



Policy Title:	Phlebotomy and Blood Tests
Policy #:	04-002-0040
Effective Date:	11/26/2024
Approved by:	Telly Delor, Chief Operating Officer
Functional Area:	Health/Medical
Responsible Leader:	Dr. Brandon Moore
Policy Owner:	Megan DeStefanis, Nursing Supervisor
Applies to:	All SCCCMH Staff, Direct Operated Programs

Purpose: To provide guidance for phlebotomy and blood specimen collection procedures.

I. Policy Statement

It is policy of the St. Clair County Community Mental Health (SCCCMH) to perform blood draws optimally and appropriately completed by national- or state-certified *phlebotomy* technicians (CPT). If only state-certified, it must be obtained in the State of Michigan.

II. Standards

- A.** Phlebotomy and lab services are provided for our recipients only and not for employee use.
- B.** Phlebotomist is overseen by the SCCCMH medical director.
- C.** Occupational Safety and Health Administration (OSHA) Protocols and Requirements.
 - 1. Sharps Injury Log: available on staff intranet
 - a. Contains:
 - 1) Type & brand of device involved in incident.
 - 2) Department or work area where the exposure incident occurred.
 - 3) An explanation of how the incident occurred.

2. Must follow safety and prevention procedures for blood borne pathogens (BBP) as outlined by OSHA.

D. Recipient Rights

1. Recipients can decline medical treatment.
 - a. Refusal will be encouraged for those who are unwilling to have blood drawn, combative, or showing a strong potential for losing consciousness during *venipuncture*.
 - b. A refusal will be reported to a supervisor and the individual's prescriber.
2. Individual has the right to know what tests are being performed.
 - a. If they ask, they are told.
3. Results will never be disclosed to individuals by phlebotomist.

E. Lab tests are prescribed by a prescriber.

F. Blood samples are collected and prepared at the SCCCMH main office and tested at Lake Huron Medical Center (LHMC) or McLaren.

1. Identity of individual receiving blood draw will be verified with a 3x check by asking name and birth date: At entry to blood draw lab/when order is verified in OASIS; when writing patient's information on blood draw tube(s); and prior to performing blood draw. If an individual is non-verbal or unable to answer verification questions, verification will be obtained by guardian or group home worker before blood draw is performed.

G. After several *failed venipuncture attempts* on one individual, on one individual, the phlebotomist will cease attempts and obtain an order for the individual to have blood drawn at another lab.

1. Maximum attempts based on individual and phlebotomist discretion

H. If individual is hyperventilating, phlebotomist will take precautions to ensure their safety and call a nurse or 911, if necessary.

I. If individual faints at any point during the procedure, the needle is removed, and blood draw will cease immediately.

1. Phlebotomist will call 911

2. Individual will have blood drawn at a later time or alternate location
- J.** Supplies for blood collection are provided by LHMC (brands and specifics may change based on supply from LHMC).
1. Nitrile or Vinyl gloves (latex free)
 2. Tourniquet
 3. 70% isopropyl alcohol pads
 4. 2 x 2 gauze or cotton ball
 5. Safety engineered sterile needles: 20, 21, 22, or 23 gauge (butterfly may also be used)
 6. Vacutainer tube holder
 7. Appropriate Vacutainer tubes
 8. Coban or paper tape
- K.** Specimens will routinely be retrieved by LHMC or sent to McLaren to be tested.
- L.** Order of draw for multiple test orders
1. Blood collection tubes must be drawn in a specific order to avoid cross-contamination of additives between tubes. The recommended order of draw for plastic collection tubes is:
 - a. Blood culture* bottle or tube (yellow or yellow-black top)
 - 1) Orders for blood cultures will be referred to hospital, not drawn at SCCCMH
 - b. Coagulation tube (light blue top)
 - c. Non-additive tube (red top)
 - d. Additive tubes in this order:
 - 1) SST (red-gray or gold top). Contains a gel separator and clot activator
 - 2) Sodium heparin (dark green top)

- 3) PST (light green top). Contains lithium heparin anticoagulant and gel separator
- 4) EDTA (lavender top)
- 5) ACDA or ACDB (pale yellow top). Contains acid citrate dextrose
- 6) Oxalate/fluoride (light gray top).

III. Procedures, Definitions, and Other Resources

A. Procedures

Responsibilities

Position	Responsibilities
Prescriber	Enter order for blood test into OASIS
Individual/ Recipient or Guardian	Provide consent and confirm identity
Phlebotomist	Complete all actions to safely collect blood specimen and prepare for transport to LHMC
SCCCMH Nurse	Assist phlebotomist as necessary

Actions – Guidelines for venipuncture procedure

Action Number	Responsible Stakeholder	Details
1.0	Prescriber	1. Input test/laboratory requisition for phlebotomist into OASIS.
2.0	Individual/Recipient or Guardian	2. Sign form #0381 Consent – Informed Consent for Blood Draw . 3. State name and date of birth (to confirm identity). 4. Sit in blood drawing chair.
3.0	Phlebotomist	5. Note: if HIV test is ordered, phlebotomist will confirm that individual has PCP in OASIS file and that they have visited in the last 6 months. 6. Make sticker labels for tubes to match test requisition. 7. Wash & dry hands, put on gloves. 8. Place supplies for venipuncture on sterile

		<p>table.</p> <ol style="list-style-type: none"> 9. Place tourniquet a few inches superior to point of venipuncture. 10. Select vein by: <ol style="list-style-type: none"> a. Observation and palpation. b. Optimal locations: median cubital or cephalic veins in antecubital fossa of either arm or dorsal hand veins. c. Must Not draw from a location compromised by conditions including, but not limited to, mastectomy, cannula, or excessive scarring. 11. Clean point of venipuncture with alcohol wipe using concentric circles and left to air dry. 12. Anchor vein (inferior to venipuncture) insert needle into vein at approx. 15–30° degree angle with surface of arm or hand. <ol style="list-style-type: none"> a. Reposition needle as needed. 13. Attach correct tubes according to order of draw and requisition form. 14. Remove tourniquet while last tube is filling. 15. Remove needle and apply a cotton ball or gauze with light pressure. 16. Cover needle with safety sheath and dispose into sharps container. 17. After bleeding stops, apply tape over cotton ball/gauze (or bandage) for individual to remove later. 18. Dispose of all supplies in respective containers. 19. Label blood samples with stickers (after collection) and places in centrifuge or proper storage. 20. Wash hands and sanitize room for next person.
4.0	SCCCMH Nurse(s)	<ol style="list-style-type: none"> 21. Supervise blood draws if phlebotomist needs additional help. 22. May assist phlebotomist with difficult draw.

Actions – Blood sample handling and processing

Action Number	Responsible Stakeholder	Details
1.0	Phlebotomist	<p>Pre-Centrifugation Handling</p> <ol style="list-style-type: none"> 1. Fill tubes to stated draw volume. Allow the tubes to fill until the vacuum is exhausted and blood flow ceases. 2. Store tubes at 4-7° in refrigerator. 3. Does not use beyond the designated expiration date. 4. Mix all gel barrier and additive tubes by gentle inversion 5 to 10 times immediately after the draw to assist in the clotting process and assure homogenous mixing of additives with the blood in all types of additive tubes. <ol style="list-style-type: none"> a. <i>Serum</i> separator tubes should clot for a full 30 minutes in a vertical position prior to centrifugation.
2.0	Phlebotomist	<p>Blood Sample Centrifugation</p> <ol style="list-style-type: none"> 5. Leave serum tubes to sit for at least 30 minutes, but less than 2 hours, before centrifuging (to allow for clotting). 6. Balance the closed tubes in the centrifuge noting the following: <ol style="list-style-type: none"> a. Opposing tube holders must be identical and contain the same cushion or none at all. b. If an odd number of samples is to be spun, fill a tube with water to match the weight of the unpaired sample and place it across from this sample. 7. Spin down tubes for 10 minutes in fixed-angle centrifuge <ol style="list-style-type: none"> a. Ensure tubes remain closed at all times during centrifugation. b. Note Tests with Special Instructions as directed by LabCorp (used by LHMC)

B. Related Policies

N/A

C. Definitions

1. *Phlebotomy*: Drawing blood from the circulatory system through a puncture in a vein with a needle in order to obtain a sample for analysis and diagnosis.
2. *Lab Test*: Any testing of the blood performed to direct medical decision making.
3. *Venipuncture*: Inserting a hollow-bore needle into the vein to obtain a specimen. The most common method of obtaining blood specimens for testing by vacutainer.
4. *Failed Venipuncture Attempt*: Counted each time a needle is completely removed after inability to obtain blood for any reason. If a needle is simply repositioned, it does not constitute a failed attempt.
5. *Serum*: Clear, pale-yellow liquid that separates from red blood cells when allowed to clot (no longer contains clotting factors).

D. Forms

[#0381 Consent – Informed Consent for Blood Draw](#)

E. Other Resources (i.e., training, secondary contact information, exhibits, etc.)

N/A

F. References

1. OSHA: Occupational Exposure to Bloodborne Pathogen (BBP) Standard & Needle Stick Prevention Act
2. MDHHS: https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_5103--,00.html
3. NIH (from WHO): <https://www.ncbi.nlm.nih.gov/books/NBK138665/>

IV. History

- Initial Approval Date: 07/2018
 - Last Revision Date: 11/2024
 - Last Reviewed Date: 09/2023
 - Non-Substantive Revisions: N/A
 - Key Words: blood, lab, phlebotomy,
- BY: Joy Vittone