

Phlebotomy

Primary Care

September 2025









National Guidance

Skin Decontamination for Phlebotomy



1. Key Principles

- Aseptic Non-Touch Technique (ANTT): Always use ANTT to minimize infection risk.
- Hand Hygiene: Perform effective hand hygiene before and after the procedure.
- Gloves: Wear appropriate gloves during the procedure.

2. Skin Preparation Steps

- **Inspect the Site:** Check for signs of infection or skin damage. Avoid sites with infection, inflammation, or scarring.
- Clean the Skin:
 - Use a **single-use 70% isopropyl alcohol swab** (or equivalent skin decontaminant) to clean the puncture site.
 - Apply the swab using a back-and-forth or circular motion for at least 30 seconds.
 - Allow the skin to air dry completely (do not blow or fan the site) before proceeding. This is crucial for
 effective decontamination and to avoid stinging or haemolysis.
- **Do Not Re-palpate:** Once the skin is cleaned, do not touch the site again unless wearing sterile gloves and using ANTT.

Tourniquet Use: Infection Prevention Guidance



1. Single-Use Tourniquets

- Best practice is to use single-use (disposable) tourniquets whenever possible.
 - This reduces the risk of cross-infection between patients
 - Single-use tourniquets should be disposed of after each patient.

2. Reusable Tourniquets

- If reusable tourniquets are used:
 - They must be decontaminated between each patient, following local policy and manufacturer's instructions
 - If visibly contaminated with blood or body fluids, they should be disposed of immediately.
 - Some trusts allow reusable tourniquets for low-risk patients but require single-use for high-risk or isolated patients

3. General Principles

- Tourniquets can be a source of cross-infection (including multi-resistant organisms) if not managed correctly
- Hand hygiene must be performed before and after applying or removing a tourniquet.
- Tourniquets should not be stored in pockets or left on surfaces where they may become contaminated.



Aseptic Non-Touch Technique (ANTT)

Microorganisms are EVERYWHERE!

- ☐ Microorganisms are invisible and occupy all spaces in the clinical environment.
- ☐ Harmful bacteria and viruses are easily carried around clinical environments.
- ☐ Healthcare environments often include atypical and resistant microorganisms.

ANTT is critical to prevent microorganism transference onto or into patients.



Definitions

Clean

Visibly clean- no marks or stains are seen by the eye.



Sterile

The complete absence of micro-organisms.



Aseptic

The absence of harmful micro-organisms in sufficient quantity to cause infection.



Asepsis

Asepsis is defined by Rowley and Clare as:

'Free from pathogenic microorganisms, in sufficient dose to cause infection'

Regardless of procedure, equipment or setting healthcare workers must have an 'aseptic intention' when caring for patients

IPC- The Basics



NHS England » Chapter 1: Standard infection control precautions (SICPs)

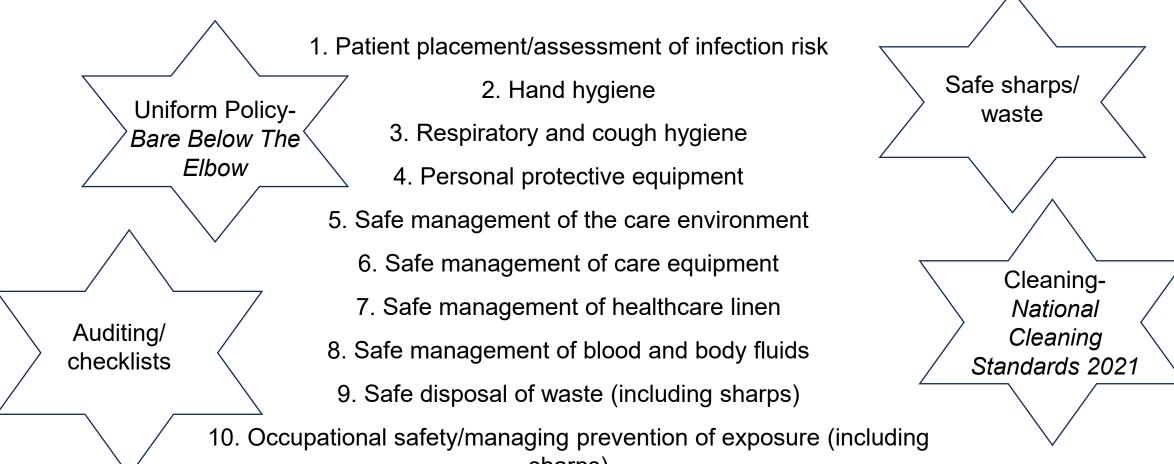
Standard infection control precautions (SICPs) are to be used **by all** staff, **in all** care settings, **at all** times, **for all** patients whether infection is known to be present or not, to ensure the safety of those being cared for, staff and visitors in the care environment.

SICPs are the basic infection prevention and control measures necessary to reduce the risk of transmitting infectious agents from both recognised and unrecognised sources of infection.



10 Elements of Standard Infection Control Precautions (SIPCs)

sharps)





References

- National IPC Manual for England (2025) (see Standard Infection Control Precautions)
- Community IPC Policy: Venepuncture (2023)
- NHS England: HCAI Compendium
- NHS England » Chapter 1: Standard infection control precautions (SICPs)
- Home –ANTT.org
- Resources Infection Prevention Control



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