TRIC-BLOCK

Instructions for Site Leads

Thank you for expressing your interest in being a site lead for TRIC-BLOCK! Your contribution to this project is vital to its success.

Please read this document carefully; it details what you need to do **and any required deadlines**.

If you have any questions, please do not hesitate to email the committee at tricblock@gmail.com.

1. Register the project with your local audit department

TRIC-BLOCK is a national service evaluation. It is **not** research and **does not** require research approval. It is, however, crucial that you register the project with your local **audit or clinical governance** team ***at the earliest opportunity***.

Please use the example clinical governance forms at the end of this document to assist you in completing the required forms.

Once you have received approval for the project at your local site, please upload a copy here.

The deadline for registering your project and uploading proof of approval to the TRIC-BLOCK committee is 23rd February 2026.

Logins to the data collection server can only be issued once this is completed.

2. Read the study protocol

You will have received the study protocol via email. It is **vital that you read this carefully** so you can support your team in undertaking the project and collecting data accurately. Please email us with any questions or concerns.

3. Submit your local guideline/s for the use of continuous neuromuscular blockade (if you have them)

If your hospital has local guidelines or practice documents regarding use of continuous neuromuscular blockade, please upload these here. These will be reviewed to explore variations in local practice recommendations.

4. Establish a team at your site

It is strongly recommended you establish a team at your site to assist you with screening and data collection. Each collaborator will require an individual log in to the TRIC-BLOCK data collection server (REDCap).

Once you submit your audit/clinical governance approval to the TRIC-BLOCK committee, you will be invited to submit the details of your team in order for logins to be created.

Each individual will need to have an authenticator app (Google Authenticator or Microsoft Authenticator) in order to log into the REDCap server.

5. Select your screening window

The evaluation involves a 14-day screening window, which can **begin** at any time between 2nd and 22nd March 2026. During this period, all patients newly commenced on invasive mechanical ventilation will be included.

Each patient will be followed for 7 days, and all patients will require data entry onto the research server. Full data collection will only be required for those receiving continuous NMBD infusions.

This means your team will be active on the project for up to three weeks. It's important that you choose to start screening on a date which suits you and your team.

Further details about how to conduct the study will be provided in the webinar (see below).

6. Attend the webinar

A webinar and Q&A session will be held on **Monday 9th February 2026 at 18:00** via Microsoft Teams. Hosted by the project lead and the TRIC committee, this will be a fantastic opportunity to learn about the project and ask any questions you may have. Please ensure that either you or a team member can attend. If attendance is not possible, the webinar will be recorded for later viewing.

Link to the webinar:
https://events.teams.microsoft.com/event/7a371c96-fb25-497c-b3bf-9f86918e7f85@09bacfbd-47ef-4465-9265-3546f2eaf6bc

Clinical governance submission guidance

The tables below can be used to guide completing you own local audit registration forms.

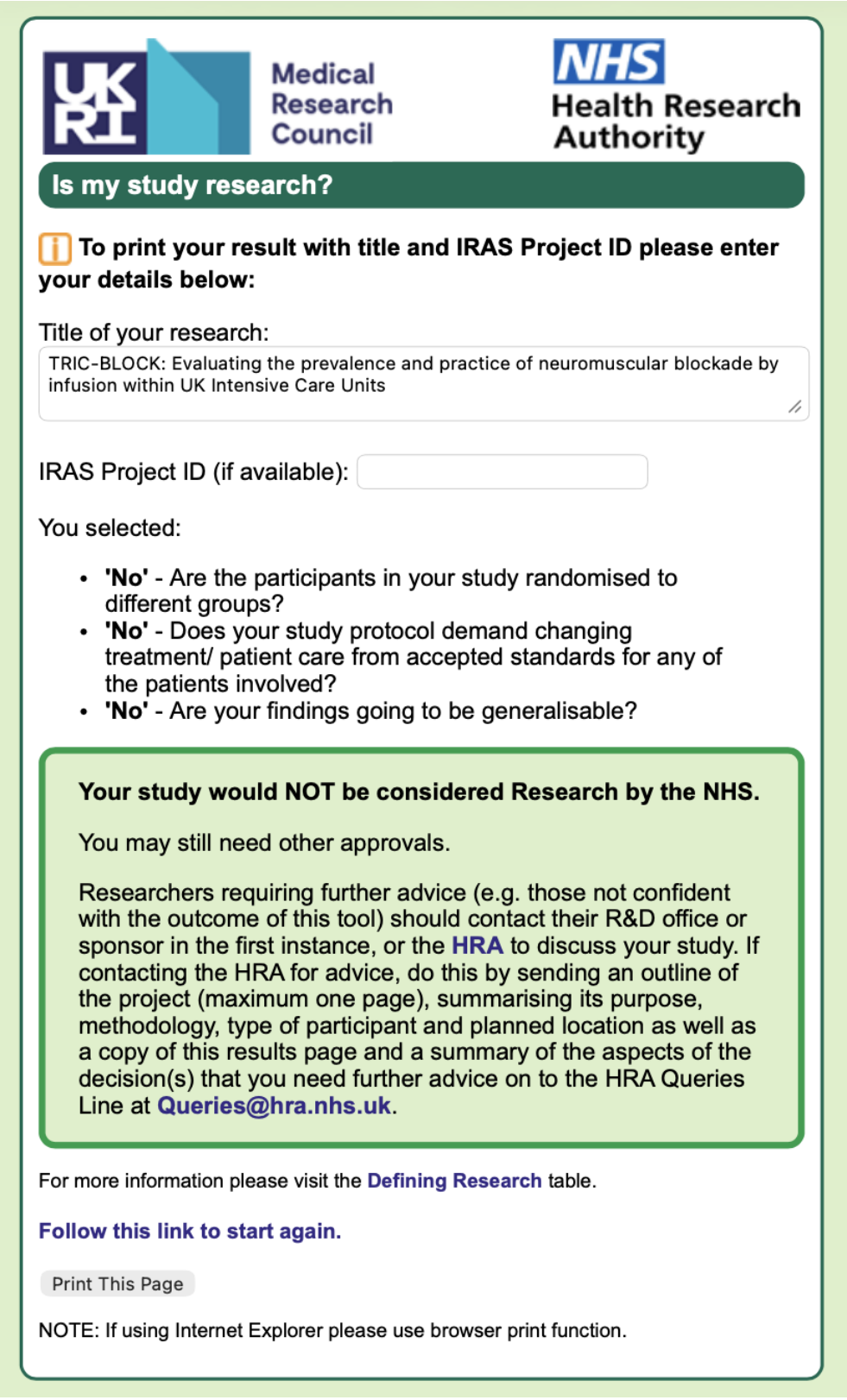
Field	**Example answers** *(Advisory notes in italics)*
Project title	**TRIC-BLOCK: Evaluating the prevalence and practice of neuromuscular blockade by infusion within UK Intensive Care Units**
Proposed start date	**02/03/2026**
Proposed end date	**15/04/2026**
Site	**Hospital X, Hospital Y, Hospital Z** *Insert your hospital name. If your trust has intensive care units across multiple sites, list them all.*
Department or division	**Intensive Care** *Your local department or division may have a different name*
Departmental audit/clinical governance lead	**Dr X (Consultant in Intensive Care Medicine)** *This will be the consultant within your unit who has overall responsibility for audit/clinical governance*
Audit/project supervisor	**Dr X (Consultant in Intensive Care Medicine)** *Most hospitals will require a named consultant supervisor*
Project lead	**Your name**
Other project team members	**Other names** *Include names of other collaborators for data collection*
Type of project	**National Service Evaluation** *Select the answer closest to this. Remember this project is **NOT research** (see below).*

Ensure you also review the table on the next page.

Field *(Advisory notes in italics)*	**Example answers**
Is the required data/information already routinely collected e.g., within clinical systems or notes or existing databases and registries?	**Yes**
Will any new data/information about patients need to be collected (e.g. survey completion)?	**No**
Is the project considered to be research? ***See' HRA Research Decision Tool' below***	**No**
Will a Participant Information Sheet and Informed Consent Form be used? ***The study is not research and therefore this is not required***	**No**
Will external staff be consenting patients?	**N/A**
Will patient data be fully anonymised (i.e. all links between the patient's data and their identity have been completely broken and the data cannot be relinked)?	**No**
Will patient data be pseudonymised (i.e. all identifiable data will be removed, but with the use of a separately held code, so that data could be relinked if necessary)? ***It is <u>vital</u> to specify that any linkage codes will not be shared outside your individual site under any circumstances. You should clearly state that all linkage codes will be securely destroyed at the conclusion of the study period (and ensure this is done). <u>Only</u> the anonymised data will be shared with the TRIC-BLOCK committee. You should state how patient data will be pseudonymised to the direct clinical care team but anonymised to the central team who will receive no identifiable information and no method of linking identifiable information to the study ID.***	**Yes**
Will the patient data be identifiable (because it cannot be fully anonymised/pseudonymised)?	**No**
Will the data be anonymised or pseudonymised by staff in the patients' direct care team?	**Yes**
Will external staff be accessing patient medical records?	**No**
Will the data be shared with researchers outside the organisation for analysis?	**Yes**
Will the results/outputs of the project be shared more widely e.g., through publication or presentation?	**Yes**
Does this audit have CAG approval under Section 251? *This is not required as the study will not use identifiable data*	**No**
Does this project have Research Ethics Committee (REC) approval? ***See 'HRA Research Ethics Committee decision tool' below*****HRA Research Ethics Committee decision tool**	**N/A**

HRA Research Decision Tool

This document can be submitted to clinical governance teams as evidence that TRIC-BLOCK is **not** considered research.



Medical Research Council

NHS Health Research Authority

Is my study research?

To print your result with title and IRAS Project ID please enter your details below:

Title of your research:

TRIC-BLOCK: Evaluating the prevalence and practice of neuromuscular blockade by infusion within UK Intensive Care Units

IRAS Project ID (if available):

You selected:

- **'No'** - Are the participants in your study randomised to different groups?
- **'No'** - Does your study protocol demand changing treatment/ patient care from accepted standards for any of the patients involved?
- **'No'** - Are your findings going to be generalisable?

Your study would NOT be considered Research by the NHS.

You may still need other approvals.

Researchers requiring further advice (e.g. those not confident with the outcome of this tool) should contact their R&D office or sponsor in the first instance, or the **HRA** to discuss your study. If contacting the HRA for advice, do this by sending an outline of the project (maximum one page), summarising its purpose, methodology, type of participant and planned location as well as a copy of this results page and a summary of the aspects of the decision(s) that you need further advice on to the HRA Queries Line at **Queries@hra.nhs.uk**.

For more information please visit the **Defining Research** table.

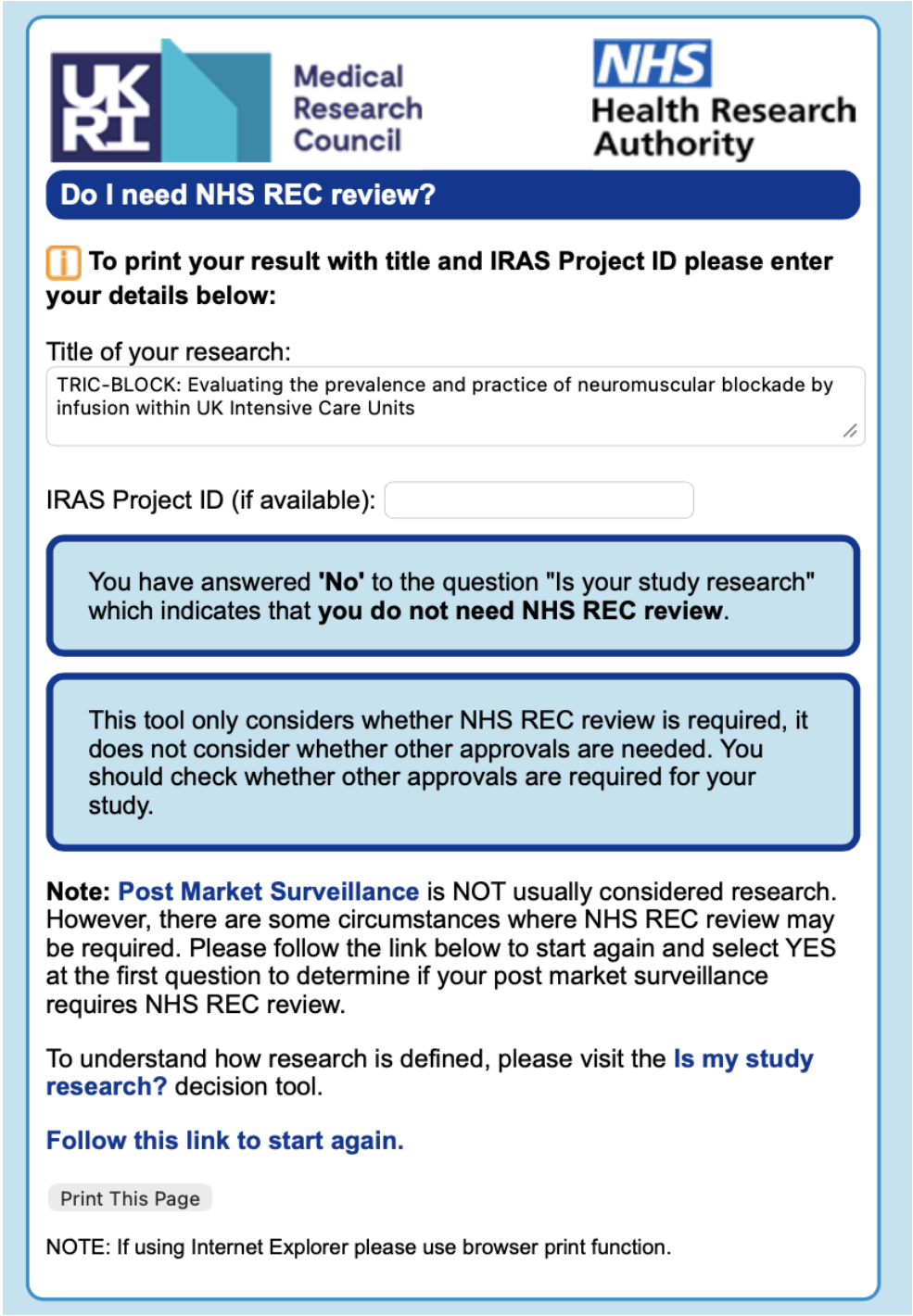
Follow this link to start again.

Print This Page

NOTE: If using Internet Explorer please use browser print function.

HRA Research Ethics Committee decision tool

This document can be submitted to clinical governance teams as evidence that TRIC-BLOCK does **not** require research ethics committee review.



Medical Research Council

NHS Health Research Authority

Do I need NHS REC review?

To print your result with title and IRAS Project ID please enter your details below:

Title of your research:

TRIC-BLOCK: Evaluating the prevalence and practice of neuromuscular blockade by infusion within UK Intensive Care Units

IRAS Project ID (if available):

You have answered **'No'** to the question "Is your study research" which indicates that **you do not need NHS REC review**.

This tool only considers whether NHS REC review is required, it does not consider whether other approvals are needed. You should check whether other approvals are required for your study.

Note: Post Market Surveillance is NOT usually considered research. However, there are some circumstances where NHS REC review may be required. Please follow the link below to start again and select YES at the first question to determine if your post market surveillance requires NHS REC review.

To understand how research is defined, please visit the **Is my study research?** decision tool.

Follow this link to start again.

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