

# The Newcastle upon Tyne Hospitals NHS Foundation Trust

## Transport of Clinical Specimens

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Date Ratified:	14 August 2017
Ratified By:	Laboratory Medicine Executive Group

### 1 Introduction

This policy covers the packaging and transport of biological samples within and between hospital sites, GPs and clinics and lists the responsibilities of ward staff, messengers, porters, couriers and pick-up point staff.

There are regulations covering the transport of hazardous materials. Human specimens that do not contain pathogens are assigned to UN 3373 “Biological substance, Category B”. Pathogens presenting the greatest hazards to individuals are assigned to “UN 2814 Infectious substance, affecting humans” and require special handling.

Virtually all Pathology specimens fall into the UN 3373 category. Diagnostic material assigned to this category is only transported for the purpose of diagnosis or investigation and can include a variety of biological fluids and tissues.

Adherence to this policy will help ensure compliance with the HSE guidance document ‘Safe working and the prevention of infection in clinical laboratories and similar facilities.’ The policy includes advice on the use of air-tubes, porters Hopper service, messengers, couriers and taxis for specimen transport. It covers specimens for each of the laboratories, with additional detail for urgent samples for Microbiology and for high-risk specimens. The flow diagram in Appendix 1 summarises the procedures.

### 2 Scope

This policy relates to all members of staff, including contracted courier staff, involved in the transit of a clinical sample (blood, urine, tissue etc.) from the patient to the laboratory or between laboratories. The policy does not apply to Royal Mail staff for external transport providers, such as taxi drivers and non-contracted courier staff.

### 3 Aims

The aim of the policy is to provide clear guidance to staff involved in the transfer of clinical samples to the laboratory to ensure this is accomplished in a safe, secure and timely fashion. This should ensure the safety of all staff handling samples and maximise the benefit to patients from prompt analyses.

## 4 Duties (Roles and responsibilities)

4.1 The Executive Team is accountable to the Trust Board for ensuring Trust-wide compliance with policy.

4.2 Directorate managers and heads of service are responsible to the Executive Team for ensuring policy implementation.

4.3 Managers are responsible for ensuring policy implementation and compliance in their area(s).

4.4 Staff are responsible for complying with policy.

## 5 Definitions

The meaning of the terms used in the context of this document:

- **Air tube**  
The pneumatic specimen transport system that links wards and theatres with the laboratories.
- **Biochemistry**  
Trust laboratory. Part of the Blood Sciences department; also known as Clinical Chemistry where body fluids are analysed to aid diagnosis and management of disease.
- **Biohazard**  
A sample from a patient infected with a Hazard Group 3 or 4 biological agent (known or suspected)
- **Blood Sciences**  
A department consisting of Biochemistry, Haematology and Immunology.
- **Blood Transfusion**  
Trust laboratory. Part of the Blood Sciences department where patient sample blood group and antibody status is determined, compatibility tested and blood products issued,
- **Cellular Pathology**  
A department consisting of Cytology, Histopathology, Neuropathology and the Mortuary (FRH & RVI).
- **COSHH**  
Health & Safety Executive's 'Control of Substances Hazardous to Health' regulations (also covered by Trust policy)
- **Courier**  
The Trust's contracted operator who provides the inter-hospital courier service.
- **Cytology**  
Trust laboratory where cells in fluids are examined. Part of the Cellular Pathology department.
- **Electronic requesting**  
Requesting a laboratory examination via the eRecord system.
- **Frozen section**  
A rapid, intra-operative diagnostic procedure carried out on fresh tissue samples in Histopathology and Neuropathology.
- **Genetics (Northern Genetics Service)** The Northern Genetics Service (NGS) is managed as the Genetics Directorate, comprising: clinical services, **Cytogenetics, Molecular Genetics** (based at the Institute of Genetic

Medicine) and the **Muscle Immunoanalysis Unit** (based at the Newcastle Dental Hospital).

- **Haematology**  
Trust laboratory. Part of the Blood Sciences department where the morphology and physiology of blood is examined.
- **Histopathology**  
Trust laboratory where tissue samples are examined microscopically. Part of the Cellular Pathology department.
- **Hopper**  
The regular minibus transport service that links the CAV, FRH and RVI sites.
- **Immunology**  
Trust laboratory. Part of the Blood Sciences department where immunological disorders are identified.
- **Microbiology**  
Trust laboratory where samples are examined for evidence of infection or immunity to microorganisms.
- **Neuropathology**  
Trust laboratory where tissue samples from the central nervous system are examined microscopically. Part of the Cellular Pathology department.
- **Pathogen**  
Any microscopic organism, such as a virus or a bacterium that can cause disease.
- **Public Health England (PHE)**  
An arm's length body of the Department of Health. Works alongside the Microbiology department, providing molecular and mycobacterial diagnostic and some reference services.
- **Sample**  
Any body fluid or tissue extracted from a patient for laboratory examination.
- **UN3373 packaging**  
Approved 'Biological Substance, Category B' sample packaging (triple-pack) that meets the standard required for safe transport by road & rail.
- **Virology**  
PHE laboratory at RVI. Examines samples for evidence of infection or immunity to viruses by molecular methods

## **6 Packaging and Transport procedures**

### **6.1 Packaging and transport within a hospital site**

#### **6.1.1 Ward staff responsibilities**

**Please ensure all clinical specimens are referred to the appropriate laboratory as soon as responsibly practicable. Any unnecessary delays in specimen transport may impact clinical diagnosis and subsequent patient management.**

All specimens should be collected in Accordance with Trust sample acceptance and rejection policy.

[Sample Acceptance & Rejection Policy.](#)

Please Use the correct container for the analysis required (refer to the BD Tube Guide for blood specimens). Please see the individual laboratory's referral form for more information, or visit:  
[www.newcastlelaboratories.com](http://www.newcastlelaboratories.com).

For information on Genetics please visit:  
[http://www.newcastle-hospitals.org.uk/services/northern-genetics\\_services.aspx](http://www.newcastle-hospitals.org.uk/services/northern-genetics_services.aspx)

Label the specimen container with the following essential information:

- Patient's Name
- Date of birth
- NHS number/Hospital number
- Date and time collected
- Location

Fill in the corresponding request form (electronic or hard copy).  
**Consider risk of biohazard – see Section 4**

Ensure lids are tightened and invert sample collection tube several times (if appropriate) to ensure any additives are thoroughly mixed.

The specimen must be sealed in a clear plastic bag and the corresponding request form must be attached.

For electronic requesting, place the specimen in a separate specimen bag. There are designated bags for eRecord samples. Other plastic bags must not be used as this can result in specimens being delivered to the wrong department.

Ensure that specimens from only one patient are placed in the bag. Do not place specimens from multiple patients in one bag.

Note that the Histopathology request form is not attached to the specimen bag. In this instance, place the form and specimen in the respective compartments of the specimen bag. To avoid contamination **do not** place the form in the pocket with the specimen. Multiple pots can be bagged together from the same patient. With larger tissue specimen containers, bag the specimen and then place the form in a second bag and tape this to the bagged specimen, so they do not get separated.

Non-urgent samples should be placed in the Trust standardised specimen collection box located at the nurse station of every ward or clinic to await pick up by porters or the dedicated messenger service. The signage on the collection boxes is as follows:



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## Guidance for Transport of Laboratory Specimens

Samples must be sent to the laboratory as soon after collection as possible

Remember unlabelled samples will be rejected

Samples couriers operate between RVI & FRH labs (last courier 5pm Mon-Fri)

**Portering Service**

- Routine samples Mon-Fri
- 2xday FRH wards
- 4xday RVI wards
- NVW reception 17:00-00:00hrs
- Leazes reception 17:00-00:00hrs

**Air Tube**

- Quickest & most efficient route
- Can be used for all sample types except:
  - those on ice
  - those in formalin
  - known high risk
- But don't use unnecessarily
- Check portering collection times first
- Pods can be loaded with mixed sample types

**Urgent & Out of Hours**  
Use air tube or phone porter

**RVI / FRH Transfer**

- Hopper
- Bloodbike
- Taxi

For further information please refer to:  
Sample acceptance and rejection policy, Transport of clinical specimens policy, On-line laboratory medicine handbook:

Healthcare at its very best - with a personal touch

Each ward must ensure the correct location has been added to the signage and that approximate portering collection times have been added with indelible ink.



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# Sample Collection Point

**Ward:**

**Routine Collection Times:**

- Mon – Fri:
- Sat – Sun:

For collection of urgent samples after these times that can not be transferred by air tube please contact porters on FH 31753 or RVI 24560

**If the specimen collection box becomes damaged or misplaced please contact Microbiology on 37292 or 48897 to arrange for a replacement.**

## 6.1.2 Messengers and Porters rules and responsibilities

Clinical material is potentially hazardous. These rules will minimise the risk to you, other staff, patients and visitors to the Trust. If in doubt, contact the relevant Infection Prevention and Control Nurse (IPCN) – FH x26411; RVI x21622; CAV/Community x26470.

- Samples **MUST** be carried in an approved specimen transport box.



*Examples of UN 3373 approved Specimen Transport Boxes, 7 & 30 litres (available from NHS Supplies as stock items)*

- Other items, such as letters, must not be placed in the specimen transport box along with the samples.
- Always carry specimens in a safe manner and deliver them as soon as possible to the relevant laboratory or reception.
- Handle specimens as little as possible and wash your hands afterwards.
- If a specimen is broken or leaking in the transport box do not remove it, but take the transport box to the laboratory specimen reception where it will be dealt with appropriately.
- Should a specimen be dropped in the hospital and its container broken, do not allow anyone to touch it. In a clinical area, contact the nursing staff to deal with the specimen. In a non-clinical area or corridor, contact staff in the nearest clinical area or Hotel Services.
- If the broken specimen container held formaldehyde then contact the Histopathology Laboratory (RVI ext. 24445) to ensure retrieval of the specimen and removal of the formaldehyde hazard.
- The Duty Supervising Porter must be informed of all spillages/breakages and they should inform the originating ward or department and record the incident on Datix.
- Hands must be washed after dealing with any spillage and in accordance with [Hand Hygiene Policy](#). Contaminated clothing should be removed as soon as possible and cleaned in accordance with the Trust Laundry Policy (contact the Infection Prevention and Control Team for advice).

- Staff should be familiar with the Trust's COSHH policy (see [COSHH policy](#))

### 6.1.3 Use of the Air Tube System

Correctly packaged specimens should not leak or break within the air tube system. However, never send the following items/specimens via the air tube:

- Needles -Hazardous to Laboratory staff.
- Incorrectly packaged or system. -Hazardous to all staff using the Biohazard specimens Decontamination of the system is expensive, difficult and may cause prolonged closure.
- Specimens not in a carrier/pod-These will break.
- Specimens for blood gas analyses (Biochemistry) -Result affected.
- CSF specimens for Xanthochromia (Biochemistry) -Result affected.

In the event of a spillage or breakage in the air tube system please contact the site Estates Department urgently:

FH & RVI Estates Departments, x21000 – Trust Service Desk

Out of hours and at weekends contact the site Estates Shift Craftsman on x29201 (RVI) or x48804 (FH), or via Switchboard.

## 6.2 Packaging and transport between Newcastle hospital sites

### 6.2.1 Microbiology specimens

#### **Microbiology laboratories are centralised on the FH site.**

Routine samples from RVI should be sent via porter to the on-site RVI laboratory and will be transported to FH Microbiology by regular courier.

Samples from the Centre for Life or other NuTH community premises i.e. Newcroft House must be sent in the appropriate UN3373 containers by courier or taxi as appropriate.

Urgent Microbiology samples MUST NOT be sent to the on-site laboratories but should be sent to FH by taxi or hopper (see next paragraph).

### 6.2.2 Urgent Microbiology specimens

- The ward **MUST** notify Microbiology by telephone in advance of any urgent specimens (37291/31019 Microbiology or 38196/48890 Serology). Out of hours, all telephone calls must be made via switchboard.
- Where request forms are still used the ward must complete the request form and clearly mark it 'URGENT'.
- The ward must ensure the specimen is correctly packaged and sent via the designated pick-up points by hopper or taxi to the correct destination. Supplies of UN3373 packaging are available at the designated pick-up points.
- Microbiology will return the packaging and containers to the designated pick-up points.
- High risk samples **MUST** be clearly identified by a biohazard label.

### **Virology samples**

Routine samples should be sent via porter to the on-site laboratory and will be transported to the appropriate laboratory by regular courier.

### **Urgent Virology samples for PCR**

- These are examined in the PHE laboratory at the RVI.
- The ward must notify this laboratory by telephone in advance of any urgent specimens (21108/21102/3/4).
- Out of hours, all telephone calls must be made via switchboard to the on-call Virologist.
- Urgent specimens taken at the RVI site must be clearly marked 'URGENT' and must be sent to the PHE Molecular laboratory. If samples are taken at the FH site, they must be sent to the FH Microbiology laboratory. The Microbiology laboratory will ensure the specimens are transported by courier or taxi.

### **Transport of Samples by courier for testing in suspected MERS coronavirus or avian influenza infection**

#### **Requirement: Enhanced category B transport**

#### **Category A packaging**

#### **Category B courier**

It **MUST** be agreed with the Virologist that samples can be tested for MERS coronavirus or avian influenza or other high consequence pathogen. For more information visit:

<http://nuth-vintranet1/apps/policies/InfectionControl/MERSSARSAvianInfluenzaPatientManagementPolicy201601.pdf>

### 6.2.3 All Other Laboratories

During working hours the receiving laboratory is responsible for the safe transport of specimens to other sites once received from wards or clinics.

Out of hours (i.e. at nights, weekends and on bank holidays) specimens to be sent to another site must be sent via the pick-up points. It is the sender's responsibility to ensure the urgent specimen is correctly packaged. Specimens that are incorrectly packaged will be sent back to the ward.

Designated Pick-up Points:

RVI: Leazes Wing Reception, Ext. 25800/24903

FH: Freeman Main Reception, Ext. 26740

CAV: Cherryburn Main Entrance, Ext 23501

Note that taxis for specimens going off-site are ordered by reception staff at the pick-up points. They must be informed when a specimen for dispatch to another site is urgent. If tests are requested from more than one site, then the relevant number of samples must be sent to **each site. The reception staff at pick-up points will maintain a supply of the packaging for safe transport of specimens.**

### 6.2.4 Pick-up point Staff Responsibilities

- Do not send incorrectly packaged or labelled specimens to other sites – instruct the staff member who brings an incorrectly packaged specimen to place it in the UN3373 container (see example below) or place it in the container yourself.
- Supplies of the UN3373 packaging are kept at each Pick-up point and Pick-up point staff are responsible for ensuring that an adequate supply of the packaging is always available.
- Put the bagged specimen into the leak-proof secondary container. Write the destination site, originating ward and contact numbers on labels and attach to the outer cardboard container.
- The outer and secondary packaging is reusable and will be returned to the pick-up points by the receiving laboratories.
- Staff should be familiar with the Trust's COSHH policy (see [COSHH policy](#))

## 6.3 Use of Courier, Hopper Blood Bike or Taxis

### 6.3.1 Use of the Hospital Couriers

- A courier service circulates between pathology receptions (FH and RVI), CAV and the pick-up points at the various hospitals, between 08:00 – 18:00h (Saturday morning to 13:00h only).
- The blood bike is a service which can be used during the hours of 7.00 pm to 7.00 am. A group of volunteer bikers transport urgent samples between Trusts in the North East region. This service is used for urgent specimens if the blood bike is within a 30 minute travel time of the receiving laboratory. If the blood bike travel time is >30 minutes then the taxi service will be used.
- Lifeline Medical Transport Services provide courier services for samples between the RVI and the Centre for Life.
- Genetics also use the Blood Bike volunteer service for the transport of certain samples and there is an out of hours sample post box in the Institute of Genetic Medicine, East Wing.
- Other hospitals provide their own inter-hospital transports.
- ADR and UN3373 compliant packaging, plastic or aluminium specimen transport boxes should be used. Appropriate specimens, segregated into plastic bags and labelled with the destination, are placed into the boxes.
- Specimen boxes must be secured when transported in the back of a vehicle. Cargo nets or straps as appropriate may be used.
- Items other than specimens, such as letters or packages, **must not** be placed in the specimen transport box along with samples.
- The boxes will be cleaned regularly by laboratory reception staff.
- Larger boxes complying with the same standard are available for large histopathology sample containers.



*Large Transport Boxes for Histopathology samples*

### 6.3.2 Use of the Hopper service

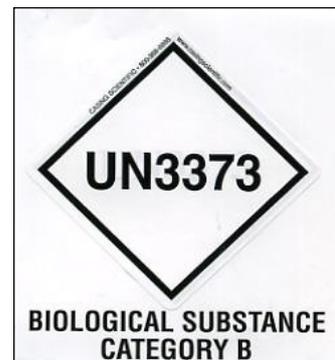
This is **only** to be used when the samples are **urgent** and the courier service is not operational or is inappropriate.

Hoppers circulate between the FH, RVI (Leazes/Peacock Hall) and CAV between the hours of 0800 and 1800.

Specimens must be packed into UN3373 'triple pack' containers, e.g. Bio-Bottle or Pathopak, at the pick-up point or by the Laboratory. The destination, originating ward or department and a contact number must be recorded on the outside of the package.



*An example of UN approved 'triple-pack' Packaging for diagnostic specimen transport*



*A UN3373 Label*

### 6.3.3 Use of Taxis

Taxis should only be used for transporting urgent specimens if there is no operational courier, Hopper or Blood Bike. Urgent frozen sections for Histopathology should always be sent by taxi from FH to RVI.

Specimens must be packaged in appropriate UN3373 transport containers, as for the Hopper (see 6.3.2), with destination, sender's details and contact numbers on the outside, when taken to the pick-up point. Supplies of UN 3373 packaging are available from RVI Leazes Wing Reception and FH Main Reception.

Taxis for specimens going off site are ordered by the ward from the Reception Point.

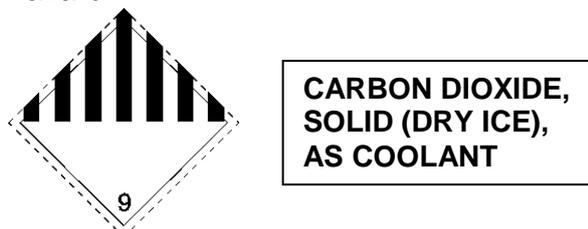
### 6.3.4 Staff transporting specimens

Samples transported by staff between sites, or from domiciliary/community appointments should be packaged in appropriate UN3373 transport containers (see 6.1.2 & 6.3.2). It is essential to label the outer packaging with the intended destination.

### 6.3.5 In the event of an accident or spillage

The courier/driver should telephone the contact number on the outside of the specimen transport box or container and inform the Duty Manager of the laboratory concerned, (or On-call Biomedical Scientist if out-of-hours) who will co-ordinate the Laboratory's response in conjunction with the Head of Department.

In the event of a spillage of dry ice or rupture of an insulated box containing dry ice the courier should contact the Duty Manager of the laboratory concerned, (or On-call Biomedical Scientist if out-of-hours) for advice. Due to risk of asphyxiation the area of any spill must remain well ventilated until advice has been received. Under no circumstance should any attempt be made to tidy up any spill as cold burns are a hazard.



*Labelling on packages containing dry-ice*

### Laboratory Contact Numbers:

Biochemistry	Ext 29719 (RVI), 48889 (FRH)
Cytology	Ext 29120
Genetics	0191 241 8721 or 0191 241 8787
Haematology	Ext 24761 (RVI), 31649 (FRH)
Histopathology	Ext 29120
Immunology	Ext 25295 (office hours – out of hours contact RVI Haematology for advice)
Microbiology	Ext 37291/31019
Neuropathology	Ext 29120
Virology	Ext 22108/22102/3/4

The laboratory should notify the originating wards of any specimens damaged or destroyed in transit.

### 6.4 The transport of high-risk specimens

- It is a requirement of the Health and Safety Executive that anyone sending samples to a laboratory must provide relevant clinical details, including details of any recent foreign travel, and any known or suspected infection with, or exposure to, high risk microorganisms.
- Specimens from patients with certain infections are a particular risk to the Laboratory staff during processing. Laboratories have special procedures in place to handle these specimens safely.

- The Laboratory **must** be made aware that a specimen could be high risk by labelling **both** the request form, where submitted, and sample container with a biohazard label. A list of relevant infections is provided on the laboratory intranet site.
- For electronic requesting, the biohazard label must be placed on the sample and the specimen placed in a separate specimen bag (not alongside other specimens). There are designated bags for eRecord samples. Other plastic bags must not be used as this can result in specimens being delivered to the wrong department.
- A supply of biohazard labels should be available in each clinical area (obtain from Trust Supplies, stock printed stationery requisition, item no. NUTH78).



*Example of a Biohazard Label*

- High risk patients include those with conditions or infections caused by pathogens in Hazard Group 3 or Hazard Group 4 (refer to [The Approved List of Biological Agents](#); ACDP, HSE).
- It is not necessary for safety reasons to identify the patient's condition on the request form, although it will aid diagnosis, **except** in the case of known or suspected Transmissible Spongiform Encephalopathy (TSE, e.g. CJD/vCJD), see [Control of Transmissible Spongiform Encephalopathy's \(TSEs\), including CJD, in hospital and community setting](#) Policy. However, **it is a legal requirement** that sufficient clinical information be provided to allow the laboratory to identify the risk and institute special handling and appropriate disposal procedures (refer to HSE Bulletin HID 5-2011 [Provision of key clinical information on laboratory specimen request forms](#)).



*Infectious Substance Label (UN 2814)  
for 'Biological Substance, Category A' samples'*

## 6.5 Transport of Laboratory Samples with a Risk of Containing an Agent of Viral Haemorrhagic Fever (VHF) – designated “Category A”

These samples **must not** be transported by **taxi**, **Hopper** or the **routine inter-hospital courier**.

VHF agents are Hazard Group 4 pathogens and any sample containing a Category A pathogen must only be transported by road using a registered, Category A transport courier and vehicle. Testing for VHF pathogens must follow the processes outlined in the Trust [Viral Haemorrhagic Fever Patient Management Policy](#). As detailed in the policy all testing must be discussed with the duty virologist who will liaise with laboratory and Infectious Diseases staff regarding courier arrangements.

Samples must be packaged on the Infectious Diseases ward, using the designated category A transport packages, as detailed in the trust Viral Haemorrhagic Fever Patient Management policy.

**The person requesting the test is responsible for following this policy.** Failure to identify specimens from high risk patients in this way constitutes a serious safety risk and will be reported to the Head of the originating Department and Infection Control.

## **7 Training and Competency**

### **7.1 Training**

Infection Prevention and Control (IPC) principles are included in all mandatory IPC eLearning programmes.

- All staff involved in the transportation of pathology specimens must have successfully completed an education and training process, followed by observation and supervision in the workplace setting.
- Continued maintenance of capability should be demonstrated by periodic competency assessment by departmental managers and courier providers manager.
- Written evidence of ongoing competence should be recorded by the manager and records made available as required for audit.
- Staff new to the trust or contracted to the Trust, who have been performing the skills elsewhere, must be familiarised with the Trust's policy and requirements by a trainer/assessor and written evidence of previous education and training will be required.
- Managers need to ensure staff are aware of and have access to policy guidelines and that the appropriate education, supervision and personal development reviews are in place to ensure safe practice.
- A record of competencies will be kept for audit and compliance purposes.

### **7.2 Competency**

Maintain safety and minimise the risk of the transmission of infection.

### **7.3 Performance Requirements:**

- Individuals must be able to assemble and utilise all equipment associated with the safe transport of pathology specimens and materials.
- They must be able to carry out procedure according to trust guidelines.
- They must be able to observe IPC measures.
- They must be able to dispose of equipment and waste material in a safe and correct manner.
- They must be able to complete all appropriate and associated documentation.

All staff receive training at induction and also by the contractors themselves in compliance with the Current Transport Regulations. Laboratory Medicine representatives in conjunction with Trust Health and Safety team representatives, must provide specific training in respect of the handling and packaging of pathology specimens and materials.

## **8 Equality and Diversity**

The Trust 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 on any grounds. This policy has been appropriately assessed.

## **9 Monitoring Compliance**

- 9.1 Annual audit will be carried out by Laboratory Medicine representatives to establish compliance to requirements and to ensure competences are maintained.
- 9.2 Any non-conformances will be brought to the attention of laboratory management and transport service management.
- 9.3 Individuals that do not conform to the requirements will not be permitted to practice until assessors are satisfied that the deficiencies have been addressed.

Standard/process/issue	Monitoring and audit			
	Method	By	Committee	Frequency
<b>UKAS Medical Laboratory Accreditation standard ISO 15189:2012</b>				
<p><b>ISO15189:2012</b></p> <p><b>5.4.2 Information for patients and users</b></p> <p>The Laboratory shall have information available for patients and users of the laboratory services that shall include as appropriate:</p> <p>h) Instructions for transportation of samples, including any special handling needs</p> <p><b>5.4.5 Sample Transportation</b></p> <p>The laboratory's instructions for post-collection activities shall include packaging of samples for transportation.</p> <p>The laboratory shall have a documented procedure for monitoring the transportations of samples to ensure they are transported:</p> <p>a) Within a time frame appropriate to the nature of the requested examinations and the laboratory discipline concerned;</p> <p>b) Within a temperature interval specified for sample collection and handling and with the designated preservatives to ensure the integrity of samples;</p> <p>c) In a manner that ensures the integrity of the sample and the safety for the carrier, the</p>	<p>Monitoring of compliance will be by Laboratory Management and/or Trust Health and Safety team audit. This should be performed annually as a minimum requirement.</p> <p>Monitoring of compliance for Microbiology using C.Diff as a surrogate marker</p> <p>Temperature monitoring courier provider</p> <p>As in 5.4.2</p>	<p>Laboratory Medicine Quality Management representative and/or Trust Health and Safety representative.</p> <p>IPC Healthcare Scientist</p> <p>Courier provider</p>	<p>Laboratory Medicine Executive</p> <p>Laboratory Medicine Quality Managers Forum</p> <p>NuTH Transport Manager</p>	<p>Monitoring of compliance will be by Laboratory Management and/or Trust Health and Safety team audit. This should be performed annually as a minimum requirement.</p> <p>Quarterly</p> <p>Quarterly</p>

<p>general public and the receiving laboratory, in compliance with established requirements.</p> <p>NOTE A laboratory which is not involved in primary sample collection and transportation is considered to have satisfied clause 5.4.5 c) above when, upon receipt of a sample whose integrity was compromised or which could have jeopardized the safety of the carrier or the general public, the sender is contacted immediately and informed about measures to be taken to eliminate recurrence.</p>				
<p><b>ISO15189:2012</b></p> <p><b>5.4.4.3 Instructions for Collection Activities</b></p> <p>The laboratory's instructions for collection activities shall include the following:</p> <p>d) In situations where the primary sample is collected as part of clinical practice, information and instructions regarding primary sample containers, any necessary additives and any necessary processing and sample transport conditions shall be determined and communicated to the appropriate clinical staff.</p>	<p>Directorate Procedure (This Procedure)</p>	<p>Laboratory Medicine Management</p>	<p>Laboratory Medicine Executive</p>	<p>Bi-annual</p>
<p><b>ISO15189:2012</b></p> <p><b>4.14.5 Internal audit</b></p> <p>The laboratory shall conduct internal audits at planned intervals to determine whether all activities in the quality management system, including pre-examination, examination, and post-examination:</p> <p>Conform to the requirements of this International Standard and to requirements</p>	<p>Monitoring of compliance will be by Laboratory Management and/or Trust Health and Safety team audit. This should be performed annually as a</p>	<p>Laboratory Medicine Quality Management representative and/or Trust Health and Safety representative.</p>	<p>Laboratory Medicine Executive</p>	<p>Annual</p>

established by the laboratory, and	minimum requirement.			
<p><b>There is no specific clause in the ISO 15189 Standard to address this issue. This is down to local policy.</b></p> <p>Where laboratory management do not directly manage or control the transport of specimens, a system should be established with consultation between laboratory and hospital safety advisors and be subject to safety audit.</p>	<p>Monitoring of compliance will be by Laboratory Management and/or Trust Health and Safety team audit. This should be performed annually as a minimum requirement.</p>	<p>Laboratory Medicine Quality Management representative and/or Trust Health and Safety representative.</p>	<p>Laboratory Medicine Executive</p>	<p>Annual</p>

## 10 Consultation and review

The Directorate of Laboratory Medicine will engage with service users to determine their requirements and adapt its approach to transportation as appropriate to meet their expectations where possible. There will be a consultation process and user surveys will be undertaken at regular intervals to determine satisfaction. The service provider will review their approach and investigate non-conformities fully in accordance with Trust policy.

Service users are classified into the following groups:

- General Practitioners and their staffing teams.
- Hospital 'in patient' medical teams.
- Hospital in patient nursing teams.
- Hospital outpatient medical teams.
- Hospital outpatient nursing teams.
- Hospital support teams.
- Community based medical and nursing teams.
- Other services that refer work to the Trust.

Any service level agreements in place with any of the above stakeholders should contain defined review criteria and dates as appropriate.

## 11 Implementation of policy (including raising awareness)

This policy is supported by directional guidance on the Trust intranet.

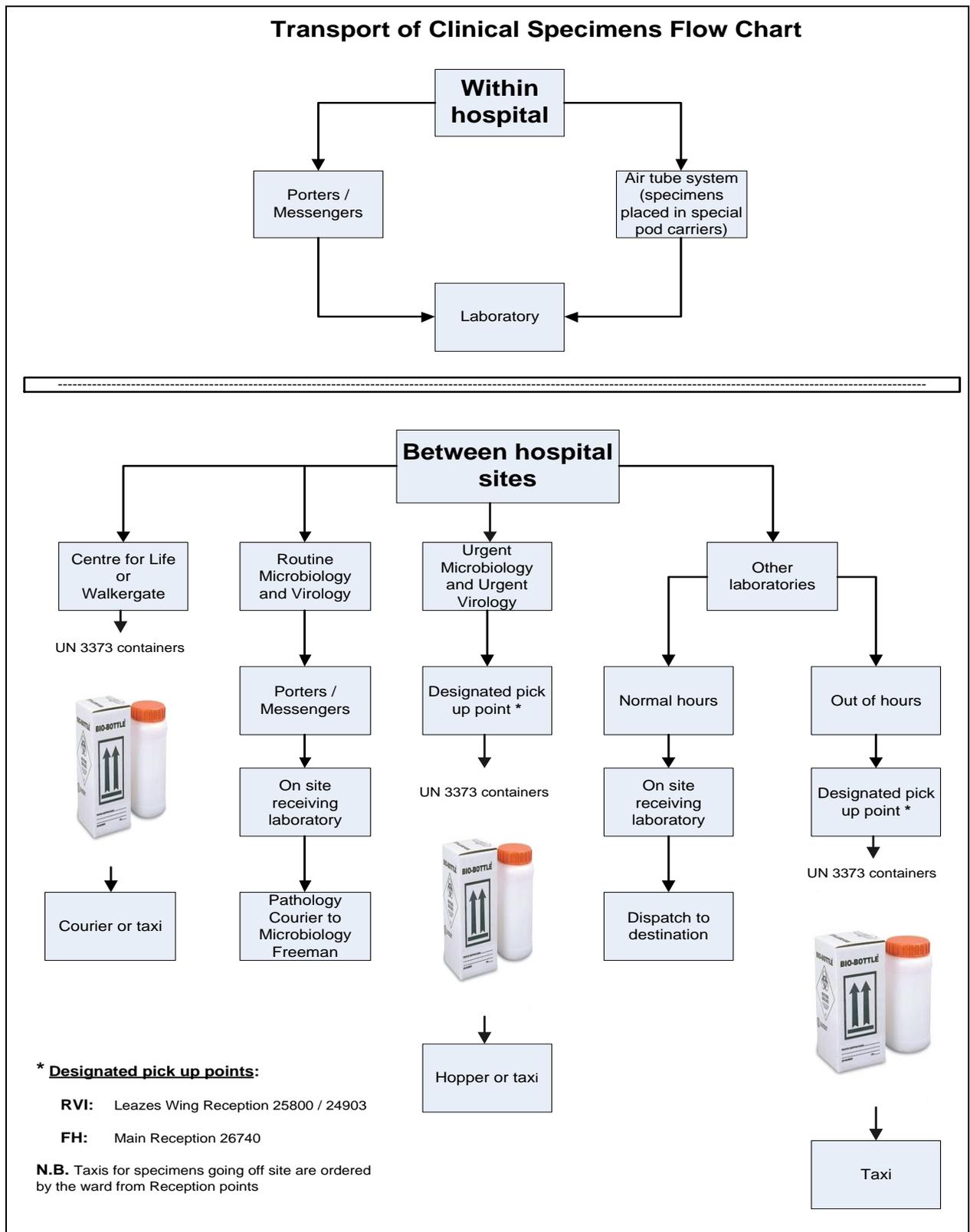
## 12 References

- [Control of Substances Hazardous to Health](#) (Trust policy)
- HSAC guidance [Safe working and the prevention of infection in clinical laboratories and similar facilities](#), HSE Books 2003.
- HSE guidance [Infectious Substances, Clinical Waste & Diagnostic Specimens](#)
- HSE guidance [Carriage of dangerous goods](#)
- HSE Bulletin HID 5-2011 [Provision of key clinical information on laboratory specimen request forms](#). December 2012.
- UKAS Medical Laboratory Accreditation standard ISO 15189:2012, clause 5.4.5 Sample Transportation

## 13 Associated documentation

- Trust [Sample Acceptance & Rejection Policy](#)

# Appendix 1



### Equality Analysis Form A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

#### PART 1

1. **Assessment Date:**
2. **Name of policy / strategy / service:**
3. **Name and designation of Author:**
4. **Names & designations of those involved in the impact analysis screening process:**
5. **Is this a:** Policy  Strategy  Service   
**Is this:** New  Revised   
**Who is affected** Employees  Service Users  Wider Community
6. **What are the main aims, objectives of the policy, strategy, or service and the intended outcomes?** *(These can be cut and pasted from your policy)*
7. **Does this policy, strategy, or service have any equality implications?** Yes  No

**If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:**

This policy applies to the transport of all clinical specimens.

**8. Summary of evidence related to protected characteristics**

Protected Characteristic	Evidence, i.e. What evidence do you have that the Trust is meeting the needs of people in various protected Groups	Does evidence/engagement highlight areas of direct or indirect discrimination? If yes describe steps to be taken to address <i>(by whom, completion date and review date)</i>	Does the evidence highlight any areas to advance opportunities or foster good relations. If yes what steps will be taken? <i>(by whom, completion date and review date)</i>
Race / Ethnic origin (including gypsies and travellers)	Policy relates to all races and ethnic origin	No	No
Sex (male/ female)	None relevant to this policy	No	No
Religion and Belief	None relevant to this policy	No	No
Sexual orientation including lesbian, gay and bisexual people	None relevant to this policy	No	No
Age	None relevant to this policy	No	No
Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section	Any issues in relation to reasonable adjustments for disabled staff are considered during the recruitment/occupational health processes	No	No
Gender Re-assignment	None relevant to this policy	No	No
Marriage and Civil Partnership	None relevant to this policy	No	No
Maternity / Pregnancy	Individual risk assessments are performed for pregnant staff	No	No

**9. Are there any gaps in the evidence outlined above? If ‘yes’ how will these be rectified?**

No

**10. Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.**

Do you require further engagement? Yes  No

**11. Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)**

No

## PART 2

**Name:**

Charlotte Ewing, Chair Laboratory Medicine Health and Safety Group

**Date of completion:**

25/09/2017

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)