Reference Number: UHB 365 **Version Number:** 2.0	**Date of Next Review: 18/10/2025** **Previous Trust/LHB Reference Number:** *N/A*

Procedure for Non NMC Registered Research Delivery Staff to perform Venepuncture

Introduction and Aim

This document supports the UHB Policy for Non NMC registered Research Delivery Staff to perform Venepuncture. The aim of this procedure is to ensure the safe practice of venepuncture by research delivery staff without clinical qualifications or prior experience of venepuncture working within Cardiff and Vale University Health Board (UHB).

Objectives

The objective of this procedure is to

- State the expected standards of care to minimise the associated risk of harm to patients and staff when undertaking venepuncture.
- To reduce this risk by ensuring that non NMC registered research delivery staff have received appropriate training and education, together with a period of supervised practice and assessment
- To ensure that all non NMC registered research delivery staff are competent to undertake this invasive procedure autonomously.
- Identify the roles and responsibilities of UHB staff and limitations on the scope of practice

Scope

This procedure is restricted to all non NMC registered research delivery staff within the UHB, who are required to undertake venepuncture to support the delivery of research projects and clinical trials. For the purposes of this procedure, this includes permanent, temporary, bank and agency staff as well as holders of honorary research contracts and letters of access who are working within research delivery teams in the UHB For the remainder of this document these staff will be referred to as ‘Research Delivery Staff’

This document serves to outline the conditions under which research delivery staff working within research may be considered suitable to undertake venepuncture training and the

limitations that apply.	
Equality Health Impact Assessment	An Equality Health Impact Assessment (EHIA) has been completed to support the Policy document implementation (Policy for Non NMC Registered Research Delivery Staff to perform Venepuncture). The Equality Impact Assessment completed for the policy found there to be no impact.
Documents to read alongside this Procedure	**UHB Documents** 1. UHB452 Labelling of Specimens Submitted to Medical Laboratories Policy 2. UHB200 Hand Decontamination Procedure 3. Patient Identification Procedure 4. UHB019 Infection Control Procedure for needlestick and similar sharps injuries 5. UHB 359 Sharps Management Procedure **National guidelines** 1. Aseptic Non-Touch Technique (ANTT) 2. Royal Marsden Guidelines *3.* Informed Consent in Research as part of Good Clinical Practice training
Approved by	Research Governance Group recommended for Quality, Safety and Experience Committee

Accountable Executive or Clinical Board Director	Executive Medical Director
Author(s)	Senior Manager (R&D) Senior Nurse for Research Education & Training

Summary of reviews/amendments

Version Number	Date of Review Approved	Date Published	Summary of Amendments
1.0	16/10/2018		New Policy and Procedure
2.0	29/11/2022	05/12/2022	Changed title and scope to clarify the staff group to whom this procedure applies. Updated documents to read alongside this procedure. Changed name of R&D Office to Joint Research Office (JRO). Changed name of LED to Education, Culture and Organisational Development (ECOD). Section 1.0 updated to clarify that research delivery staff should follow the existing training and assessment pathway in the UHB for venepuncture; to reflect current arrangements for access to ESR; to remove reference to appendix 1 which is no longer required. Section 2.1 R&D senior management team replaced with senior management responsible for each research delivery team, as R&D senior team does not have

			management oversight of all research delivery teams in the UHB. Section 2.2 reference to first aid training removed as not available, replaced with clinical safety training and orientation to clinical area. Section 2.3 added nominated line managers of staff with honorary research contracts or letters of access to be made aware of their responsibilities by the JRO; Removed reference to R&D training lead to support staff with HRC/LOA with this training as this is no longer applicable. Appendix 1 removed as staff should follow the standard training pathway in the UHB for venepuncture.

Venepuncture for Non NMC Registered Research Delivery Staff Procedure

CONTENTS **Page No.**

1.0 Introduction

The aim of this procedure is to ensure the safe practice of venepuncture by research delivery staff without clinical qualifications working within Cardiff and Vale University Health Board (UHB).

Cardiff and Vale Joint Research Office (JRO) and Education, Culture and Organisational Development (ECOD) department have stipulated the following training requirements for non NMC registered research delivery staff performing venepuncture as part of their role:

- Research Delivery staff employed by the UHB are able to access ECOD training for venepuncture and must follow the existing pathway for supervised practice, practice based assessments and practice update assessments in the clinical area.

- Research Delivery Staff working under an Honorary Research Contract or with a letter of access from another health board, who are performing venepuncture on CVUHB patients and based with a clinical team (therefore able to undertake supervised practice based assessments), may attend ECOD venepuncture training at an agreed cost if they cannot access it elsewhere. Clinical practice must be supervised by appropriately experienced staff in their clinical team and competence assessed by a member of staff who has been trained as a clinical skills assessor. The responsibility for arranging training, supervision and practice based assessment for this group of staff lies with the nominated line manager within the UHB.

-

All research delivery staff who are performing venepuncture will be required to complete the following:

- Aseptic no touch technique (ANTT) e learning and practice based assessment
- UHB Core Mandatory Training (online)
- Basic Life Support (BLS)

In addition to this basic clinical safety training, an orientation to the clinical area in which research delivery staff will be working must be provided. Access to ESR for E Learning can be arranged by a line manager.

A practice based update assessment must be completed every 3 years with a member of staff who has been trained as a clinical skills assessor.

2.0 Roles and Responsibilities

2.1 Senior Management responsible for each research team will ensure that

- Any concerns escalated where staff are not meeting requirements of the UHB to attend training and assessment to perform venepuncture are dealt with appropriately.
- Line managers are supported in monitoring compliance with the venepuncture policy.
- Any incidents related to venepuncture and involving this staff group that are reported using the UHB Datix system are investigated, actioned and followed up.

2.2 Line managers and Team Leads of research delivery staff will ensure that

- Staff required to perform venepuncture as part of their role have had this identified at their PADR, and have completed mandatory training and BLS prior to registering for venepuncture training with LED.

- Non NMC registered staff who are training to perform venepuncture have received basic clinical safety training and orientation to the clinical area prior to attending venepuncture training with ECOD.
- Staff are booked to attend venepuncture training provided by Cardiff and Vale UHB ECOD department, and are supervised and assessed by trained clinical skills assessors to achieve competence within 3 months of attending training.
- Staff trained and assessed as competent to perform this skill are given adequate support and opportunity to maintain this competency following assessment.
- Compliance with the venepuncture policy is maintained.
- Any incidents related to venepuncture are reported using the UHB Datix system, and are investigated, actioned and followed up

2.3 The JRO will ensure that

- Research delivery staff, nominated line managers of staff applying for a letter of access or honorary research contract and Principal Investigators are made aware of this procedure and their responsibilities with regards to compliance with the procedure and training requirements.

2.4 Research Delivery Staff will ensure that

- They are aware of, and are compliant with this procedure and training requirements
- Any concerns about the clinical safety or wellbeing of the patient they are taking blood from are immediately escalated to an appropriately clinical trained and qualified member of staff
- Any concerns about performing the clinical skill or maintaining their competence is escalated to a line manager

- They do not perform any duty outside of the scope of their practice or competence

3.0 Limitations

- Requirement for an individual to gain competence in venepuncture must be made as part of an individual or team PADR by an appropriate Line Manager.
- Research Delivery Staff may only carry out a venepuncture procedure on a patient/client where this responsibility has been appropriately delegated and signed off on the Study Delegation Log by the Principal Investigator.
- Research Delivery Staff may only undertake venepuncture for research samples as outlined in the study protocol. If research participants require standard clinical blood samples to be taken during the same visit, this may be done by research delivery staff to avoid the need for patients to have two procedures. Responsibility for the completion and review of these standard blood samples and results, including the completion of request forms must be undertaken by the clinical team.
- Research Delivery Staff may not take blood samples for any clinical indication where specialist training is required. This restriction includes but is not restricted to blood sampling for transfusion cross matching, blood sampling for blood cultures.
- Research Delivery Staff must not under any circumstances access peripheral venous cannulae, peripheral or central access devices to obtain blood samples. Such devices must only be accessed by clinically trained registered practitioners.
- Research Delivery Staff may only undertake venepuncture within staffed clinically designated areas or appropriately risk assessed non-clinical areas of the UHB where immediate clinically qualified help is readily available.

4.0 Training

The existence of this Procedure and its implications for research delivery staff will be covered during UHB R&D training events, during induction for all research delivery staff and disseminated to managers of research teams.

5.0 Implementation

All staff undertaking Research Delivery within the UHB together with those who have a specific responsibility within this procedure are responsible for its implementation.

6.0 Equality

The UHB is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups. We have not undertaken an Equality and Health Impact Assessment on this procedure but undertook an EHIA as part of the Venepuncture for Non NMC Registered Research Delivery Staff Policy that underpins this procedure and received feedback on the policy and the way it operates. We wanted to know of any possible or actual impact that this policy may have on any groups in respect of gender (including maternity and pregnancy as well as marriage or civil partnership issues), race, disability, sexual orientation, Welsh language, religion or belief, transgender, age or other protected characteristics. The assessment on the policy found that there was no impact to the equality groups mentioned.

7.0 Distribution

The document will be available via the UHB Inter and Intranet and on the R&D Internet pages.

8.0 Review

The Policy underpinning this procedure will be reviewed every 3 years, or more regularly if new legislation so requires.