Reference Number: *UHB364* **Version Number:** 2.0	**Date of Next Review: 18/10/2025** **Previous Trust/LHB Reference Number:** *N/A*

Venepuncture for Non NMC Registered Research Staff Policy

Policy Statement

To ensure the Health Board delivers its aims, objectives, responsibilities and legal requirements transparently and consistently, this policy will identify the key standards required to ensure the safe practice of venepuncture by research staff without clinical qualifications or prior experience of venepuncture working in research delivery teams within Cardiff and Vale University Health Board.

Policy Commitment

The purpose of this policy 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 it is imperative to ensure that non clinically qualified research staff have received appropriate training and education, together with a period of supervised practice and assessment to ensure they are competent to undertake this invasive procedure autonomously.

Supporting Procedures and Written Control Documents

This Policy and the supporting procedure describe the following with regard to Venepuncture for Non Clinically Qualified Research

- Staff Roles and Responsibilities
- Limitations
- Training

Other supporting documents are:

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. UHB359 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

Scope

This policy is restricted to all non NMC registered staff working in research delivery teams within the UHB, who are required to undertake venepuncture to support the delivery of

research or drug trials. For the purposes of this policy, this includes permanent, temporary, bank and agency staff as well as holders of honorary 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 and Health Impact Assessment	An Equality and Health Impact Assessment (EHIA) has been completed and found there to be a no impact

Policy Approved by	Quality, Safety and Experience Committee
Group with authority to approve procedures written to explain how this policy will be implemented	Research Governance Group
Accountable Executive or Clinical Board Director	Executive Medical Director

Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.

Summary of reviews/amendments

Version Number	Date Review Approved	Date Published	Summary of Amendments
1	Date approved by Board/Committee/Sub Committee 16/10/2018	TBA	New Document
2	Approved by Quality, Safety and Experience Committee on 29 November 2022	05.12.22	Changed title and scope to clarify the staff group to whom this procedure applies. Updated documents to read alongside this policy.