

## **Blood Collection Hand Hygiene Practice Guidelines**

### **Background:**

Like any procedure, during the collection of blood there is a risk of direct introduction of pathogens into a patient's body<sup>(1)</sup>. Effective hand hygiene immediately prior to performing any procedure is the single most effective way to minimise the risk of transmission of microorganisms<sup>(1)</sup>. HHA recommend the following guidelines as the "Gold Standard" in hand hygiene during the collection of blood specimens.

### **Method:**

1. Identify all required equipment, retrieve required items from trolley/ storage area and place everything in kidney dish.
2. Take all equipment required into patient zone.
3. **Perform Hand Hygiene**
4. Check patient identification
5. Prepare needle and vacutainer, place in kidney dish.
6. Position patient for procedure
7. Apply tourniquet to palpate and identify appropriate vein \*
8. Release tourniquet so that it remains in position but is not restricting blood flow
9. Ensure patient positioned and equipment ready for procedure
10. Tighten tourniquet \*\*
11. **Perform Hand Hygiene**
12. **Don Gloves**
13. Swab area, perform venipuncture (release tourniquet during procedure where appropriate) place tubes in kidney dish
14. Apply cotton ball and pressure (where possible ask patient to hold and apply pressure)
15. Discard sharps
16. Collect all rubbish and dirty items and dispose
17. Doff gloves
18. **Perform Hand Hygiene**
19. Return to patient , check site and apply tape
20. Reposition patient as required
21. Return to trolley, label tubes and bag
22. **Perform Hand Hygiene**

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Notes:

- \*Setting up the patient and application of tourniquet must always take place prior to performing hand hygiene and donning gloves for venipuncture.
- Tourniquets are commonly used on multiple patients and are have the potential to become highly contaminated <sup>(2)</sup>.
- Tourniquets are non critical items and require thorough cleaning between patients<sup>(3)</sup>. Where practicable, a clean tourniquet should be used for each patient.
  
- \*\*Touching an applied tourniquet after performing hand hygiene can recontaminate the users hands (with the patients own skin flora).
- After performing hand hygiene and donning gloves for needle insertion it is best practice NOT to manipulate the applied tourniquet, although this may be unavoidable due to individual patient or clinician needs.
- If the tourniquet is touched after donning gloves, (e.g. for tightening and releasing purposes) contact should be kept to a minimum.

Reference:

1. World Health Organisation (WHO). WHO Guidelines on Hand Hygiene in Health Care. In: World Alliance for Patient Safety, editor. First Global Patient Safety Challenge Clean Care is Safer Care. 1 ed. Geneva: World Health Organisation Press; 2009.
2. World Health Organisation (WHO). WHO guidelines on drawing blood: best practices in phlebotomy. Geneva: World Health Organisation Press; 2010.
3. Australian Guidelines for the Prevention and Control of Infection in Healthcare. National Health and Medical Research Council. Australian Government 2010