



Adult Venepuncture/Phlebotomy Best Practice

Purpose

This document contains guidance in relation to best practice for staff who are attending/have attended Lancashire and South Cumbria Primary Care Training Hub's (L&SC PC TH) Adult Venepuncture/Phlebotomy training.

Introduction

This training offer is for educational purposes. While every effort has been made to ensure accuracy and alignment with current best practice, ultimate responsibility for clinical decisions, actions, and patient care lies with the individual health care professional and their employing organisation.

All practitioners must:

- Work within the scope of their professional role, training, and local policies and have explicit approval under local organisational policy for phlebotomy roles. .
- Follow relevant national guidance, including; Health & Safety at Work Act 1974, Health and Safety (Sharp Instruments in Healthcare) Regulations 2013, Local NHS Trust or organisational policies on infection control, consent, safeguarding responsibilities, and professional codes of conduct.
- Seek supervision and support as required and escalate any concerns regarding patient safety.

Completion of this training does not in itself authorise or guarantee competence in Adult phlebotomy. Competence must be assessed, signed off, and maintained in line with local governance procedures and professional requirements.

Lancashire and South Cumbria ICB have a Local Enhanced Service Specification

Please follow practice as per LES

Guidelines for Training and Competency: Adult Phlebotomy (Blood Sampling)

(These guidelines draw on principles from NHS competency frameworks, and common hospital practice).

1. Pre-requisites

- Staff undertaking training must:
 - Have an up-to-date DBS check (if in direct unsupervised patient contact).
 - Have completed core mandatory training (infection control, safeguarding children, basic life support).
 - Have as part of job specification

Supervised Practice

- Initial attempts must be carried out **under direct supervision** by a competent phlebotomy practitioner following training.

- The number of supervised procedures required varies by organisation so you must be led by local policy, but a bare minimum of **5–10 successful supervised venepunctures** is common before signing off competence.
- It should be considered each individual may differ in confidence at performing therefore before signing off competence please consider some may need more supervision till competent and this should be mutually agreed.
- Reflection and debrief should follow each supervised attempt.

Competency Assessment

Competency should be formally assessed using a structured tool/checklist, often based on organisational policy. Assessment domains typically include:

- Preparation (checks, consent, infection control).
- Communication with patient and parent/carer.
- Correct equipment selection.
- Technical skill (vein selection, needle insertion, blood collection, sample handling).
- Pain minimisation and patient comfort.
- Aftercare (haemostasis, dressing, reassurance).
- Documentation and reporting.
- Recognition and management of complications.

Competency must be signed off by an **experienced, designated assessor** (usually a senior nurse, consultant, or phlebotomy trainer).

Ongoing Competence

- There is currently no requirement for phlebotomy to refresh training but to maintain quality and best practice recommendation is that a phlebotomist should maintain their CPD like any other clinical role. After 12 months of inactivity we would recommend a refresher as a standard.
- Incident reports, complaints, or adverse events should trigger a review of competence.

Example Competency Checklist

This will be provided by Caring for Care after the face to face course.

Best Practice Guidance

- Obtain valid consent in line with local policy (Gillick competence, parental responsibility).
- Always carry out a dynamic risk assessment of the environment before proceeding.
- Prepare equipment in advance and ensure availability of age-appropriate distraction and comfort techniques.
- Follow aseptic non touch technique for this procedure (see Lancashire and South Cumbria Infection Control Guidance)
- Follow the “three-point check”: correct patient, correct test, correct labelling.
- Use the smallest suitable gauge needle, minimising the risk of pain and distress.
- Engage parents/carers appropriately — they should support but not physically restrain the patient.

- If a sample cannot be obtained safely after two attempts, escalate in line with local escalation policy.
- Record all procedures accurately, including difficulties encountered, adverse events, and actions taken.
- Local policy must be followed for the disposal of sharps and other clinical and non-clinical waste for example -
 - Discard the used needle and syringe or blood sampling device into a puncture resistant sharps container.
 - Discard used items into the appropriate category of waste as per local policy

Aftercare & Escalation

- Provide reassurance and positive reinforcement to the patient after the procedure.
- Apply appropriate dressings and check for bleeding.
- Report any sharps injuries, safeguarding concerns, or significant adverse incidents immediately in line with organisational policies.

Review & Monitoring

This guidance is reviewed annually or sooner if national standards change.

Please note if attending this course from out of Lancashire and South Cumbria you should follow local policy and guidelines.

Further links



Phlebotomy LES
2526.pdf

[National Association of Phlebotomists - Home](#)

[WHO guidelines](#)

[Best practice in phlebotomy](#)

[Clinical skills venepuncture - YouTube Video \(from Teach Me Surgery\)](#)

[Venepuncture Introduction/Update](#)

[Venepuncture Policy for General Practice - Infection Prevention Control](#)