COLLECTION, STORAGE, TRANSPORTATION AND CARRIAGE OF PATHOLOGY LABORATORY SPECIMENS POLICY

Policy number and category	**C33**	**Corporate**
Version number and date	**5**	**May 2021**
Ratifying committee or executive director	**Clinical Governance Committee**	
Date ratified	**August 2021**	
Next anticipated review	**August 2024**	
Executive director	**Executive Director Quality and safety (Chief Nurse)**	
Policy lead	**Lead for Infection Prevention and Control**	
Policy author (if different from above)		
Exec Sign off Signature (electronic)		
Disclosable under Freedom	**Yes**	

POLICY CONTEXT:
To provide information on safe, correct collection, storage, transportation, and carriage of pathology laboratory specimens.

POLICY REQUIREMENT:

All laboratory samples will be collected, stored, transported and carried in a safe manner in accordance with Health and Safety legislation and European regulations.

All samples must be correctly labelled, and forms fully completed.

All samples pose a potential infection risk therefore a standardised approach of collecting, handling and transporting specimens must be applied. Standard Precautions must be adhered to at all times. If in doubt, please contact Black Country Pathology Services or the Infection Prevention and Control Team.

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1. INTRODUCTION

Laboratory specimens are processed through contracted services with Black Country Pathology Services.

This policy aims to provide all Trust staff with clear process on collection, storage, transportation and carriage of laboratory specimens.

All specimens pose a potential infection risk therefore all standard precautions must be adhered to for collection, handling and transporting of all specimens to reduce the risk of healthcare associated infection.

All clinical staff responsible for handling specimens have a responsibility and duty for the safe collection, labelling, handling and transporting of specimens. This is outlined under the Health and Safety at Work Act (1974) and the Control of Substances Hazardous to Health (COSHH) Regulations (2002).

Improper technique during collection of laboratory specimens may result in inaccurate results. There are infection risks to both patient and staff if specimen collection procedures are not correctly followed.

All specimens are transported in accordance with the European Agreement Concerning the International Carriage of Dangerous Goods by Road (2007) (ADR) and the Carriage of Dangerous Good and Use of Transportable Pressure Equipment Regulations (2007).

Specimens in transit are classified as dangerous goods. The packaging and transport of specimens by road is subject to legal requirements and it is essential that correct procedures are followed in order to comply with the Carriage of Dangerous Goods Regulations (2009).

This policy must be used in conjunction with Infection control policies for Hand Decontamination and Glove Use, Standard Precautions, Outbreak of Infection, Sharps Disposal, Waste Policy and Venous Access Policy.

1.1 Rationale

The quality of a laboratory result is, dependent on the quality of the specimen received and also the accuracy of information provided on the laboratory requisition form. False laboratory results may occur if the correct procedures are not adhered to.
Also, to provide basic infection prevention and control principles for the collection, storage and transportation of laboratory specimens.

1.2 Scope

This policy applies to all Trust staff in all locations including temporary employees, locums, agency staff, contractors and visiting clinicians, who are engaged in obtaining biological specimens and sending for pathology laboratory analysis.

Responsibilities of staff groups to whom this policy applies are detailed in

section 4.

Trust staff working for HMP Birmingham Healthcare will follow Birmingham Community Healthcare NHS Trust, Infection Control Policies and procedures.

1.3 Principles

Transportation of biological material is undertaken in a safe manner to all, and that the special classifications of hazardous contagions are identified appropriately. Therefore this policy/procedure will ensure that all materials are appropriately contained and transported and that any spillage is dealt with in an appropriate and safe manner. This policy will formulate the basis for training of transportation staff and the Personal Protective Equipment (PPE) used for transport purposes.

2. POLICY

All laboratory samples will be collected, stored, transported and carried in a safe manner in accordance with Health and Safety legislation and European regulations. All samples pose a potential infection risk therefore a standardised approach of collecting, handling and transporting specimens must be applied. Standard Precautions must be adhered to at all times.

3. PROCEDURE

All samples must be correctly labelled and forms fully completed.

All samples and accompanying paperwork must be transported in such a way as to maintain patient confidentiality at all times. They must never be left unattended in a public area.

All samples pose a potential infection risk therefore a standardised approach of collecting, handling and transporting specimens must be applied. Standard Precautions must be adhered to at all times:

Always wash hands before and after obtaining and handling specimens

- Cover cuts/skin breaks with waterproof dressing
- Wear appropriate gloves (and disposable aprons) and to minimise contact or contamination with blood or body fluids.
- Take care not to contaminate the outside of the container with blood or body fluid
- Do not use the specimen container for any other purpose
- Always ensure the top is closed securely
- Where needles, vacutainers and syringes have been used discard in appropriate sharps container at the point of use.
- Sharps containers must not be overfilled (not above the fill line), the temporary closure to be in place when not in use, locked and labelled when

full and replaced. Contact the Nurse in Charge/Team Manager for accessing replacement sharps bins.

- When using needles always, where reasonably practicable use safety devices

If in doubt, please contact Black Country Pathology Services or the Infection Prevention and Control Team.

3.1 Collection

3.1.1 Any staff responsible for the collection of specimens from patients should be adequately trained in the relevant procedure. This is a clinical professional requirement and can be undertaken through clinical supervision by senior clinicians familiar with the procedure.

3.1.2 Hands must be washed prior to and following collection of specimens.

3.1.3 Appropriate PPE – e.g. gloves and apron should be worn when collecting a specimen.

3.1.4 Additional respiratory and facial equipment must be worn for collection of specific samples as instructed by the Infection prevention and control team, e.g. swabs for pandemic COVID, influenza, emerging infectious organisms.

3.1.5 Unnecessary contamination of the environment must be avoided by placing the container close to the sampling site.

3.1.6 The container must not be overfilled and the top must be secured tightly to prevent leakage during transportation (NB contamination of the outside of the container is a hazard to both laboratory and transporting staff). Any leakage occurring to the outside of the container must be removed prior to transporting the specimen (clean with disinfectant wipes – e.g. green clinell® or chlore-clean – PPE must be used while doing this – see Trust policy).

3.1.7 Care must be taken when needles and sharps are used to collect specimens to prevent inoculation injuries. Safety devices must be used and all sharps must be disposed of into the appropriate sharps container.

3.1.8 Additional guidance for Collection of Microbiological Specimens is outlined in Appendix 2.

3.2 Request forms and labelling

3.2.1 All samples pose a potential infection risk therefore standard precautions must be adhered to at all times. If in doubt, contact the Black Country Pathology Services or the Infection Prevention and Control Team.

3.2.2 **Best practice is to generate an electronic request via Rio**. This will ensure all the service user's details are correct and reduced the risk of rejected samples. They can be printed in an electronic format contained within RIO: http://connect/corporate/corporate-clinical-services/physical-health/Pages/Laboratory-services.aspx

3.2.3 Laboratory test request forms are also available to all teams in hard copy with accompanying specimen bags. New stock can be ordered through the portal for viewing results.

3.2.4 The following information is required as a minimum and care is needed to ensure it is accurate

- **Name of patient- last named and first**
- **Date of birth**
- **Rio number**
- **Team/ward location**
- **Consultant**
- **NHS number**
- **Team code**
- **Tests requested and relevant clinical details**
- **Time of collection**
- **Signed by requesting clinician with printed readable name of clinician and contact details**
- **Denzapine Monitoring System (DMS) number for clozapine monitoring.**

3.2.5 Incomplete request forms will result in test not being undertaken.

The following information must to be included when labelling of the specimen:

- **Name of patient - last named and first**
- **Date of birth**
- **RIO number**
- **NHS number**

3.2.6 Incomplete labelled specimens or insufficient sample volume will not be tested.

3.2.7 Clinical staff must ensure that they utilise the smaller size label stock provided.

3.2.8 Full size labels will obscure some of the information and samples may not be tested.

3.2.9 Label templates for the specimen tubes/pots and test request forms are available on Rio.

3.3 Specific tests

3.3.1 Specimens for full blood count analysis of therapeutic levels- assays commonly undertaken for Clozapine and other antipsychotics must have the correct request on the form for an assay (if not ticked, the sample will only be tested for full blood count).

3.3.2 Assays are requested in specific circumstances to enable the requestor to understand compliance and therapeutic threshold for dose. To enable a useful assay with clinical relevance, it is important that the time and last dose are recorded on the form, so that metabolism can be factored into the levels found upon analysis.

3.4 Packaging Requirements

The European Agreement concerning the International Carriage of Dangerous

Goods by Road (ADR) classifies infectious substances as either Category A or Category B. In order to comply with legal requirements, Packaging Instructions must be followed: P620 for Category A and P650 for Category B.

3.4.1 Category A

3.4.1.1 Category A is any infectious substance, which is capable of causing permanent disability, life-threatening or fatal disease to humans or animals. Substances assigned to Category A must be transported as “UN2814: Infectious Substance affecting Humans“.

It is very unlikely Category A samples need to be transported within the trust. In case this happens, IPC or microbiologist on call need to be contacted previously, to support arrangements.

3.4.1.2 Category A substances include

- Bacillus anthracis (cultures only)
- Brucella abortus (cultures only)
- Brucella melitensis (cultures only)
- Brucella suis (cultures only)
- Burkholderia mallei – Pseudomonas mallei – glanders (cultures only)
- Burkholderia pseudomallei – Pseudomonas pseudomallei (cultures only)
- Chlamydia psittaci – avian strains (cultures only)
- Clostridium botulinum (cultures only)
- Coccidioides immitis (cultures only)
- Coxiella burnetii (cultur
- es only)
- Crimean-Congo haemorrhagic fever virus
- Dengue virus (cultures only)
- Eastern equine encephalitis virus (cultures only)
- Escherichia coli, verotoxigenic (cultures only)1
- Ebola virus
- Flexal virus
- Francisella tularensis (cultures only)
- Guanarito virus
- Hantaan virus
- Hantaviruses causing haemorrhagic fever with renal syndrome
- Hendra virus
- Hepatitis B virus (cultures only)
- Herpes B virus (cultures only)

- Human immunodeficiency virus (cultures only)
- Highly pathogenic avian influenza virus (cultures only)
- Japanese Encephalitis virus (cultures only)
- Junin virus
- Kyasanur Forest disease virus
- Lassa virus
- Machupo virus
- Marburg virus
- Monkeypox virus
- Mycobacterium tuberculosis (cultures only) 1
- Nipah virus
- Omsk haemorrhagic fever virus
- Poliovirus (cultures only)
- Rabies virus (cultures only)
- Rickettsia prowazekii (cultures only)
- Rickettsia rickettsii (cultures only)
- Rift Valley fever virus (cultures only)
- Russian spring-summer encephalitis virus (cultures only)
- Sabia virus
- Shigella dysenteriae type 1 (cultures only) 1
- Tick-borne encephalitis virus (cultures only)
- Variola virus
- Venezuelan equine encephalitis virus (cultures only)
- West Nile virus (cultures only)
- Yellow fever virus (cultures only)
- Yersinia pestis (cultures only)

3.4.1.3 A guidance document is available at:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/527574/dangerous-goods-guidance-note-24.pdf

Category A pathogens must have documents in place describing the procedures for transport and must use approved Category A couriers.

3.4.2 It is unlikely that within BSMHFT there would be cause to transport materials of this nature, except under exceptional circumstances. **This must involve consultation and support from the Infection Prevention and Control Team, Duty Consultant Microbiologist and Black Country Pathology Services.**

3.4.3 Category B substances

3.4.3.1 Category B is any infectious substance that does not meet the criteria for inclusion in Category A and must be consigned or shipped as “UN3373”. **This is the classification for the majority of routine diagnostic samples sent to the laboratory.**

3.4.3.2 The packaging instructions below incorporate the ‘P650 Packaging Instructions Category B, UN3373 class diagnostic samples’.

3.4.3.3 All specimen primary containers must be tightly sealed with a rigid stopper/lid.

3.4.3.4 All specimens placed in the plastic pouch attached to the request form and the integral sealing strip properly closed to contain any spillage and prevent contamination. This:

- Limits all unnecessary hand contact with specimen containers.
- Makes it easy to identify a leaking container among a batch.
- Prevents a leaking container from contaminating other containers, request forms, the hands of the person sorting a batch, and the immediate environment.

3.4.3.5 The request form must not be placed in the bag with the specimen and must not be stapled or pinned to the bag.

3.4.3.6 Specimen transport bags must not be used more than once.

3.4.3.7 The expiry date of all primary specimen containers and transport media must be checked prior to use to ensure they are in-date.

3.4.3.8 A guidance document on category B packaging instructions can be accessed via: Transportation of infectious substances - Blood borne viruses (BBV) (hse.gov.uk)

3.4.3.9 If there is any doubt over the correct classification of a sample, consult staff at the relevant laboratory and the IPC team/ duty Consultant Microbiologist before sending.

3.5 Storage of specimens

3.5.1 Specimens must be matched up with the completed request form and placed into the plastic bag compartment.

3.5.2 Specimens must then be placed in the red sample trays provided by Black Country Pathology Services These trays are for specimens only and must not be used for any other purpose.

3.5.3 Blood, urine, faecal samples and MRSA swabs do not require refrigeration prior to collection.

3.5.4 Specimens requiring refrigeration should never be stored with drugs or food.

3.6 Sending specimens by post

3.6.1 An outer packaging, for sending specimens by post to the laboratory i.e. cardboard/polystyrene/plastic box must be rigid and have a minimum dimension of any one side of 100 x 100 mm.

3.6.2 This packaging must be able to withstand being dropped from 1.2 metres without breaking open. This packaging will be utilised for postal carriage of specimens from community areas or GP's on specimens required by prescribing to be the responsibility of BSMHFT.

3.6.3 Contact Black Country Pathology Services reception for ordering cardboard sleeves.

The outer package, when sending by post must bear UN3373 diamond label as shown in figure 1 below:

Figure 1 UN3373 diamond label

3.7 Specimen transportation

3.7.1 General Principles

It is essential that the specimen is secure to prevent leakage/breakage.

3.7.2 On site Transport

3.7.2.1 Batches of specimens, for example those collected from the appropriate porter, must be transported to pathology in a container which must not be used for any other purpose than carrying specimens. (See 3.7.2.4)

3.7.2.2 The appropriate containers are available to SSL and trust wide General Transport services. The clinical unit must provide for the urgent taxis.

3.7.2.3 The transport container must be made of smooth rigid material that can be easily disinfected in the event of a leakage.

3.7.2.4 Damaged or broken transport containers must be reported to the team/line management for immediate replacement. Replacements can be ordered from NHS Supplies

3.7.2.5 Broken or damaged boxes must be disposed of into the clinical waste stream at the nearest BSMHFT hospital site.

3.7.3 Collection times

3.7.3.1 Scheduled collection times are set out in 'Bus Stops section on the intranet http://connect/corporate/estates/transport/Pages/default.aspx

3.7.3.2 After reviewing the Bus Stop pickup time. If this is not appropriate for the urgency of the specimen, the site can raise a task. Where a site raises a task, Summerhill Services Ltd (SSL) will respond as soon as practical before the next scheduled hub collection to ensure specimens are collected in a timely manner.

3.7.3.3 Urgent specimens during working hours

3.7.3.3.1 If a specimen has to be analysed urgently because results affect the control of a service user's medication or as clinician request then a taxi will be ordered to get the sample to the laboratory in a timely manner. The samples box will be pick up on the normal transport run by SSL (Summerhill Services Ltd).

3.7.3.3.2 The unit who ordered the taxi will be charged accordingly by Trust Finance having been invoiced by the taxi provider.

3.7.3.4 Urgent specimens out of hours

Contact the "on call" Biomedical Scientist at Black Country Pathology covering the requested test to alert them to expect an urgent sample.

3.7.4 Contact details on ALL urgent specimens

The requester must confirm contact details including a mobile number with the laboratory so that any queries can be addressed and results can be acted on.

3.7.5 Weekend collections

Specimens obtained during the weekend must be transported to Black Country Pathology Services via trust taxi in an appropriate transport contact (which will be picked up on the normal transport run)

3.7.6 Cross site transport

3.7.6.1 Samples are transported between hospital sites by a regular schedule of Trust transport vehicles http://connect/corporate/estates/transport/Pages/default.aspx

3.7.6.2 Samples must be transported in containers, which must not be used for any other purpose than carrying specimens.

3.7.6.3 All containers used for transporting samples must be compliant with the requirements of the European agreement on the carriage of dangerous goods by road (ADR) 2009. Regulations require that all Pathology samples are packaged with sufficient absorbent material to soak up potential spills.

3.7.6.4 Transport boxes are supplied by the Pathology department with absorbent material in the bottom of each box.

3.7.6.5 All specimens must be sealed in plastic bags and these bags must be transported in closed transport boxes.

3.7.6.6 Transport boxes must only be opened by drivers if a further bag of samples is collected.

3.7.6.7 Histology specimens

3.7.6.7.1 All Histology specimens are transported in green zip-fastened bags (where applicable). **Please contact the Histology Department via Pathology reception 0121 507 5371.** Black Country Pathology Services SWBH NHS TRUST (bcpathology.org.uk)

3.7.6.7.2 There is absorbent material lining the bottom of each bag

3.7.6.7.3 All Histology specimens are double-bagged before being transported in the green bag.

3.7.6.7.4 Under no circumstances must green bags be opened by General Transport Service drivers: this is a breach of both Health & Safety and confidentiality requirements

3.7.7 Process for specimen pick up across trust sites

3.7.7.1 Specimens are collected from individual units and sites by two methods:

- Collect on the next scheduled Summerhill Service Ltd (SSL) general transport (pathology service) visit. For collection times **see** the Trust pages of connect or direct contact to transport http://connect/corporate/estates/transport/Pages/default.aspx
- The unit to contact the Trust taxi provider to collect if urgent, out of hours, bank holidays and weekends.

3.7.7.2 The unit or site will place specimens in the specified specimen tray/sample box **which is known locally** which will then be collected by the required transport provider

3.7.7.3 All samples pose a potential infection risk therefore a standardised approach of collecting, handling and transporting specimens must be applied. Standard Precautions must be adhered to at all times. If in doubt please contact Black Country Pathology Services or the Infection Prevention and Control Team.

3.7.7.4 In periods of sustained cold weather, (generally November through March) sufficient insulation will be added to transportation boxes for collected specimens by the laboratory services, to reduce haemolysis and falsely elevated potassium levels (there is a correlation through the KPI monitoring with elevated potassium levels over these months).

3.7.7.5 Staff must wash/decontaminate their hands after handling of specimens

3.7.7.6 GP Surgeries and Other Hospitals

Service users who have their bloods taken at their GP for clozapine monitoring must have this agreed on an individual basis including transport to lab and how results are sent to ZTAS.

3.7.7.7 The blood samples will need to be sent through the post (similar to previous arrangements with ZTAS) using the cardboard sturdy tubes available through ordering supplies through Black Country Pathology Services team ordering.

3.7.7.8 If the service user agrees, they can also deliver their own specimens to Black Country Pathology Services to the pathology reception desk accompanied by a BSMHFT test request form.

3.7.7.9 Service users may wish to attend their local phlebotomy service in district hospitals, Service users will require the test request forms to give to phlebotomy staff.

3.7.7.10 Good Hope have daily collections by van which take specimens over to Black Country Pathology laboratory.

3.7.7.11 Solihull location specimens will be collected by General Transport on their visits.

3.7.7.12 University Hospitals Birmingham at Heartlands also has daily runs to deliver specimens to Black Country Pathology (at City Hospital).

3.7.8 Use of Taxis

3.7.8.1 Taxis are used when samples must arrive quickly at a local destination, outside routine working hours.

3.7.8.2 The process and guidance around use is available on the Transport pages on Connect. Specimens must be packed in accordance with P650 (See section 3.4) into a sealed plastic bag or a cardboard box with absorbent material and sealed.

3.7.8.3 A UN3373 diamond label must be affixed to the outer package if not pre-

printed. The specimen bag or box must then be placed in a small red transport box.

3.7.8.4 The transport box must be clearly labelled for delivery to Pathology at City Hospital Laboratory and will also be labelled with the following information.

FAO ALL DRIVERS

This box contains pathology specimens.

DO NOT OPEN

Please take directly to City Hospital Laboratory.

In case of spillage contact Pathology Reception 0121 553 1831

3.7.8.5 Any Sample container taken by the taxi will be left at Black Country Pathology reception for SSL to collect at the next drop off.

3.7.9 Royal Mail

3.7.9.1 The Royal Mail is used for samples that can be sent in the routine postal service. This is not suitable for specimens that must be kept frozen. Samples sent with Royal Mail must be packaged in accordance with P650 using approved plastic/rigid cardboard containers. These are intended for single use and cannot be re-used once assembled and packed.

3.7.9.2 Specimens are packed using the bag and absorbent material supplied as part of the container. It is important to ensure that all required contents are in place prior to sealing the box, as once closed, the box can only be opened by breaking the outer sealing strip.

NB Category A samples must not be sent by Royal Mail.

3.7.11 Carriage of specimens from patients own home

All clinical staff collecting and transporting specimens from a patient's own home must use a secure, robust**,** leak proof container identified by the biohazard label Class 6.2 infectious substances and UN3373 code. An example is 'Daniel's' red transport boxes which are certified as compliant with P650 regulations.

3.8 Decontamination of Specimen Trays and Transport Boxes

Red trays and boxes must be cleaned by the user weekly by or sooner if visibly contaminated using disinfectant wipe(s) or chlorine solution and dried. See 3.10 for blood and body fluid spillages.

Decontamination of transport vehicles, please refer to Trust Decontamination Policy. (Presently being updated however this is the present link) http://connect/corporate/governance/Policies/Annex%20B%20-

%20Decontamination%20Policy.pdf

3.9 Spillages and Leakages

3.9.1 Spillages must be dealt with promptly using PPE including facial protection if there is a risk of splashing and disposable materials that must be placed into the hazardous waste stream.

3.9.2 Blood spillages must be disinfected with chlorine 10000 ppm/blood spill pack. Refer to Decontamination policy for additional guidance.

3.9.3 Hands must be washed upon completion of spillage clean and removal of PPE. If hands not visibility soiled use alcohol gel solution if handwash basin not immediately available and wash hands with water and soap at first opportunity

3.9.4 Leaking samples must be discarded and the requesting clinician contacted as soon as possible in contaminated waste bags. Leaking samples must be incident reported via Eclipse.

3.9.5 Samples damaged en route to the lab will be Eclipsed and reported to Pathology reception for further advice. Samples will not be handled by the transport driver. **The requesting clinician must be informed.**

3.9.6 Please contact the IPC team for specific advice.

3.10 Training

3.10.1 Any clinical staff dealing with packaging specimens for transport must receive induction to the process from senior members of staff already participating in the process within their department or section as required.

3.10.2 Ward and team managers have the responsibility for ensuring that they enable either directly or through appropriate delegation, a team member with awareness of the procedures.

3.10.3 All staff acting in the capacity of undertaking carriage and transport of specimens must be trained, in appropriate procedures to minimise contagion risk to the environment.

3.10.4 Summerhill Services Ltd (SSL) have the responsibility of ensuring all staff responsible for this duty have been trained in infection prevention and control procedures and the management of spillages. In the management of spillages, identifying different levels of contagion, the risks of bio hazardous materials and appropriate infection prevention and control practices, are part of the Trust statutory and mandatory training programme. Infection prevention and control training update are required three yearly.

3.10.5 All new staff coming into the Trust will have access to training for electronic access to the pathology service through the doctor's induction and included with all Rio training for clinical staff.

3.11 Access to the results data base, which resides on BSMHFT in house servers

3.11.1 Every team must ensure that at least all the medical staff, one administrative

staff member and at least one other clinical staff member know how to access the results of pathology service testing electronically.

3.11.2 As staff commence work in a new ward or team environment, the local induction undertaken with staff must include the access to pathology investigation results through the pathology electronic interface and how to request and send specimens for analysis.

3.11.3 All new staff who require access to the pathology results data base, must apply for electronic access through the IM&T help desk.

3.11.4 All results, that cannot be attributed to specific patients, normally as a result of poor specimen or test request from completion, go to a holding area of unassigned results.

3.11.5 The unassigned area is not allocated to any team, and can be accessed with support from the pathology laboratory specifically. This help, is through the manager for this contract performance at Black Country Pathology Services

4. ROLES AND RESPONSIBILITIES

Post(s)	Responsibilities	Ref
Executive Director	• Be aware of the processes that occur in relation to collection, storage, transportation and carriage of laboratory specimens.	
Policy Lead	• Respond to problems in the chain of custody or pathology reporting, manage the contract and provision through contract monitoring and meeting with estates and facilities contracted provider for transportation. • Ensure people have access to training as and when it is needed. • Monitor the service against quality criteria set in the contract.	
Clinical Directors	• Have accountability for the volume and type of test requesting undertaken across their teams/programme • Have accountability that test results are acted upon in a competent and safe manner, by professional staff, putting patient safety at the heart of any decisions or actions taken.	
Team/ward Managers	• Ensure there are identified staff within teams who are aware of how to order consumables, how to package and send pathology samples. • Must identify who, will access results electronically. If training is needed to support these actions, then they need to escalate to the policy lead to organise training. • To ensure staff to whom this applies are aware of and understand any policies/procedures relating to the safe collection, handling and transportation of specimens.	

Clinical staff include nursing, medical staff and health care assistants to whom this policy applies	• To ensure that they are aware of and understand any policies/procedures relating to the safe collection, handling and transportation of specimens. • Ensure that they aware of and competent in the procedure for the safe collection, handling and transportation of specimens. • How to complete test request forms on RiO • Correctly collect and send samples in appropriate containers and packaging, described in the policy to the pathology laboratory • How and where to access results and where to report those results into the care record. • The clinician requesting the specimen must track results so that significant/abnormal results are acted upon. • The requesting clinician must be clear on what they are looking for and when they will act on the results. Global ordering of broad spectrum of tests may be challenged by the lab for rationale. • All clinical staff has a responsibility to use the correct safety devices for blood collection. • Should understand what tests they order and why. • To wear PPE as appropriate. • Cleaning procedures in the event of spillage	
SSL	• Porters and transportation staff will be aware of where to collect specimens, in order to collect and take to transportation hubs or direct to the pathology laboratory. • Porters and transportation staff will be aware of how to transport specimens and will have received training in safe transportation of specimens in the collection boxes, and how to clear up spillages in the most appropriate way, dependent upon what and where there is spilled. • To have access to wear PPE as appropriate.	
Infection Prevention and Control Team	• Providing training on standard precautions, decontamination and other infection control aspects of the policy as part of mandatory training programme. • Review of this procedure at least every three years or on the basis of new evidence. • Proved advice as appropriate on specific tests/samples required during outbreaks/incidents of infection.	

5. DEVELOPMENT AND CONSULTATION PROCESS

Consultation summary		
Date policy issued for consultation		May 2021
Number of versions produced for consultation		1
Committees / meetings where policy formally discussed		**Date(s)**
Infection Prevention Partnership Committee		21 July 2021
Physical Health Committee		July 2021
Estates and Facilities		July 2021
PDMG		29 July 2021
Clinical Governance Committee		03 August 2021 TBC
Where received	**Summary of feedback**	**Actions / Response**
11/03/2021	Change to Clozapine provider	Accepted

6. REFERENCE DOCUMENTS

IC 01 Trust Infection Control Overarching Policy

Annex B -IC01 Trust Decontamination Policy

Guidance note number: 17/2012 [REV.7] Transport of infectious substances UN2814, UN2900 and UN3373 Guidance note 17: transport of infectious substances (publishing.service.gov.uk)

Health & Safety at Work Act, 1974 and the Health & Safety at Work Act, 1974 and the Control of Substances Hazardous to Health, 2002, 2002. Control of Substances Hazardous to Health 2002 (COSHH) (hse.gov.uk)

7. BIBLIOGRAPHY

8. GLOSSARY

PPE - Personal Protective Equipment

9. AUDIT AND ASSURANCE

The information asset owner (IAO) for the evaluation of access and systems security belongs to the Deputy Director of Nursing, health and wellbeing services.

The integrity of the quality of provision is managed through contract management which occurs quarterly, jointly with the provider. KPI enable the quality of specimens, transportation time and reporting to be tracked. Senior managers from operations and representatives from localities from wards also have a seat on the quality monitoring group meeting.

The transportation provision is monitored through contract monitoring with the provider through estates and facilities on a monthly basis. There is cross

feeding of KPI data from the pathology provider contract quality meeting to the transportation meeting which enable understanding of the time intervals between collection and arrival at the provider reception.

Monitoring Template

Element to be monitored	Lead	Tool	Frequency	Reporting Arrangements
Transportation provision	SSL	Contract monitoring	quarterly	Quality Monitoring Group
Review of incidents with sample transportation	ICP	Eclipse	Quarterly	ICCP meeting

10. APPENDICES

Appendix 1 Equality Analysis Screening Form
Appendix 2 Collection of Microbiological specimen's summary
Appendix 3 Specimen collection and packaging by road - process

APPENDIX 1

Equality Analysis Screening Form

A word version of this document can be found on the HR support pages on Connect
http://connect/corporate/humanresources/managementsupport/Pages/default.aspx

Title of Proposal	**C33 Collection, Storage, Transportation and Carriage Of Pathology Laboratory Specimens Policy**		
Person Completing this proposal	Lyndi Wiltshire	Role or title	Lead Nurse for Physical Health
Division	Physical Health	Service Area	Corporate clinical services
Date Started	9th March 2021	Date completed	9th March 2021

Main purpose and aims of the proposal and how it fits in with the wider strategic aims and objectives of the organisation.
This policy provides information on safe, correct collection, storage, transportation and carriage of pathology laboratory specimens to staff who undertake
Who will benefit from the proposal?
Trust staff, service users and partner agencies
Impacts on different Personal Protected Characteristics – *Helpful Questions:*

Does this proposal promote equality of opportunity? *Eliminate discrimination?* *Eliminate harassment?* *Eliminate victimisation?*	*Promote good community relations?* *Promote positive attitudes towards disabled people?* *Consider more favourable treatment of disabled people?* *Promote involvement and consultation?* *Protect and promote human rights?*

Please click in the relevant impact box or leave blank if you feel there is no particular impact.

Personal Protected Characteristic	No/Minimum Impact	Negative Impact	Positive Impact	Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.
Age	x			
Including children and people over 65 Is it easy for someone of any age to find out about your service or access your proposal? Are you able to justify the legal or lawful reasons when your service excludes certain age groups				
Disability	x			

Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability? Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?				
Gender	x			
This can include male and female or someone who has completed the gender reassignment process from one sex to another Do you have flexible working arrangements for either sex? Is it easier for either men or women to access your proposal?				
Marriage or Civil Partnerships	x			
People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?				
Pregnancy or Maternity	x			
This includes women having a baby and women just after they have had a baby Does your service accommodate the needs of expectant and post-natal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect relation in to pregnancy and maternity?				
Race or Ethnicity	x			
Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language?				
Religion or Belief	x			
Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area? When organising events – Do you take necessary steps to make sure that spiritual requirements are met?				
Sexual Orientation	x			
Including gay men, lesbians and bisexual people Does your service use visual images that could be people from any background or are the images mainly heterosexual couples? Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?				
Transgender or Gender Reassignment	x			
This will include people who are in the process of or in a care pathway changing from one gender to another Have you considered the possible needs of transgender staff and service users in the development of your proposal or service?				
Human Rights	x			

Affecting someone's right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position?				
If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)				
	Yes	**No**		
What do you consider the level of negative impact to be?	**High Impact**	**Medium Impact**	**Low Impact**	**No Impact**
				x
If the impact could be discriminatory in law, please contact the **Equality and Diversity Lead** immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required. If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the **Equality and Diversity Lead** before proceeding. If the proposal does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the **Equality and Diversity Lead.**				
Action Planning:				
How could you minimise or remove any negative impact identified even if this is of low significance?				
How will any impact or planned actions be monitored and reviewed?				
How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.				
Please save and keep one copy and then send a copy with a copy of the proposal to the Senior Equality and Diversity Lead at bsmhft.hr@nhs.net . The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis.				

Appendix 2

Collection of Microbiological specimen's summary

Confirmation or exclusion of a suspected infection is dependent on the results obtained from microbiological investigation of specimens. The results can show the causative micro-organism which then enables the appropriate antibiotic treatment to be chosen. The quality of the results is directly related to the quality of the specimen.

Indications for taking a Microbiological specimen

- When an infection is suspected or as a part of clinical investigations.
- MRSA admission screening as per MRSA Policy

In the event of a suspected outbreak specimens must be taken in consultation with the IPCT, on call Duty Consultant Microbiologist or laboratory.

Collection of Microbiological Specimens

- Specimens should be taken, wherever possible, before antibiotic treatment is started.
- The correct sterile container/swab must be selected.
- When pus or other fluids are to be collected it is preferable to send a reasonable quantity in a sterile container, as organisms do not survive well on swabs.
- A swab protected by transport media must be used as this will help protect organisms during transit to the laboratory.
- When dry infected areas are to be swabbed, it is useful to moisten the swab first with **sterile** water.

Site of Swab

Different areas of the body tend to have their own flora, and the same organisms elsewhere may have a pathogenic role (e.g. Staphylococcus aureus may be a normal inhabitant of the nose). It is essential that the site the swab / specimen is taken from is clearly identified. Wounds must be cleaned prior to swabbing.

Antibiotic Therapy

Failure to include details of antibiotic therapy may lead to misinterpretation of result e.g. inhibition of growth of the causative organism.

Date and Time of Collection

This information is important as different organisms survive for varying periods and some grow well at room temperature. If normal flora are present, their survival and subsequent multiplication may make culture results hard to interpret. This information should be recorded on the test request form along with symptoms or relevant history to the reason the test is being requested.

Collection of faecal specimens

The collection of faecal matter does not require a sterile procedure. However a bed pan should be given to patients to assist with collection of faecal specimen.

Appendix 3

Specimen collection and packaging by road - process

Collect specimen in appropriate labelled container.

Label request form and specimen container with patient details

Place sealed specimen container into request form bag

Seal request form bag

A number of request form bags with specimens can go into the transportation container which contains absorbent material

Lock transportation container

There are several different types of transport boxes available, please ensure that the box which is purchased complies with P650.

The IPC Team should be contacted if advice is required.
http://www.daniels.co.uk/product-category/daniels-transport-containers/