

Venepuncture and Peripheral Cannulation

Policy Number 1.425

Policy Function Continuum of Care

Issue Date 22 March 2019

Summary Access to a patient's venous system to obtain a blood sample or to administer intravenous fluids or medication via a peripheral cannula, is an essential part of healthcare.

This policy directs the responsibilities of nursing staff performing venepuncture and/or peripheral cannulation.

Responsible Officer Executive Director Clinical Operations

- Applicable Sites**
- Administration Centres
 - Community Sites (e.g. Court Liaison Service, Community Integration Team, etc.)
 - Health Centres (Adult Correctional Centres or Police Cells)
 - Health Centres (Juvenile Justice Centres)
 - Long Bay Hospital
 - Forensic Hospital

Previous Issue(s) Policy 1.425 (Jul 2014; Sep 2010)

- Change Summary**
- Venepuncture is considered to be a core skill for all Justice Health and Forensic Mental Health Network (the Network) primary health and mental health nurses.
 - There is an expectation that centres/wards have an adequate number of accredited staff to facilitate blood collection requirements.
 - Completion of cannulation accreditation is discretionary for all nursing staff.
 - Only nursing staff who have completed the Network's Clinical Skills Training Workshop (Venepuncture/PPE) (course code: 40056836) are authorised to supervise and assess nurses in those skills.
 - Venepuncture or peripheral cannulation must only be performed using the devices approved by the Equipment Products & Imprest Committee (EPIC) and for which the nurse has been trained and assessed as demonstrating competency and safety.

- Both the Network's Venepuncture and Peripheral Cannulation Procedures are contained in the Network's [Primary Care Procedures](#) section on the intranet.
- The Networks initial Venepuncture eLearning training module (course code: 179426451) will be delivered online via My Health Learning and the Learning Management System (LMS) rather than a paper workbook based.
- The Annual Reaccreditation Form renamed the Annual Currency of Practice Form. Venepuncture accredited staff will have the requirement of completion of the form appear on their My Health Learning page in the My Online Learning section.

TRIM Reference POLJH/1425

Authorised by Chief Executive, Justice Health and Forensic Mental Health Network

1. Preface

Access to a patient's venous system to obtain a blood sample or to administer intravenous fluids or medication via a peripheral cannula is an essential part of healthcare. Venepuncture and peripheral cannulation are high risk procedures for the patient and for the healthcare professional. Medical and nursing staff must adhere to best practice guidelines to reduce the risk of adverse events for the patient and the healthcare professional when using a venous access device.

2. Policy Content

2.1 Mandatory Requirements

This policy directs the responsibilities of medical and nursing staff performing venepuncture and/or peripheral cannulation along with the general requirements for all staff involved in venepuncture and cannulation.

2.2 Implementation - Roles & Responsibilities

For all staff involved in venepuncture and cannulation:

- Collection of blood samples must comply with the Justice Health and Forensic Mental Health Network's (The Network) [Venepuncture Procedure](#).
- Insertion of peripheral cannulas must comply with the Network's [Peripheral Cannulation Procedure](#).
- All staff that perform venepuncture and peripheral cannulation procedures requiring aseptic techniques, must comply with the requirements of the Network's Policy [1.246 Aseptic Technique Policy](#)
- All staff must comply with the 5 moments for hand hygiene to prevent healthcare associated infections.
- All staff must comply with wearing appropriate personal protective equipment (PPE) when performing venepuncture and peripheral cannulation.

For nursing staff involved in venepuncture and cannulation:

- Nursing staff (Registered Nurses, Enrolled Nurses and Assistants in Nursing) are encouraged to complete the Network's venepuncture accreditation program within 12 months of commencement of employment within the Network.
- Nursing staff must be aware of the process for obtaining authorisation to perform venepuncture and/or peripheral cannulation.
- Nursing staff must be aware of training requirements to perform venepuncture and/or peripheral cannulation, which are documented in the Network's Venepuncture and Peripheral Cannulation Program, including recognition of prior learning.
- Nursing staff must refer to the Network's Emergency Response Guidelines ([Adult](#) or [Adolescent](#) as appropriate) along with the Network's [Medication Guidelines](#) when administering intravenous medications.

For Nursing Unit Managers

- Nursing Unit Managers (NUMs) must ensure that their health centre(s)/wards have an adequate level of trained staff to ensure timely collection of pathology requests.

- NUMs must ensure they have systems and records in place to ensure that only appropriately trained staff are given the role of pathology collection.

For Education and Training

- Education and Training will maintain a training program to support health centres/wards in providing venepuncture and cannulation in accordance with this policy.

3. Procedure Content

- Completion of the Networks Venepuncture eLearning Program (course code: 179426451) and associated competency assessments, are used to demonstrate safe and competent practice. Assessment documents are uploaded into staff members HPRM personnel file as a corporate record of accreditation. The LMS must also be updated to reflect accreditation. This is completed either locally or by Education and Training (E&T). Nursing staff must have successfully completed the Network's Venepuncture Program prior to performing unsupervised venepuncture.
- Cannulation accreditation is gained by completing the paper based cannulation workbook and completing competency assessments with an accredited assessor.
- Venepuncture and cannulation must only be performed using the devices which have been approved by EPIC and for which the nurse has been trained and formally assessed as demonstrating competency in safely using the device.
- Nurses must, in the first instance, submit the [Annual Venepuncture Currency of Practice Form](#) to their Nursing Unit Manager (NUM) for signing and uploading to the staff member's HPRM personnel file. The HPRM link must then be forwarded to the [LMS Helpdesk](#) via email for updating on HPRM.
- The Network's E&T Unit is responsible for coordinating the Venepuncture and Peripheral Cannulation Program.

3.1 Venepuncture

- Venepuncture must only be performed by appropriately qualified nursing staff who have completed the Network's Venepuncture program, or by Medical Officers.
- Pathology requests must only be initiated by nurses who are authorised under their scope of practice. In all other circumstances the pathology must be ordered by a Medical Officer.
- Collection of blood samples must comply with the Network's [Venepuncture Procedure](#).
- Except in emergency situations, staff are not to perform venepuncture or cannulation on other staff members, visitors or contractors. This includes for any routine blood samples, treatments or for training purposes.

3.2 Peripheral Cannulation

- Peripheral cannulation must only be performed by appropriately qualified nursing staff who have completed the Network's Cannulation Program, or by Medical Officers.
- Insertion of peripheral cannulas must comply with the Network's [Peripheral Cannulation Procedure](#).

4. Definitions

Must

A mandatory action that is required to be complied with.

Should

A recommended action that ought to be followed unless there are sound reasons for taking a different course of action.

5. Legislation and Related Documents

Network Procedures &
Documents

[1.246 Aseptic Technique Policy](#)

[Infection Prevention & Communicable Diseases Resource](#)

[Peripheral Cannulation Procedure](#)

[Venepuncture Procedure](#)

NSW Ministry of Health
Policy Guidelines

[GL2013_013 Peripheral Intravenous Cannula \(PIVC\) Insertion and Post Insertion Care in Adult Patients](#)