Humber Teaching
NHS Foundation Trust

STANDARD OPERATING PROCEDURE VENEPUNCTURE WITH REDUCING RESTRICTIVE INTERVENTIONS (RRI) FOR PEOPLE WHO LACK CAPACITY TO CONSENT

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Instigated by: **Date Instigated:**	Debbie Cahill March 2023
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Name of Trust Strategy / Policy / Guidelines this SOP refers to:	

VALIDITY – All local SOPS should be accessed via the Trust intranet

CHANGE RECORD

Version	Date	Change details
1.0	*Feb 2024*	*New SOP. Approved at RRI Group (13 February 2024).*

Contents

1. INTRODUCTION

This Standard Operating Procedure (SOP) will guide and support The Humber NHS Teaching Foundation Trust staff in applying the correct procedure for taking bloods (venepuncture) for patients who lack capacity to consent to the procedure.
This SOP outlines the key responsibilities and expectations of the Trust in respect of the process which needs to be followed in order for Humber to meet its legal obligations. This is to ensure that any decisions made on behalf of people who lack capacity in relation to consenting to the taking of bloods are carried out lawfully, in the person's best interests and are the least restrictive of their rights and freedoms.
The content of this SOP applies to all staff working within the adult learning disability service in the Trust where required.

2. SCOPE

This SOP applies to staff providing care and treatment to any patient who meets the eligibility criteria to receive input from the adult learning disability service who are referred for the taking of blood. The rationale for taking the bloods is for the monitoring of prescribed medication or other health reasons, for people who may lack capacity to make an informed decision about the procedure.

3. DUTIES AND RESPONSIBILITIES

This SOP is overarched by The Mental Capacity Act 2005 policy and is to be read in conjunction with the following Humber Trust policies:

- Mental Capacity and Best Interest Decision Making Policy
- Physical Restraint Policy
- Infection Prevention and Control Policy
- Consent Policy
- Hand Hygiene Policy
- Health and Social Care Records Policy

Section 5 of the Mental Capacity Act 2005 (MCA) allows staff to carry out certain tasks without fear of liability. The aim is to provide a legal framework for tasks that need to be carried out in the best interests of the patient who lacks capacity to consent, and this includes the use of restraint. However, Section 6 of the MCA Code of Practice imposes some important limitations on acts that can be carried out with protection from liability under Section 5.

The key areas where acts might not be protected from liability are where there is inappropriate use of restraint or, where a patient who lacks capacity is deprived of their liberty. Section 6.40 of the MCA Code of Practice states that someone is using restraint if they "use force or threaten to use force to make someone do something that they are resisting or restrict a person's freedom of movement whether they are resisting or not".

It states that any action intended to restrain a person who lacks capacity will not attract protection from liability unless the following two conditions are met:

i. The person taking the action must reasonably believe that restraint is necessary to prevent harm to the person who lacks capacity, and
ii. The amount or type of restraint used and the amount of time it lasts must be a proportionate response to the likelihood and seriousness of harm.

4. PROCEDURES

Criteria for referral to Venepuncture/phlebotomy service

- Blood sample request form received from medical staff.
- Request screened to make sure it meets the criteria, i.e. The request is made by a consultant psychiatrist from the learning disability service and/or it relates to someone who is unable to have their bloods taken at their GP surgery.
- Referrals from other appropriate health professionals also accepted, for example the patient's GP or nurse practitioner.
- A variety of methods will be explored as part of the screening process to ensure that the least restrictive intervention and techniques are used.
- Accessible information provided to the patient, where appropriate, on the process in the form of photos, easy read leaflet, orientation to the clinical area, desensitisation.

The use of the restrictive intervention is the last resort and will only be carried out after the care and support plan is fully agreed. The care plan is to be formulated with input from people involved in the care and support of the individual.

4.1. Step 1 – Capacity to Consent to the procedure

Do not leave a blank line between subheadings and the text, as above. Divide the procedures into subheadings for clarity.

Staff should ensure that they have taken all practicable steps to provide information in a way the person may be able to understand, to enable them to make their own decision around giving consent to the procedure of taking blood.

This should include appropriate accessible information about the procedure, why it is necessary, what it will involve, and the risks involved in not carrying it out.

Where there is doubt about a patient`s capacity to give informed consent to the procedure of taking bloods staff should ensure that a formal assessment of capacity has been undertaken and documented

4.2. Step 2 – Best interests decision made

Where the decision is made for the patient to receive care and treatment it is made in their best interests.

Ensure that all appropriate people are involved in the decision-making process.
This to include the person requesting the bloods to be taken.

Check if the person has a Lasting Power of Attorney for Health and Welfare to be included.
The decision is to be documented in the patient record and recorded on the Trust Best Interest Meeting template.

Any individuals under Court of Protection or Ministry of Justice frameworks will include the relevant parties in any arrangements.

The decision is to be documented in the patient record and recorded on the Trust Best Interest Meeting template.

Outcome of the decision to be communicated to all involved.

4.3. Step 3 – Care and Support Plan

The plan should include: -

- Least restrictive options explored initially in all cases, this should include reasonable adjustments within the GP surgery, desensitisation over a period of time suitable for the individual, accessible information, terms of reference.
- Use of Restrictive interventions, which could be: - Physical and/or Chemical

Restrictions should only be used when deemed absolutely necessary. When they are applied it must be conducted in a safe and effective manner by trained professionals. A Care Plan must be completed in order to ensure personalised care is delivered and alternatives to restriction have been implemented. When restrictions are necessary, they should be used for the shortest possible time, be recorded, monitored, and reviewed in line with Humber Trust policy and procedure. Least restrictive 'will depend on the likelihood of harm occurring, the severity of the harm and how proportionate the restriction is to the level of likely harm'.
Any physical intervention planned should be:

- Reasonable, justifiable, and proportionate to the risk posed by the patient
- Used for only as long as is absolutely necessary
- Involve a recognised technique
- Be carried out by staff who have received specific clinical holds training which is provided and recognised by the Trust

The Care plan should also include:

- Agreement of least restrictive intervention and techniques required - look at previous evaluations of intervention if available – discuss with care staff
- Agreement of which staff need to be involved in the procedure and holds.
- Agree date and time procedure will be carried out
- Agree appropriate environment where the procedure will be carried out
- Agree appropriate equipment required – high back chair, bed, settee, wheelchair, cushion, etc.
- Carry out environmental risk assessment
- Agree any involvement of carers/family.
- Consult with medical staff regarding any pre-procedure medication required and/or the use of topical anaesthesia.
- Agree who will administer any prescribed medication
- Agree aftercare.
- In advance of procedure/visit agree communication of care and support plan.

People who use services, families and carers must be involved in planning, reviewing, and evaluating all aspects of their care and support.
After care information for carers and family to be shared prior to the procedure.

4.4. Step 4 – Venepuncture Procedure carried out - Recognised techniques

Staff should read the care and support plan before the procedure and feel confident in carrying out the venepuncture.

Staff team supporting can at any time halt the procedure by saying Stop if they feel the situation has become unsafe for the patient. However, consideration must be given to the effect stopping may have on the patient if the procedure has to be repeated. Should an incident occur which results in harm to patient or a member staff the incident should be reported via the completion of a DATIX which can be found on the trust intranet page.

Any required medication to reduce anxiety or sedate the person should be given by care staff prior to the intervention as agreed in the care plan.

4.5. Step 5 – Aftercare

As detailed in the care plan, staff will discuss and agree with carers/family where restraint has been utilised to enable venepuncture to be carried out, the attending clinical team will leave the room after the intervention and carers/family will support the patient. This is to alleviate any additional distress caused by the presence of the clinical team.

The patient`s carers will be responsible for providing aftercare as detailed in the care and support plan and accompanying leaflet.

The health team will remain available to the carers for an agreed period of time to ensure the patient recovers appropriately and any concerns can be raised and addressed.

4.6. Step 6 – Recording of actions

It is the responsibility of all staff to be aware of and adhere to the record keeping standards as set in the Humber Trust Health and Social Care Records policy.

- Debriefing with patient/carers as necessary
- Evaluation and reflection –what went well, what could be improved on. Families/carers views.
- Completion of a DATIX if the use of clinical holding has been required, or if the patient develops bruising as a result of the clinical holds techniques utilised.

All the above will be recorded in the patient's electronic clinical record

5. REFERENCES

The Rotherham, Doncaster, and South Humber NHS Foundation Trust (RDASH) **Venepuncture with Reducing Restrictive Interventions (RRI) for people who lack capacity to consent** Standard Operating Procedure (2021)

Appendix 1 – Equality Impact Assessment

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. **Document or Process or Service Name:** Venepuncture with Reducing Restrictive Interventions (RRI) for People who Lack Capacity to Consent
2. **EIA Reviewer (name, job title, base and contact details):** Laura Derving, Specialist Nurse, Townend Court. 01482 336752
3. **Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other?** SOP

Main Aims of the Document, Process or Service
To guide and support The Humber NHS Teaching Foundation Trust staff in applying the correct procedure for taking bloods (venepuncture) for patients who lack capacity to consent to the procedure.
Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma

Equality Target Group	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?	How have you arrived at the equality impact score?
1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment	Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern(Amber) High = significant evidence or concern (Red)	a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	Including specific ages and age groups: Older people Young people Children Early years	Low	This SOP is applicable to all adults.
Disability	Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities: Sensory Physical Learning Mental health (including cancer, HIV, multiple sclerosis)	Low	This SOP is intended to support access to health care to those with a disability.
Sex	Men/Male Women/Female	Low	This SOP is not affected by Sex
Marriage/Civil Partnership		N/a	N/A
Pregnancy/ Maternity		N/a	N/A
Race	Colour Nationality Ethnic/national origins	Low	This SOP is not affected by race
Religion or Belief	All religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	This SOP is not affected by religion or belief
Sexual Orientation	Lesbian Gay men Bisexual	N/a	N/A

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Gender Reassignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	N/a	N/A

Summary

Please describe the main points/actions arising from your assessment that supports your decision. No identified equality concerns.	
EIA Reviewer: Emily Wallace	
Date completed: 12/05/2023	Signature: Emily Wallace