County Durham and Darlington NHS Foundation Trust

POLICY/PROCEDURE CONTROL SHEET

Reference Number	POL/N&Q/0044	Version Number	5.0
Title	Policy for Taking Blood Cultures		

Document Type	Policy	Status	Approved

Prepared by (author)	Dr Kathryn Molyneux
Speciality	Microbiology/Infection Prevention & Control
Reviewing Committee	Infection Control Committee
Approval Committee	Executive Patient Safety and Experience Committee
Ratification Committee	Integrated Quality Assurance Committee
Ratification Date	19/10/2021
Expiration Date	31/10/2024
Signature of Chair	
Name of Chair	Noel Scanlon, Executive Director of Nursing

Version Control

Version Number	Date Ratified	Reason for Revision	Brief Description of revisions made
1.0	2008	Choose an item.	Superseded
2.0	2008	Choose an item.	Superseded
3.0	2009	Choose an item.	Superseded
4.0	2013	Choose an item.	Superseded
4.1	2016	Choose an item.	Superseded
4.2	2019	Choose an item.	Superseded
5.0	2021	Choose an item.	Draft
		Choose an item.	
		Choose an item.	
		Choose an item.	

Procedural Document Validity Statement

Users of this document should ensure that they are using the current signed version of this documentation. The guidance will remain valid, including during any period of review, for the duration stated above. The document must be reviewed at least once every three years, or sooner if there is a change to national guidance/practice.

This template should be completed in conjunction with POL/CA/0001 (Policy for Policies)

		Choose an item.	
		Choose an item.	
		Choose an item.	
		Choose an item.	

Contents

1 Introduction

Taking blood for culture is an important procedure. Blood cultures are used to detect the cause of an infection leading to bacteraemia. The results are important because they help guide appropriate treatment. Micro-organisms are present on the skin surface and these can result in contamination of blood cultures. Contamination can cause confusion because it is sometimes difficult to determine if a positive blood culture is due to genuine bacteraemia or if it is a false positive result caused by contamination. Contaminated blood cultures can therefore lead to patients receiving inappropriate treatment which they do not need and which can be potentially harmful. Contaminated blood cultures also affect surveillance data. This can affect the Trust's targets, such as the achievement of reductions in MRSA bacteraemia. An audit in 2018 showed 3.5% of blood cultures were contaminated. It is important to take blood cultures correctly in order to minimise the risk of this contamination occurring.

Conversely failure to take blood cultures when it is appropriate to do so can lead to ineffective treatment being continued, insufficient duration of treatment being given and can lead to delays in diagnosis of significant infections such as endocarditis.

Failure to take appropriate cultures can also lead to prolonged courses of broad spectrum antibiotics as pathogen identification and sensitivity information is not available. This carries an increased risk of C difficile infection and of promoting the development of antibiotic resistance.

This guideline details how to take blood cultures correctly. The aim is that blood cultures should be taken:

1. When there is an appropriate indication.
2. At the correct time.
3. Using the correct technique.

NICE (2014) includes guidance on taking blood cultures. This policy is based on that guidance.

2 Purpose and Definition

The purpose of this policy is to ensure that all staff involved in the taking of blood culture within County Durham and Darlington Foundation Trust (CDDFT) are aware of the indications and procedure for taking the specimen.

This policy is a statement of corporate intent which members of staff, Trust wide, must follow when managing patients who are having blood cultures taken.

3 Scope

This Policy applies to all staff within County Durham and Darlington NHS Foundation Trust.

> The 'CDDFT Group' includes CDDFT and its wholly owned subsidiary; County Durham and Darlington NHS Services (CDD NHS Services). Any reference to the 'Trust' shall be interpreted as a reference to the Trust Group

This policy/procedure also applies to persons who, although not employed by The Trust, have authorised access to the Internet through the computers owned or managed by The Trust. This includes staff working for any affiliated organisations.

4 Duties

Trust staff who are responsible for the decision to take and the actual obtaining of blood cultures are required to be familiar with the content of this guideline. Line managers must ensure that systems are in place to disseminate content to staff and that, where appropriate, records are maintained to provide assurance that this has been undertaken.

5 Main Content of Policy

5.1 Appropriate Indications for Taking Blood Cultures

The decision to take blood cultures needs careful thought. Reasons to consider taking blood cultures might include:

- The core temperature is outside of the normal range.
- The temperature cut off for neutropenic patients is 37.5° C.
- Tachycardia with or without hypotension (shock).
- Chills or rigors.
- Unexplained deterioration in the patient's condition.
- Development of unexplained confusion.
- There are focal signs of infection.
- A very high or very low white blood cell count.
- If treatment with broad spectrum IV antibiotics is being initiated (e.g. Piperacillin tazobactam)
- Sepsis bundle triggered.

Not all patients with some of the above symptoms will require blood cultures (e.g. low grade fever within 24 hours of surgery is not very specific for bacteraemia). Conversely this list is not exhaustive and blood cultures will be required in some patients who do not have any of the above symptoms. In the very young and in the elderly signs of infection may be absent or minimal. Clinical judgement is required to decide when there is a reasonable possibility that a patient has an infection where blood cultures may be useful.

When sending a blood culture please make sure to inform the laboratory about: clinical diagnosis; any travel history; current antibiotic treatment and any allergies

As a rule, blood cultures must not be drawn from a central line. There are however two specific exceptions:

1. **During the aseptic insertion process by the individual inserting the central line where patient sepsis is suspected and blood cultures are indicated.** Under these circumstances, the individual remains sterile and draws the blood for culture from the sterile line once in situ. Blood cultures taken at this time should be labelled as 'peripheral'. Once the line has been secured in place and the procedure concluded, further blood cultures must not be taken from the central line except in scenario (2) below where a line infection is suspected.

2. In the case of a suspected line infection. Where a line infection is suspected, samples must be drawn firstly from a peripheral vein and then secondly from the proximal port of the

central line (only if the central line has been insitu for longer than 48 hours). Blood cultures taken from the CVC at this time should be labelled as 'from central venous catheter'. Please refer to the trust blood culture guideline (GUID/N&Q/0044). If peripheral cultures cannot be obtained two or more samples should be taken from different lumens.

5.2 Staff Taking Blood Cultures

The decision to take blood cultures should always be made following an assessment of the patient. Appropriate support and advice should be sought from senior members of the clinical team especially if sepsis criteria are met.

Where staff are undertaking any clinical skill they must be sure that they are competent to do so. This would include a requirement that they are aware of current policy and best practice guidelines where they exist.

5.3 Timing of Blood Cultures

Blood cultures should be taken as soon as bacteraemia is suspected and before the administration of antibiotic therapy. If a patient is already receiving antibiotics, then blood cultures should be taken as soon as possible. The taking of blood cultures should be documented in the patient's notes including the date, time, site taken from and the indication(s).

5.4 Blood Culture Procedure Packs

All equipment required for taking a blood culture is contained in the blood culture procedure pack. This includes:

Equipment	**Rationale/Use**
Sterile dressing pack.	Blood cultures should be undertaken using a strict aseptic technique.
Sterile gloves.	As above.
Chloraprep 1.5ml (2% chlorhexidine in 70% alcohol solution).	To clean the skin. 2% chlorhexidine removes more microbes than an alcohol solution alone.
Two 2% chlorhexidine in 70% alcohol wipes	To clean each top of the blood culture bottles and allow to air dry.
Blood culture bottles.	Aerobic and anaerobic. A separate bottle is used for paediatrics and is included in paediatric blood culture packs.
Butterfly safety collection device.	Blood cultures must be collected using this device and they must NOT be collected using a needle and syringe.
Disposable tourniquet.	Disposable/sterile equipment must be used when taking blood cultures.
Microbiology request form.	This must be completed fully. Failure to complete fully will result in the lab contacting you for information

All procedure packs will be available on all wards

5.5 Technique for Taking Blood Cultures

Blood cultures should be taken using a new peripheral venepuncture site. Blood cultures should not be taken from existing central or peripheral venous cannulae. The only exception to this rule is if it is believed that the line may be the source of bacteraemia. It is then appropriate to take blood from both the line and from the peripheral vein. The peripheral vein sample should always be collected first.

Blood cultures should not be taken from veins which are immediately proximal to existing venous cannulae. Blood cultures should not be taken from the femoral vein, as it is very difficult to disinfect the skin adequately, so there is a high risk of contamination.

5.5.1 Taking Peripheral Blood Cultures

ACTION	RATIONALE
Decontaminate hands.	To prepare for procedure.
Gather appropriate equipment. Cleaned aseptic dressing trolley Gather equipment on below shelf: Blood culture collection pack Sharps box Apron	To ensure all equipment is available for the procedure and that the procedure goes smoothly and has no unnecessary interruptions.
Check specimen request form.	To ensure correct bloods are taken
Introduce yourself, check patient identification. A minimum of three patient identifiers must be present; e.g. full name, unit number or NHS number, date of birth.	To ensure bloods are taken from the correct patient.
The form must be completed by the requesting doctor/other appropriate health care professional with all the relevant clinical details completed.	To ensure appropriate information is available to the laboratory. To ensure correct specimen(s) are obtained and that they have been authorised.
Explain the procedure and obtain verbal informed consent.	To obtain co-operation and reduce anxiety. To ensure that the patient understands and consents to the procedure.
Identify any previous venepuncture problems and medical history; e.g. difficult access, allergies to tape, cleaning agents, lymphoedema present, limb deformities, past CVA etc., allowing the patient time to ask any questions.	To enable any previous problem the patient may have experienced with venepuncture or any preferences they may have to be identified and discussed. To identify the most appropriate site and any medical condition that may influence the procedure.
Obtain assistance from other staff if required e.g. nervous or confused patient.	To provide support for patient and yourself.
Position the patient either sitting or lying ensuring their comfort and support chosen limb.	To ensure both patient and operator are comfortable.
Check lighting, ventilation, privacy and positioning in both in-patient and out-patient setting.	To ensure environment is appropriate.
Decontaminate hands and put on apron.	To minimize the risk of cross infection.
Open all sterile packaging and place on an aseptic trolley.	To ensure no equipment is damaged and to maintain asepsis throughout.
Flick off plastic cap from blood culture bottles with fingers. Clean the rubber top of each blood culture bottle with 2% chlorhexidine in 70% alcohol separate wipe for 30 seconds and leave to air dry for 30 seconds on side of trolley.	To adequately prepare blood culture bottles

ACTION	RATIONALE
Apply clean tourniquet above injection site (do not leave in place for longer than two minutes).	To dilate the veins by restricting the venous return. To prevent accuracy of sample being affected.
If dilation does not occur the patient is asked to clench and unclench fist if possible.	To increase the prominence of the veins.
Decontaminate hands.	To maintain asepsis and protect practitioner. Minimise the risk of infection.
Visually inspect and then palpate the site prior to choosing vein.	To ensure the most suitable vein is accessed and reduce the risk of causing local tissue damage or systemic infection.
Gently but firmly clean patient's skin with Chloraprep1.5mls (2% chlorhexidine in 70% alcohol solution) Allow to air dry for 30 seconds to completely remove skin bacteria. Do NOT re-palpate. If the patient has intolerance to chlorhexidine, a povidone iodine solution should be used instead.	To remove transient organisms and reduce the patients skin flora. To prevent contamination of specimen and reduce the risk of the alcohol affecting the biochemical results. To prevent cross contamination.
Put on sterile gloves.	To protect practitioner and minimise cross contamination.
Anchor the vein using manual traction a few centimetres below the insertion site.	To immobilise the vein and to provide counter tension to facilitate and allow a smoother needle entry.
Puncture the vein with a butterfly needle.	To ensure a successful pain free venepuncture.
First pick up the aerobic bottle (blue) with a sterile piece of gauze keeping the bottle in a vertical position then anaerobic (gold) secondly. Collect 8-10ml of blood in each bottle (be aware that bottles do not have a pre-set vacuum and will continue to fill). For paediatric blood cultures please seek specialist advice.	To prevent cross contamination of additives from bottles.
If additional bloods required, they should be taken at this point taking note of the order of draw.	To obtain accurate blood samples.
Once all samples have been collected remove last tube and release tourniquet.	To decrease pressure in the vein and prevent a haematoma forming. Vacuette tubes must be removed from holder before tourniquet released
Place a piece of sterile gauze over the puncture site and remove the needle (activating the safety aspect fully before applying pressure to the puncture site).	To occlude the bleeding site. To reduce the risk of sharps related injury.
Apply digital pressure directly over the puncture point until bleeding has ceased.	To prevent further trauma to the vein.
Avoid bending the arm or rubbing the venepuncture site when removing the piece of gauze.	To minimise bleeding from the vein and prevent haematoma formation.
Discard all needles and used sharps directly into sharps box at point of use.	To prevent needle stick injuries.
Inspect the puncture site and when bleeding has stopped apply appropriate dressing, checking for allergies to dressing.	To prevent bleeding and raise the awareness of puncture site to other staff.

ACTION	RATIONALE
Discard clinical waste into appropriate receptacles.	To ensure safe disposal to avoid injury to staff.
Label specimens immediately in the presence of the patient. Transport to the Laboratory in the appropriate containers according to Trust Policy or ensure specimens are placed in arranged area for collection / transportation. Do not refrigerate samples.	To ensure the appropriate identification and safe transfer of blood products.
Where patients are known or thought to have a blood borne infection attach a 'danger of infection' sticker to the request form.	To ensure that lab staff are aware of increased risk when processing sample.
Remove gloves and decontaminate hands.	To minimise risk of infection.
Document procedure.	To ensure patients care is communicated and continuity of care

5.5.2 Blood cultures taken from central lines

As a rule, blood cultures must not be drawn from a central line. There are however two specific exceptions:

- **During the aseptic insertion process by the individual inserting the central line where patient sepsis is suspected and blood cultures are indicated.** Under these circumstances, the individual remains sterile and draws the blood for culture from the sterile line once in situ. Blood cultures taken at this time should be labelled as 'peripheral'. Once the line has been secured in place and the procedure concluded, further blood cultures must not be taken from the central line except in scenario (2) below where a line infection is suspected.
- **In the case of a suspected line infection.** Where a line infection is suspected, samples must be drawn firstly from a peripheral vein and then secondly from the proximal port of the central line (only if the central line has been insitu for longer than 48 hours). Blood cultures taken from the CVC at this time should be labelled as 'from central venous catheter'. Please refer to the trust guideline for the management of central lines (Adult) UID/N&Q/0040

5.5.3 General principles of blood cultures from central lines

This is a strictly aseptic technique.

Blood sampling from a central line should only be carried out by a qualified health care professional who has undertaken the appropriate training. Blood sampling from a central line should only be carried out when peripheral blood draws are unobtainable, or in patients with extremely poor peripheral access.

If clinically safe, all infusions should be stopped for one full minute before taking blood samples (medical team to agree prior to procedure), to prevent unreliable blood results.

5.5.4 Obtaining Blood Cultures from a Central Line

ACTION	RATIONALE
Decontaminate hands	To prevent cross contamination
Cleaned aseptic dressing trolley Gather equipment on below shelf: Blood culture collection pack (contains most equipment required) in addition also have: Relevant blood sampling tubes and blood forms (where appropriate) Extra 10ml syringes needed(according to how many lines is going to be accessed), Extra 2% chlorhexidine in 70% alcohol wipes(according to how many lines is going to be accessed), Vials of 10 ml sodium chloride 0.9% (according to how many lines is going to be accessed), One blunt needle Sharps box Apron	To prepare for procedure (DH 2010).
Introduce self and explain the procedure and obtain verbal informed consent.	To obtain co-operation and reduce anxiety. To ensure that the patient understands and consents to the procedure.
Identify patient with three patient identifiers e.g. full name, unit number or NHS number, date of birth.	To prevent blood withdrawal from the wrong patient and subsequent errors.
Decontaminate hands and put on apron.	To prevent cross contamination.
Prepare sterile equipment using the aseptic trolley	To prepare for procedure.
Flick off plastic cap from blood culture bottles with fingers. Clean the rubber top of each blood culture bottle with separate 2% chlorhexidine in 70% alcohol wipe for 30 seconds each bottle and leave to air dry for 30 seconds on side of trolley	To decontaminate blood bottles for procedure.
Clean sodium chloride 0.9% vials and open vial with the 2% chlorhexidine in 70% alcohol wipe. Place on side of the dressing field on the aseptic trolley. Once sterile gloves are put on then the sterile flushes can be prepared by using the blunt needle and syringe to draw up and place onto the dressing field.	To prevent cross contamination.
Apply sterile gloves.	To protect healthcare worker and the patient from cross contamination
Place sterile sheet under central line and ask patient (if possible) to drop line onto sheet, or gauze to place line.	To prepare a clean area for the lumens of the central line to be decontaminated.
OR: Place sterile sheet near lumens of line	To prepare a sterile area for lumens to lay after cleaned appropriately with Unisept soaked gauze.
Clean the entire length of the lumen and the needle free connector using 2% chlorhexidine in 70% alcohol wipes. (2 wipes for each line). Wrap the	To decontaminate each line and needle free connector and prevent

ACTION	RATIONALE
needle free connector in the wipe onto sterile field and allow to air dry. Repeat for each lumen.	introduction of bacteria into central line.
Once dry, attach vacutainer holder to one lumen of central line and first pick up the aerobic bottle (blue) with a sterile piece of gauze keeping the bottle in a vertical position then anaerobic (gold) secondly. Collect 8-10ml of blood in each bottle (be aware that bottles do not have a pre-set vacuum and will continue to fill).	To obtain accurate blood samples and maintains sterility of gloves. To avoid potential for backflow of blood culture media into the patient's veins.
If additional bloods required, they should be taken at this point taking note of the order of draw.	To obtain accurate blood samples.
Remove vacutainer and discard into sharps bin.	To prevent sharps injury.
Attach prefilled 10 ml syringe and flush using a push-pause (or turbulent) technique flush. If any sluggishness is felt, repeat with a further 10 ml flush.	To clear line of blood, preventing infection and line blockage. A push-pause flush creates turbulence within the catheter lumen, removing debris from the internal catheter wall.
Positive pressure flush should be utilised on completion of the flush when at all possible. For tunnelled lines clamp the catheter or extension set while flushing before the syringe completely empties. For non-tunnelled catheters with smaller and more cumbersome clamps, maintain pressure on syringe plunger while clamping the line.	To prevent reflux of blood.
Remove syringe and discard.	To dispose of waste
Clean the needle free connector with separate 2% chlorhexidine in 70% alcohol wipe.	To remove any contaminants from the needle free connector, reducing infection risk.
Discard clinical waste into appropriate receptacles.	To ensure safe disposal to avoid injury to staff.
Label specimens immediately in the presence of the patient. Transport to the laboratory in the appropriate containers according to Trust Policy or ensure specimens are placed in arranged area for collection / transportation. Do not refrigerate samples	To ensure the appropriate identification and safe transfer of blood products.
Where patients are known or thought to have a blood bourne infection attach a 'danger of infection' sticker to the request form.	To ensure that lab staff are aware of increased risk when processing sample.
Remove gloves and decontaminate hands.	To minimise risk of infection.
Document procedure.	To ensure patients care is communicated and continuity of care.

5.6 The Sepsis Care Bundle

Since October 2015 the trust began to use a Sepsis Screening Tool in order to promote and raise staff awareness of the importance of recognising the symptoms of sepsis in a patient and responding quickly with treatments known as the 'Sepsis Six'. Blood Cultures are one of the Sepsis Six within the Sepsis Screening Tool. Once a patient has triggered positive, blood cultures should be completed as soon as possible within a timescale of 60 minutes. Blood cultures should be taken before the antibiotics are given however in some circumstances this is not always possible, due to peripheral shut down of the vascular system.

For every hour that antibiotics are delayed mortality increases by 7.6% in patients with septic shock. If taking blood cultures would introduce significant delay in giving antibiotics please give the antibiotic and take the blood cultures as soon as possible. Blood cultures can become sterile within minutes to hours of appropriate antibiotics. Reliable delivery of basic aspects of care early reduces mortality significantly in septic patients.

5.6.1 The Sepsis Six

The Sepsis Six consists of three diagnostic and three therapeutic steps – all to be delivered within one hour of the initial diagnosis of sepsis.

1. Deliver high-flow **oxygen**
2. Take **blood cultures**
3. Administer empiric intravenous **antibiotics**
4. Measure serum **lactate** and send **full blood count**
5. Start **intravenous fluid** resuscitation
6. Commence accurate **urine** output measurement

To assist with the early recognition and treatment to encompass the sepsis six a sepsis screening tool has been devised for the latest version refer to PROC/NG/0008 Management of Patients with Sepsis on the trust intranet

6 Monitoring

6.1 Compliance and Effectiveness Monitoring

Compliance with this policy will be monitored as outlined in the table below.

6.2 Compliance and Effectiveness Monitoring Table

Monitoring Criterion	Response
Who will perform the monitoring?	Team leaders and line managers of staff who appraises their members of staff and monitor incidents, Care Groups and Sharps Committee.
What are you monitoring?	Compliance with approval processes according to this guideline and incidents related to blood cultures.
When will the monitoring be performed?	At team meetings, clinical supervision sessions and as incidents are reported. Incidents will be reported to the Sharps Committee and through Care Groups.
How are you going to monitor?	Review of incidents as they are reported and in monthly incident reports.
What will happen if any shortfalls are identified?	Team Leaders will work with staff to meet individual and or team learning needs and Care Groups will identify actions required to share learning and also be informed by the Sharps Committee of any action required.

Where will the results of the monitoring be reported?	Care Groups and Sharps Committee during the life of the guideline and to Clinical Standards & Therapeutics Committee when amendment to the guideline or review is required.
How will the resulting action plan be progressed and monitored?	Care Groups will be informed of the progress and outcomes required and are requested to report to Sharps Committee through their clinical governance groups.
How will learning take place?	Outcomes will be shared via: education opportunities and bulletins.

7 Glossary of Terms

This section should detail any abbreviations that are used throughout the document

8 Associated Documentation & References

Blood Borne Virus Policy (POL/PD/0011).

Policy for the Safe Use and Disposal of Sharps (POL/ICC/0012).

Medical Devices Policy (POL/EF/CLIN.E/0002)

Guideline for the management of Venepuncture. (GUID/N&Q/0042)

Clinical Record Keeping Policy (POL/N&Q/0005)

Consent Policy (POL/N&Q/0004)

Guideline for the Management of Central Lines (Adult) GUID/N&Q/0040

Incident Management Policy (POL/N&Q/0001)

Management of Patients with Sepsis (PROC/NG/008)

REFERENCES

Adams D, Quayum M, Worthington T, Lambert P, Elliott T. (2005) Evaluation of a 2% chlorhexidine gluconate in 70% isopropyl alcohol skin disinfectant. Journal of Hospital Infection 61(4): 287-90.

BMJ Group, London (2009). British National Formula. Number 58, September 2009.

Department of Health (2010) Clean safe care. High impact intervention Taking blood culture; A summary of best practice. Department of health: London.

Dougherty, L. (2011) The Royal Marsden Hospital of Clinical Nursing Procedures. 8th edn. Wiley Blackwell; West Sussex.

Dougherty, L & Lister (2011) The Royal Marsden Hospital of Clinical Nursing Procedures. 6th edition Blackwell Science. 8th Edition.

Gould FK, Denning DW and Elliott TSJ et al. Guidelines for the diagnosis and antibiotic treatment of endocarditis in adults: a report of the Working Party of the British Society for Antimicrobial Chemotherapy. Journal of Antimicrobial Chemotherapy (2012). 67: 269-89.

Loveday HP, et al (2014) epic 3: National evidence-based guidelines for preventing healthcare-associated infections in NHS hospitals in England. Journal of Hospital Infection 65 Suppl. 1: S1-70.

National Institute of Clinical Excellence (Nice) (2014) NICE UK Standards for Microbiology Investigation: Investigation of Blood cultures. Bacteriology SMI B37 Issue No8 p1-51. Public Health England.

National Institute of Clinical Excellence (NICE) (2017) Sepsis, recognition, diagnosis and early management SMI NG51. Public Health England.

Nursing and Midwifery Council (2015) The Code Professional standards of practice and behaviour for nurses and midwives. London : NMC

Public Health England. (2014). Investigation of Blood Cultures (for Organisms other than

Mycobacterium species). UK Standards for Microbiology Investigations. B 37 Issue 8. Accessed 18th December 2015 at:

https://www.gov.uk/uk-standards-for-microbiology-investigations-smi-quality-andconsistency-in-clinical-laboratories

Taking of Blood Cultures POL/N&Q/0044 v4.2 Page 15 of 19

Rowley, S. et al (2010) ANTT v2: An updated practice framework for aseptic technique. British Journal of Nursing 19 (5) pp S5-S11.

Taking Blood Cultures – a summary of best practice. Saving Lives: reducing infection, delivering clean and safe care. Department of Health, London 2007.Accessed (14th January 2012) via Department of Health Website at:

UK Standards for Microbiology Investigations- Investigation of Blood Cultures (for organisms other than Mycobacterium species). Issued by the Standards Unit, Microbiology services, Public Health England (Bacteriology, B37, Issue No. 8, Issue date 4/11/14

9 Appendices

Appendix 1- Equality Impact Assessment
Appendix 2- Document Approval Request Form

9.1 Appendix 1 - Equality Analysis/Impact Assessment

Care Group/Speciality	Clinical Support Services / IV and OAPT Team
Document Type	Policy
Lead Person Responsible	Lead IV and OPAT Nurse Specialist
People involved with completing this document	IV Team
Type of Policy, procedure, decision, project, function or service	Existing
Date Completed	02/09/2021

Step 1 – Scoping Your Analysis
What is the aim of your policy, procedure, project, decision, function or service and how does it relate to equality?
The aim of the guideline is to enable staff to follow the correct framework for safe practice when caring and managing midlines. This includes guidance on the equipment and procedure to follow. To ensure that CDDFT staff comply with current practice guidelines issued by the Department of Health
Who is the policy, procedure, project, decision, function or service going to benefit and how?
All staff who manage any process within the guideline and the patients that are treated within the organisation
What are you hoping to achieve?
The aims as detailed above
What barriers are there to achieving these outcomes?
None
How will you put your policy, procedure, project, decision, function or service into practice?
Some community staff may not have immediate access to the guideline via Trust intranet.

Does this policy link, align or conflict with any other policy, procedure, project, decision, function or service?
Sharps Policy, Infection control policy, Medical devices policy Policy for administration of Parenteral nutrition

Step 2 – Collating your information
What existing information/data do you have?
The guideline is based on National Guidance and is relevant to all groups.
Who have you consulted with?
Infection Control committee Care Group Clinical Governance Leads AMT committee Cardiac Arrest Prevention Team
What are the gaps and how do you plan to collect what is missing?
None
Step 3 – What is the Impact?
Using the information from step 2 explain if there is an impact or potential for impact on staff or people in the community with characteristics protected under the Equality Act 2010?
Ethnicity or Race
No impact or potential for impact on any group
Sex/Gender
No impact or potential for impact on any group
Age
No impact or potential for impact on any group
Disability
No impact or potential for impact on any group
Religion or Belief

No impact or potential for impact on any group
Sexual Orientation
No impact or potential for impact on any group
Marriage and Civil Partnership (applies to workforce issues only)
No impact or potential for impact on any group
Pregnancy and Maternity
No impact or potential for impact on any group
Gender Reassignment
No impact or potential for impact on any group
Other socially excluded groups or communities e.g. rural community, socially excluded carers, areas of deprivation, low literacy skills etc.
No impact or potential for impact on any group
Step 4 – What are the differences?
Are any groups affected in a different way to others as a result of the policy, procedure, project, decision, function or service?
No

Does your policy, procedure, project, decision, function or service discriminate against anyone with characteristics protected under the Equality Act 2010?	No

If Yes, explain the justification for this. If it cannot be justified, how are you going to change it to remove or mitigate the affect?
Step 5 – Make a decision based on steps 2 – 4
If you are in a position to introduce the policy, procedure, project, decision, function or service? Clearly show how this has been decided
Through trust approval procedures and specifically in education for the Care and Management of Midlines which is delivered by the IV team.
If you are in a position to introduce the policy, procedure, project, decision, function or service, but still have information to collect, changes to make or actions to complete to ensure all people affected have been covered please list:
N/A

How are you going to monitor this policy, procedure, project or service, how often and who will be responsible?
All incidents will be reported to the Sharps Committee

9.2 Document Approval Request Form

This form should be completed when creating or reviewing this document. Documents will not be considered for approval until this form has been completed. Should you need any assistance contact Governance Support Team or the Corporate Records Lead on ext. 44178.

Document Title	Policy for Taking Blood Cultures		
1.	Document Type	Policy	
2.	Is this a new document	No	
3.	If no, provide brief details of amendments made to this version. **Page 3** Introduction - expanded narrative to reflect the importance of taking blood cultures correctly in order to minimise the risk of this contamination **Page 4** section 5.1 – added sentence when sending a blood culture to ensure to inform the laboratory about: clinical diagnosis; any travel history; current antibiotic treatment and any allergies **Page 5** section 5.1 – added sentence advising peripheral cultures cannot be obtained two or more samples should be taken from different lumens. **Page 10** section 5.6 expanded narrative 'If taking blood cultures would introduce significant delay in giving antibiotics please give the antibiotic and take the blood cultures as soon as possible afterwards. Blood cultures can become sterile within minutes to hours of appropriate antibiotics' Emphasize if a patient is already taking antibiotics to take blood cultures as soon as possible.		
4.	Are there any documents (policies or procedures) to be withdrawn following the ratification of this document because they are no longer valid?	No	
	If yes please provide reference number and name of documents to be removed		
5.	Please confirm that consultation has been completed and that there are no outstanding issues. This should be evidenced on CDDFT Quality Insights	Confirmed	
6.	Specific assurance to approving Committee	Abbreviations/Short hand are explained	☒
		Grammar and spelling has been proof checked	☒
		A monitoring table is included	☒
		The correct template has been followed	☒
		Reference number correct	☒
		Paragraph numbering is correct	☒
7.	Are there any financial implications from this document? If so, how will it be funded No		

8.	Dissemination Plan Please detail how you will disseminate this policy/procedure ***All Trustwide procedural documents will be disseminated once ratified in the Trust Bulletin***