

Glasgow Clinical Trials Unit Standard Operating Procedure

SOP number	17.027	Version	2.0
Title	Role of GCRF Nurse Coordinator		

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SOP category	17 NHS GG&C Clinical Research Facility – Clinical				
Staff category	Staff Category	R	A	C	I
	Nursing	X			
	Principal Investigator	X			
	Clinical Research Fellow	X			
	GCRF Manager		X		
	Administration				X
	Site Clinical Trial Pharmacy				X
	GCRF Associate Director				X
Senior R&I Manager				X	

1. Scope

This procedure applies to all staff working within Glasgow Clinical Research Facility (GCRF).

2. Purpose

The purpose of this SOP is to describe the role and procedures of the Nurse Coordinator in GCRF at Queen Elizabeth University Hospital, Glasgow Royal Infirmary and Gartnavel General Hospital.

3. Procedures

The role of the Senior Research Nurse (SRN) involves increased skills and knowledge in relation to the conduct and management of clinical research studies. There are additional responsibilities including acting as the nurse in charge of the clinical area at all times. This allows SR Nurses an opportunity for personal/professional development in this role.

3.1. Roles and Responsibilities

On a daily basis (or as required) a pre-identified SRN will take responsibility for the management of the clinical area. The name of the Nurse Coordinator (NC) will be clearly displayed on a notice board in the patient area in order to demonstrate a point of contact for patients/volunteers, visitors and staff. Nurse Coordinator red badge must be worn at all times.

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There are many expectations and responsibilities with this role, and the following is not exhaustive and there may be additional responsibilities which may vary in each clinical area.

3.2. Coordination

1.	Awareness of study visits taking place in GCRF and the risk level of the visit activities and patients.
2.	Oversight of opening hours cover, ensuring sufficient staff are in GCRF during break times.
3.	Oversee room allocation and manage 'on the day' ad-hoc room bookings, ensuring GCRF can work to maximum capacity.
4.	Provide handover to the following Nurse Coordinator, communicating any issues.
5.	In the event of a fire alarm, ensure patients with reduced mobility are appropriately evacuated and that GCRF is evacuated of staff and patients.
6.	Oversight of temperature monitoring systems (SOP 17.006 Fridge and Freezer Monitoring).

Should GCRF Management support be required and not present in the facility contact reception for details.

3.3. Health and Safety

It is the responsibility of the NC to ensure checks are completed or delegated to others.

Daily Checks			
1.	Identify Nurse Coordinator	Complete notice board at reception	
2.	Check Blood Glucose Meter	Recorded electronically on BGM and Form 17.027A	
3.	Check Defibrillator	Recorded on Form 17.027A	
4.	Check Returns Drug Cupboard	Ensure cupboard is empty and return any clinical trial drugs to pharmacy	
Twice Weekly			
1.	Complete Tap Flushing	Mondays & Thursdays	Follow and complete flushing register. Scan record onto common drive.
Weekly Checks			
1.	GRI Adult Emergency Trolley	Monday	Check emergency trolley checklist (Form 17.001C) completed
	Paediatric Emergency Trolley	Monday	Check emergency trolley checklist (Form 17.042A) completed
	QEUH Adult Emergency Trolley	Monday	Check emergency trolley checklist (Form 17.001B) completed
	GGH Adult Emergency Trolley	Monday	Check emergency trolley checklist (Form 17.001D) completed

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2.	Drugs - Stock drug Cupboard, Fridge and Study Specific Cupboard	Monday	Check stock drug checklist (Form 17.034A) completed correctly. Paediatric Nurse to complete paediatric drugs check.
3.	Clinical Room Cleaning Sheets	Friday	Check all rooms. Ensure deep clean has been completed and cleaning sheets have been photocopied and wiped clean. Copy held in cleaning record folder, only current and previous months record to be stored.
4.	Weekly Cleaning Assurance Checklist		Keep in cleaning record folder and destroy after 4 weeks.
5.	Room suction units		Confirm all room suction units have been tested.
Monthly Checks			
1.	Complete Fire Audit	1st week	Complete audit and send report to Fire Auditor. Store electronic copy of report in common drive, only current and previous months record to be stored.
2.	Ensure all documentation is archived/discarded as appropriate	Last Friday	Documentation as above

4. Referenced documents

- SOP 17.006 – Fridge and Freezer Monitoring
- Form 17.001B – QEUH Adult Emergency Trolley Checklist
- Form 17.001C – GRI Adult Emergency Trolley Checklist
- Form 17.001D – GGC Adult Emergency Trolley Checklist
- Form 17.027A – Nurse Coordinator Checks
- Form 17.042A – Paediatric Emergency Trolley Checklist
- Form 17.034A – Stock Drugs Checklist

5. Related documents

- SOP 17.001 – Adult Emergency Resuscitation Procedures in GCRF
- SOP 17.032 – Return of Stock Drugs and IMPs
- SOP 17.034 – Storage and Management of Medication
- SOP 17.042 – Paediatric Emergency Resuscitation Procedures in GCRF
- Form 17.032A – GCRF Spot-check Rota

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6. Document history

Version	Date	Description
1.0	11/12/2018	First release
2.0	18/08/2023	Update to SOP template v2.0 Addition of RACI matrix Removal of daily emergency trolley checks in-line with GGC policy Addition of Form 17.027A

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