

**Institution Name:** Directorate General of Nursing Affairs, MoH**Document Title:** Policy & Procedure on Venipuncture**Approval Process**

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Table of Contents:

1.Acknowledgment.....	2
2. Acronyms:	3
3. Introduction	4
4. Scope	4
5. Purpose	4
6. Definitions	4
7. Policy	5
8. Procedure:.....	5
9. Responsibilities.....	6
10. Document History and Version Control.....	8
11. Related Documents:.....	8
12. References:	9



Acknowledgment

Directorate General of Nursing Affairs would like to thank and appreciate all those who participated in writing up and reviewing this policy in particular the following team:

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Acronyms:

MoH	Ministry of Health
DGNA	Directorate General of Nursing Affairs
HQ	Headquarters
DGQAC	Directorate General of Quality Assurance Center
IV	Intravenous
PPE	Personal Protective Equipment



Policy & Procedure on Venipuncture

1. Introduction

Venipuncture is the most common invasive procedure being carried out in all health care institutions for which the health care workers must be well trained and competent to perform. Venipuncture breaches the circulatory system, therefore standard infection control measures shall be adhered to by all staff to minimize the risk of injury and/or infection to both patient and staff when undertaking this procedure. This document is to protect the patient and the nurses during the procedure of venipuncture, to ensure there is consistent practice across all health care institutions under the Ministry of Health, and to reduce the incidence of complications associated with venipuncture procedure. Evidence informed procedures related to this policy can be found within your healthcare institution on the Al Shifa Health Information System.

2. Scope

This policy applies to all staff nurses working in the Ministry of Health Care Institutions and Private Institutions.

3. Purpose

- 3.1 To provide a proper guide to nurses on venipuncture and to ensure client safety.
- 3.2 To provide a clear picture on the roles and responsibilities of all levels of nursing in terms of training and compliance on safe venipuncture procedure.

4. Definitions

- 4.1 Venipuncture/ Phlebotomy: Is the act of drawing blood from the circulatory system through an incision or puncture in a vein with a needle in order to obtain a sample for any therapeutic purpose, including hematological, biochemical or bacterial analysis and diagnosis.
- 4.2 Competence: The ability of the registered nurse or midwife to practice safely and effectively fulfilling his/her professional responsibility within their scope of practice.



- 4.3 Personnel Protective Equipment: Is equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses. It may include items such as gloves, safety glasses and shoes, earplugs or muffs, hard hats, respirators, or coveralls, vests and full body suits.
- 4.4 Education provider: A member from hospital training department, responsible on training employees on specific skills related to patient care.

5. Policy

- 5.1 Competency training will involve assessment of venipuncture techniques.
- 5.2 Individual nurses under training may have as many supervised venipuncture technique practices as they deem necessary prior to entering their final competency assessment.
- 5.3 Individual nurses who successfully demonstrate the achievement of the training program outcomes are eligible to practice the procedure.
- 5.4 Following successful training outcomes, individual nurses will be responsible for remaining clinically updated.
- 5.5 Nurses to perform a minimum standard of 10 safe and effective Peripheral venipuncture within a stated timeframe of (two months), before being certified.
- 5.6 Lapses of practice greater than six months require reporting to the Directors/Heads of Nursing/Supervisors/Unit Heads and In-Charges. Therefore, updating can be provided by the accredited education provider.
- 5.7 All staff practicing this procedure will undergo formal update and refresher training every four years.

6. Procedure

- 6.1 All nurses can access the procedure from the Nursing Lippincott Manual in the Al Shifa Health Information System under the heading IV venipuncture. In case of unavailability of lippincott manual in Al Shifa, hard copy is available, and accessible.
- 6.2 The nurse shall follow Infection control measures (as per infection control policy) including hand hygiene, Personal Protective Equipment (PPE), careful disposal of sharps as significant measures to minimize risk to staff and patients.



- 6.3 Nurses will be trained by an approved education provider who will ensure training is provided by a registered practitioner in line with the DGNA Code of Professional Conduct (2011). The assessment result will be considered as an official documentation and considered as an evidence of an individual's competency.
- 6.4 Individual nurses that successfully demonstrate the achievement of the training program outcomes are eligible to practice the procedure.

7. Responsibilities

7.1 Directorate General of Nursing Affairs, MoH HQ

- 7.1.1 Facilitate communication related to policy implementation and evaluation with key stakeholders.
- 7.1.2 Monitor and evaluate policy implementation focusing on patient-centered care and safe and effective practice.

7.2 Director/ Head of Nursing Services (DNS)

- 7.2.1 Effectively ensure that this policy is being carried out.
- 7.2.2 Oversee the local control of and the implementation of the Venipuncture policy.
- 7.2.3 Monitor and follow up of the policy implementation within the Institution/ Governorate.
- 7.2.4 Facilitate and ensure the availability of resources required to implement the policy.

7.3 Unit Head and Nursing In-Charges in Health Care Institutions

- 7.3.1 Ensure all nurses in the unit have been trained in the stated procedure.
- 7.3.2 Submitting a nomination list to the Professional Development Head by the Unit head/In-Charges.
- 7.3.3 Monitor and follow up all nurses trained to ensure their competency.
- 7.3.4 Responsible for rationalizing for additional training if required.

7.4 Head of Professional Development

- 7.4.1 Provide competency-based training for nurses that enable them to perform peripheral venipuncture safely and effectively in clinical practice.
- 7.4.2 Ensure trainers are registered practitioners currently certified and competent in peripheral venipuncture.
- 7.4.3 Ensure training is provided for nominated nurses that meet the inclusion criteria.



7.4.4 Develop transparent processes that enable nurses who are unsuccessful to re-take part of the training and assessment to enable them to demonstrate safe and effective practice.

7.4.5 Evaluate the quality of training programs and makes the required changes to improve the training curriculum.

7.5 Staff Nurses

7.5.1 Comply with this policy.

7.5.2 Check the right patient/client gets the right treatment at the right time provided by the right person, who demonstrates safe and effective practice within a framework of patient safety and patient-centered care.

7.6 Assessors:

7.6.1 Assessors must be registered practitioners who are currently certified and competent in peripheral intravenous venipuncture.

6.6.2 Ensure nurses perform the minimum standard of 10 safe and effective Peripheral venipuncture within a stated timeframe of (two months).

6.6.3 Safeguard patients through the implementation of robust assessment processes and mark nurses unsuccessful if they do not achieve the stated learning outcomes.



8. Document History and Version Control

9. Document History and Version Control			
Version	Description of Amendment	Author	Review Date
01	Initial Release	National IV Therapy Taskforce Member	January/ 2022
02			
03			
04			
Written by	Reviewed by	Approved by	
National IV Therapy Taskforce Member	DGNA Team	Dr. Majid Al Maqbali Director General of Nursing Affairs	

10. Related Documents:

- 10.1 National Guard Health Affairs, Infection Prevention & control Manual, (2013) 2nded, Gulf Cooperation Council – Centre for Infection Control. Riyadh 11426, *Kingdom of Saudi Arabia* IV Cannulation Policy & Procedure.
- 10.2 DGNA, (2011) Code of Professional Conduct for Nurses in Oman
- 10.3 Lippincott's Nursing Procedures – IV Catheter Insertion, IV Administration set priming, IV Bag preparation, IV Bolus Injection, IV Bottle preparation (non-vented), IV Bottle preparation (vented), IV Catheter removal, IV Heparin Administration, Venipuncture.

**11. References:**

Title of book/ journal/ articles/ Website	Author	Year of publication	Page
Lippincott Nursing Procedures.Venipuncture (Revised 3rd April 2015) <i>Lippincott Nursing Procedures</i> ,	Wolters Kluwer	(2015)	1-34
Oman Nursing & Midwifery Council, Code of Professional Conduct for Nurses in Oman, Sultanate of Oman, <i>ONMC</i>	Oman Nursing & Midwifery Council	(2011).	
National Guard Health Affairs, Infection Prevention & control Manual, 2nded, Gulf Cooperation Council – Centre for Infection Control. Riyadh 11426, <i>Kingdom of Saudi Arabia</i>	National Guard Health Affairs, Riyadh	(2013)	
Directorate of Nursing Affairs, Intravenous Therapy Manual, Ministry of Health, <i>Sultanate of Oman</i>	Directorate of Nursing Affairs	(2006)	