equipment should be checked for expiry date and damage to packaging.

Action	Rationale
Carefully wash hands using liquid soap and water, and dry. Cover any broken skin with waterproof dressing. Apply apron.	To minimise risk of infection
Ensure patient is correctly identified, gain consent or consider mental capacity/best interests decision. Explain procedure exhibiting a competent manner.	To maintain safety of patient and gain their co-operation. To help the patient feel more at ease with the procedure
Check if the patient has any allergies or is on anti-coagulation treatment.	To prevent allergic reactions To mitigate against the formation of a haematoma through delayed haemostasis
Take all the required equipment to the patient, including a sharps bin. In an inpatient setting, outpatient setting and the patients home, lighting, ventilation, privacy and positioning must be checked	To ensure that both patient and operator are comfortable and that adequate light is available to illuminate this procedure
Identify a suitable site for venepuncture – this will usually be situated in the antecubital fossa of the arm (section 2.3) <ul style="list-style-type: none"> • Patients who have a history of mastectomy, stroke, lymph oedema, or arteriovenous fistula 	There may be reduced venous access or impairment of lymphatic drainage which could affect venous flow.

<p>should not have a tourniquet applied to their affected side.</p> <ul style="list-style-type: none"> • Patients receiving dialysis should be asked if there are any veins that are not be used for venepuncture • Choose the largest vein available and use the smallest possible gauge device in the limb without an infusion 	<p>In order to protect viable access for dialysis</p> <p>To reduce trauma to the vessel</p>
--	---

<ul style="list-style-type: none"> • Patients who have a history of mastectomy, stroke, lymph oedema, or arteriovenous fistula should not have a tourniquet applied to their affected side. • Patients receiving dialysis should be asked if there are any veins that are not be used for venepuncture • Choose the largest vein available and use the smallest possible gauge device in the limb without an infusion 	<p>There may be reduced venous access or impairment of lymphatic drainage which could affect venous flow.</p> <p>In order to protect viable access for dialysis</p> <p>To reduce trauma to the vessel</p>
<p>Support the chosen limb</p>	<p>To ensure the patient's comfort and facilitate venous access</p>
<p>Prepare blood bottles and equipment and place within easy reach of the chosen vein – including sharps bin</p>	<p>To ensure easy access to equipment during procedure</p>
<p>Apply a tourniquet to the upper arm on the chosen side, allowing 2 fingers to sit between patient's skin and tourniquet comfortably. The tourniquet should be applied 4-5 fingers above venepuncture site. Do not leave the tourniquet tightened for an extended period of time.</p>	<p>To dilate the veins by obstructing the venous return without obstructing arterial flow. To increase the prominence of the veins.</p> <p>To minimise patient discomfort and reduce the likelihood of a false potassium reading.</p>
<p>Identify appropriate vein by gentle palpation. Vein should feel soft and bouncy. Do not enter where there is rash or skin discomfort. Patients may be asked to clench their hands (but not pump their fist) to encourage vein prominence</p>	<p>To prevent inadvertent insertion of needle into other anatomical structures. To reduce risk of vein collapsing during procedure</p> <p>Pumping the fist could result in a false high potassium reading.</p>
<p>Apply hand gel and well-fitting clean gloves. Clean the patient's skin with a 70% alcohol swab and leave for 30 seconds to allow skin to dry.</p>	<p>To maintain asepsis and minimise the risk of infection</p>

Veins should not be re-palpated	
Anchor the vein by applying manual traction on the skin a few centimetres below the proposed insertion site	To immobilise the vein. To provide counter tension to the vein which will facilitate a smoother needle entry
Insert the safety needle smoothly at an angle of approximately 15-30° with the bevel uppermost	To facilitate a successful, pain-free venepuncture
As the safety needle is inserted into the vein the needle and syringe should be secured using finger and thumb at the connection of needle and blood bottle	To reduce risk of movement of the needle while blood is being withdrawn
Withdraw the required amount of blood for the blood sample, using a vacuumed blood collection system. Change blood bottles according to the patient's request form	To ensure adequate amount of blood is withdrawn to allow accurate results to be obtained and that correct blood bottles are used for each sample required
Release the tourniquet once all samples have been collected, remove sample bottle from needle	To decrease pressure within the vein. Removing the bottle from the safety needle prior to removal from patient releases vacuum and reduces the risk of bleeding at entry site.
Place gauze/a cotton wool ball over the needle entry site and withdraw safety needle from the patient, being careful to avoid a needle stick injury. Do not apply pressure until the needle has been fully removed	To prevent pain on removal and damage to the tunica intima of the vein
Close safety needle and Immediately dispose of needle into sharps bin	To reduce the risk of accidental needle stick injury
Apply digital pressure directly over the puncture site until bleeding stops – This will take longer with patients on anti-coagulation medication	To stop leakage and haematoma formation. To preserve vein by preventing bruising or haematoma formation. NB. Discourage patient from bending their arm at this point due to risk of haematoma formation
Inspect the puncture point prior to application of a temporary dressing – check for allergies prior to application	To check puncture point has sealed. To cover the puncture point and prevent leakage or contamination
Complete request form, completing date and time of collection. Complete patient details onto the blood sample bottles and place into the attached sample bag. Patient labels should not be used. Patient details should be completed in front of the patient by the clinician who takes the blood.	To ensure that the blood is correctly presented to the laboratory and that the patient does not have to have a repeat specimen taken
High risk samples must be placed in an appropriately labelled biohazard bag	To alert laboratory staff and reduce risk of contamination
Ensure patient is comfortable	
Remove gloves, apron and discard	To ensure safe disposal of waste

waste according to local policy	
Document patient's consent and procedure in the patient's nursing notes	To ensure good adherence of record keeping.
Follow local procedure for collection and transportation of specimens to the laboratory, ensuring they are sent to an allocated collection point in a timely manner. They should go to the lab on the first available run. In community settings ensure appropriate containers are used whilst transporting bloods on the public highway.	To ensure specimens reach their intended destination in a timely manner reducing the risk of sample degradation.
Where venepuncture is unsuccessful, the appropriate medical officer/ANP should be informed and requested to attempt to obtain the blood sample	To ensure necessary samples are obtained

2.3 The most suitable vein for venepuncture will usually be situated in the antecubital fossa of the arm. However, in some patients other sites may be used, for example in the back of the hand. There is no additional training required in order to undertake venepuncture from a different site, and this will depend on the confidence and competence of the practitioner. However best practice suggests a practitioner should be supervised and supported the first time they take blood from the back of the hand

2.4 If a patient has a central venous access device this should be utilised for obtaining blood samples unless contraindicated. This requires an **Aseptic None Touch Technique** and should be undertaken by suitably qualified, registered staff. Staff should follow the procedure outlined in the Peripheral & Central Vascular Access Catheters Clinical Procedure Guidelines (2018).

3.0 Procedural Guidance for taking Blood Cultures

3.1 This procedure should be undertaken following an **aseptic non touch technique** (avoiding the touching of key parts) to prevent contamination of the sample.

3.2 Blood cultures should be the **first** of the patient's samples to prevent contamination.

3.3 Staff undertaking this procedure should be familiar with the NICE guidance on Healthcare- associated infections: prevention and control (2011)

Staff should be competent in venepuncture and undertaken a short training session in the correct procedure for taking blood cultures accessible via 'in house' training/Biomerieux.

They do not need to undertake a separate LCAT assessment.

3.4 Ensure the patient has a correctly completed request form requesting blood Cultures. Do not wait for medical team / ANP if patient temp >38.3

3.5 The procedure for venepuncture should be followed.

3.6 In preparing the equipment, blood cultures require two large glass Biomerieux BacT/Alert blood culture bottles, with a blue and a red top.

3.7 The following equipment should be available prior to commencing the procedure:

- Blood culture collection pack (including a safety blood culture device for inoculating the culture bottles from a peripheral vein)
- If collection pack not being used e.g. paediatrics or blood sampling from central lines use two blood culture bottles -an aerobic with media containing antibiotic neutralising properties – blue top: and a standard anaerobic – red top. **Ascertain source of bottles, check expiry date, check for signs of damage or contamination prior to use.**
- BioMerieux Vacuum – assisted collection system using a winged device for peripheral cultures
- Disposable tourniquet
- Clean field
- Clean gloves
- Gauze/plaster and securing tape
- 70% alcohol impregnated swab x 2

Action	Rationale
<p>Follow the guidance as in venepuncture procedure and then the follow the 8 steps set out below.</p>	<p>To minimise risk of infection & to prevent contamination of the sample.</p>
<p>1.Prepare blood kit collection:</p> <p>Gather all materials before beginning the procedure. Ensure the blood culture bottles are within date. Do not use bottles which show signs of damage, deterioration or contamination. Pre-populated blood labels should be checked against the patient ID band prior to attaching to bottle.</p>	<p>To minimise the risk of false results of the sample taken.</p>
<p>2. Prepare bottles for inoculation:</p> <p>Wash hands with soap and water and dry thoroughly.</p> <p>Remove plastic caps from bottles. The top of each bottle should then be wiped (using a separate swab for each bottle) with a 70% alcohol swab and allow to dry for 30 secs in order to fully disinfect each bottle septum. Bottles should be stood on a clean field.</p>	<p>To minimise risk of infection</p> <p>To prevent contamination of the sample.</p>
<p>3. Prepare Venepuncture site:</p> <p>Confirm the patient's identity. Apply a disposable tourniquet. Palpate to identify the vein and clean the patient's skin with a 70% alcohol swab. Allow skin to dry for 30 seconds. Veins should not be re-palpated after skin cleansing.</p>	<p>To minimise the risk of contamination of the sample and risk of infection.</p>
<p>4. Wash hands. Wear gloves:</p> <p>Wash hands again or use alcohol hand rub allowing hands to dry completely, and then apply clean non latex well-fitting gloves.</p>	<p>To minimise the risk of contamination of the sample and risk of infection.</p>

<p><i>Sterile gloves are not necessary.</i></p>	
<p>5. Venepuncture:</p> <p>Attach a winged blood collection set to a collection adapter cap. Do not repalpate the prepared vein before inserting the needle. Insert winged needle into prepared site.</p>	<p>To minimise the risk of contamination of the sample and risk of infection.</p>
<p>6. Culture bottle inoculation:</p> <p>Place adaptor cap over the blue topped aerobic blood culture bottle first and pierce septum. Hold the bottle below the patient's arm with the bottle in an upright position and use the graduation lines to accurately gauge the sample volume. Monitor closely to ensure proper flow is obtained and there is no backflow of contents in the adapter tubing. Collect 10mls into the aerobic blood culture bottle. Once this is completed remove the adapter cap and repeat the procedure for the anaerobic red topped blood culture bottle.</p>	<p>To ensure adequate sample for testing.</p> <p>To prevent oxygen being added to the anaerobic bottle</p>
<p>7. Other blood tests:</p> <p>If other blood tests are needed they can be obtained but only after the blood culture samples have been obtained first</p>	<p>To minimise the risk of contamination of the blood culture samples.</p>

<p>8. Finish the Procedure:</p> <p>Release the tourniquet. Remove the needle from the vein. Discard the needle into a sharps bin.</p> <p>Cover the puncture site with sterile gauze/cotton wool ball, after checking that bleeding has stopped- This will take longer with patients on anti-coagulation medication</p>	<p>To reduce the risk of needle stick injury.</p> <p>To check puncture point has sealed. To cover the puncture point and prevent leakage or contamination</p>
<p>Dispose of waste according to local policy</p>	<p>To maximise infection control and minimise the risk of infection.</p>
<p>Write the patient's name, NHS number, date of birth along with date and time of collection clearly on each bottle and site. Pre-populated blood labels should be checked against the patient ID band prior to attaching to bottle.</p> <p>Care should be taken not to disturb, remove or damage the bar code label.</p> <p>Place bottles back in blue specimen sample bag and attach to completed request form. Follow local procedure for collection and transportation of specimens to the laboratory. Ensure samples reach the laboratory within four hours of collection. Ideally they should be sent as soon as possible after collection. If blood cultures taken In community settings, ensure appropriate containers are used whilst transporting bloods on the public highway.</p>	<p>To ensure that the blood is correctly presented to the laboratory and that the patient does not have to have a repeat specimen taken</p> <p>To allow the laboratory staff to track the sample.</p> <p>To ensure samples reach their destination in a timely manner.</p>
<p>High risk blood samples should be placed in a biohazard bag</p>	<p>To ensure sample correctly identified and reduce risk of contamination/infection</p>
<p>Record the procedure with indication for</p>	<p>To ensure good adherence of record</p>

culture, time and site of venepuncture and any complications in the patient's records. This should be done via documentation presently in use or on Systmone. Blood culture label attached to continuation sheet and filed in patients paper lite notes for scanning.

keeping.

3.8 Failure to maintain an aseptic non touch technique may result in a patient being incorrectly diagnosed.

Things to consider when communicating with different age groups:

Age: Birth – 1 year

It is not possible for babies of this age group to fully understand what adults say but communication is still very important and a huge part of a baby's development is within the first year. The use of good eye contact and facial expressions while interacting with this age group is important. Giving thought to the tone and volume of your voice when communicating is essential. Using hand gestures and being repetitive will encourage a baby of this age to verbalise and copy sounds.

Age: 1-5 years

When communicating with children between the ages of 1 – 5 years, consideration needs to be given to their individual stage of development, as this can vary considerably between children.

Using the child's own name, getting down to the child's eye level and offering simple to follow, clear and concise instructions and gestures is important. Encouraging the use of appropriate language and helping the child learn new words and continuing the dialogue will enhance their understanding and development.

Age 5+

Taking into consideration each individual child's stage of development is still important with the over 5's. Offering clear forms of communication and being imaginative can enhance a child's understanding immensely.

Encouraging a child of this age group to take an interest in new words and their meanings is essential to helping them understand what you are trying to communicate to them. If at first the child does not appear to understand try re-phrasing and changing the style in which you communicate with them. The use of simple questions can help you assess if a child has fully understood what you have communicated to them and what is expected of them.

Young People

Young people like to be treated as individuals and shown mutual respect and being mindful of their privacy is also important. Ensuring that they are kept fully aware of what is happening to them is paramount. Encouraging young people to express themselves appropriately is also essential to ensuring good communication.

Children/Young People with Additional Needs

Consideration is required when communicating with a child or young person with additional needs. Your style of communication will need to be tailored to each individual person as before. However, adaptations may need to be made to help the child or young person fully understand; the use of sign language or objects of reference may be required.

All children and young people despite their age and stage of development should be offered adequate time and a form of communication that fully meets their needs.

Preparation of the infant, child or young person

Preparation is a technique used to ensure a child/young person is fully informed of any medical procedure or care task that may be taking place.

Preparation includes the use of good communication skills and play techniques suitable to the situation. The use of 'actual equipment' to be used during the procedure, as well as other aids such as dolls, pictures and stories can all be effective in fully preparing a child/young person for an invasive procedure.

Preparation is used to help gain compliance and reduce the child/young person's level of anxiety, thus ensuring the child/young person has a clear understanding of what is about to happen and what is expected of them as well as offering them some form of control over what can be a difficult situation.

Why do we prepare children/young people?

Offering a child/young person a form of preparation that meets their individual needs helps to encourage compliance with the procedure by reducing their anxiety and it allows us to give back an element of control to the child/young person.

This in turn enables the procedure to be carried out smoothly and calmly, hopefully making the whole experience a more pleasant one for all involved.

How do we prepare children/young people?

Preparation like communication needs to be aimed at the child/young person's age and stage of development and it needs to offer clear and concise information that is relevant to the procedure being carried out.

Identifying key aspects of a procedure and communicating them to the child/young person in a way they can understand is essential. If possible showing the child/young person what the equipment that is going to be used looks like can be very effective. It allows the child to touch and hear the equipment and become familiar, making the whole procedure less scary and daunting.

The use of pictures that tell the story of what will happen during a procedure is also a good tool in helping children and young people understand.

Asking a child/young person to choose where they would like to sit, or letting them say when they are ready for the procedure to begin, offer the child/young person some 'control', as does using a distraction method of their choice.

Quotes:

The Platt report (1959) states that the risk of disturbance to the child can be reduced by proper preparation.

Whiling (1993) acknowledges that simply telling a child about a procedure is not enough.

Lutz (1986) and Robinson (1979) believe that education about planned medical interventions enables children to cope more effectively with threatening or awesome events.

Drydon (2001) considers that it is essential that all children are prepared for dramatic hospital procedures whatever their development level.

Diversion

Diversion is a behavioural intervention to help reduce a child/young person's distress during an invasive medical procedure.

In order to create diversion a range of age appropriate equipment can be used to support a child/young person's preferred coping style i.e. Bubbles, touch effect toys, books and techniques for controlled breathing.

It is important for children/young people to have an element of control when undergoing a medical procedure. On some occasions it is appropriate for the child/young person to have a plan of action to enable them to have a voice. The procedure must go ahead but this gives the opportunity for the child/young person to have some control over the process of events.

Quotes:

Whaley and Wong (1995) suggest that almost any form of play can be used for diversion but the activity should be selected on the basis of the child's age, interests and limitations.

Lansdown (1987) states the more relaxed the body the more the sensation of pain is reduced and focusing the mind on something other than the procedure can put a barrier between body and mind so that no pain is felt.

Powers (1999) documented that distraction has been shown to effectively reduce children's stress during a variety of medical procedures.

Training Requirements

Training Needs Analysis

Training topic:	Venepuncture
Type of training: (see study leave policy)	<input type="checkbox"/> Mandatory (must be on mandatory training register) <input checked="" type="checkbox"/> Role specific <input type="checkbox"/> Personal development
Division(s) to which the training is applicable:	<input checked="" type="checkbox"/> Adult Mental Health & Learning Disability Services <input checked="" type="checkbox"/> Community Health Services <input checked="" type="checkbox"/> Enabling Services (Research and Development Staff Only) <input checked="" type="checkbox"/> Families, Young People & Children <input type="checkbox"/> Hosted Services
Staff groups who require the training:	Clinicians who carry out Venepuncture including Medical Staff, Registered Nurses, Nursing Associates, Trainee Nursing Associates, Assistant Practitioners, Trainee Assistant Practitioners, Health Care Support Workers, Health Care Assistants, Phlebotomists, Pharmacists, Members of the Research and Development team, Trainee Physician Associates
Regularity of Update requirement:	No update required unless competency is lost through lack of clinical exposure to venepuncture. There is an expectation that clinicians trained in venepuncture will ensure they are working from the most recent and up to date policy.
Who is responsible for delivery of this training?	In house training or Biomerieux can be contacted for training in blood cultures for staff who are already competent in the skill of venepuncture
Have resources been identified?	In place already
Has a training plan been agreed?	In place already
Where will completion of this training be recorded?	<input checked="" type="checkbox"/> ULearn <input checked="" type="checkbox"/> Other – on personal records held by the clinician for revalidation
How is this training going to be monitored?	Via the Learning and Organisational Development Team in conjunction with the Clinical Educators

The NHS Constitution

The NHS will provide a universal service for all based on clinical need, not ability to pay. The NHS will provide a comprehensive range of services

Shape its services around the needs and preferences of individual patients, their families and their carers	√
Respond to different needs of different sectors of the population	√
Work continuously to improve quality services and to minimise errors	√
Support and value its staff	√
Work together with others to ensure a seamless service for patients	√
Help keep people healthy and work to reduce health inequalities	√
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	√

Stakeholders and Consultation

Key individuals involved in developing the document

Name	Designation
Julie Neville	Clinical Trainer Practice Development Nurse
Sue Swanson	Clinical Education Lead

Circulated to the following individuals for comment

Name	Designation
Caroline Barclay	Nurse Consultant Advanced Practice
Charlotte Gibbs	Acting Phlebotomy Service Team Leader
Amanda Hemsley	Senior Nurse Advisor IFC
Bernadette Keavney	Head of Trust Health and Safety Compliance
Claire Armitage	Lead Nurse AMH/LD
Debbie Leafe	Clinical Education Lead
David Bridge	Hospital Matron
Emma Wallis	Associate Director of Nursing
Fern Barrell	Risk Assurance Manager
Heather Darlow	Governance Lead CHS
Jane Howden	Hospital Matron
Joanne Edgar	Research, Innovation and Development Manager
Katie Willetts	Senior Nurse Specialist Nursing FYPC
Marie Butterworth	Clinical Team Lead (Diana)
Mark Randell	Paediatric Advanced Nurse Practitioner
Michelle Churchyard	Lead Nurse AMH/LD
Sarah Clements	Hospital Matron
Sarah Latham	Lead Nurse Community Hospitals
Susan Corr	Head of Research and Development
Suzanne Leatherland	Lead for Children's Phlebotomy and Childhood Nasal Flu Programme
Colin Bourne	Clinical Trainer Practice Development Nurse
Rachel Spibey	Phlebotomy Team Lead
Sarah Bowden	Hospital Matron
Michaela Ireland	Hospital Matron
Rebecca Goodband	Clinical Lead
Jonathan Dexter	Nurse consultant for advancing practice

Section 1	
Name of activity/proposal	Venepuncture and Phlebotomy
Date Screening commenced	1 st May 2020
Directorate / Service carrying out the assessment	CCHs
Name and role of person undertaking this Due Regard (Equality Analysis)	Sue Swanson Clinical Education Lead
Give an overview of the aims, objectives and purpose of the proposal:	
AIMS: Updating of the policy that prescribes the standards for undertaking venepuncture	
OBJECTIVES: To ensure that venepuncture is carried out by trained and competent staff in accordance with national guidelines. The Purpose is to: Maximise patient safety and guard against staff errors.	
Section 2	
Protected Characteristic	If the proposal/s have a positive or negative impact please give brief details
Age	No
Disability	No
Gender reassignment	No
Marriage & Civil Partnership	No
Pregnancy & Maternity	No
Race	No
Religion and Belief	No
Sex	No
Sexual Orientation	No
Other equality groups?	No
Section 3	
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.	
Yes	No
High risk: Complete a full EIA starting click here to proceed to Part B	Low risk: Go to Section 4. √
Section 4	
If this proposal is low risk please give evidence or justification for how you reached this decision:	

Undertaking venepuncture is often an essential component of medical care and cannot be seen as impacting positively or negatively upon any protected characteristic.

Signed by reviewer/assessor		Date	
------------------------------------	--	-------------	--

Sign off that this proposal is low risk and does not require a full Equality Analysis

Head of Service Signed		Date	
-------------------------------	--	-------------	--

PRIVACY IMPACT ASSESSMENT SCREENING

Privacy impact assessment (PIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet individual's expectations of privacy. The first step in the PIA process is identifying the need for an assessment.

The following screening questions will help decide whether a PIA is necessary.

Answering 'yes' to any of these questions is an indication that a PIA would be a useful exercise and requires senior management support, at this stage the Head of Data Privacy must be involved.

Name of Document:	Venepuncture Policy		
Completed by:	Sue Swanson		
Job title	Clinical Education Lead	Date	4/5/20
			Yes / No
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.			No
2. Will the process described in the document compel individuals to provide information about themselves? This is information in excess of what is required to carry out the process described within the document.			No
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?			No
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?			No
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.			No
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?			No
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.			No

8. Will the process require you to contact individuals in ways which they may find intrusive?	No
<p>If the answer to any of these questions is 'Yes' please contact the Head of Data Privacy Tel: 0116 2950997 Mobile: 07825 947786 Lpt-dataprivacy@leicspart.secure.nhs.uk In this case, ratification of a procedural document will not take place until approved by the Head of Data Privacy.</p>	
IG Manager approval name:	
Date of approval	

Acknowledgement: Princess Alexandra Hospital NHS Trust