Transport of specimens Guidance

The Transport of Specimens policy describes the minimum standard to which operators should aim when transporting specimens within and between hospital premises, to and from community sources and to outside (non NHSGG&C) agencies.

It is recognised that the large and varied area and practices covered cannot be served by a prescriptive policy document. The policy, therefore, does not prescribe the mechanisms or precise means of transport of specimens in the various areas and activities covered. It seeks, rather, to encourage local managers to design and document their own safe working procedures, reminds them of their statutory legal obligation to assess and document any risk involved and audit/police the success of their standard operating procedures.

Several sets of “Model Rules” are provided in this document and should be used where general staff functions are discharged in a manner that is not determined by geographic peculiarities.

Definitions

**Category A Pathogens**: the higher risk infectious micro-organisms is defined as “an infectious substance, which is carried in a form that, when exposure to it occurs, is capable of causing permanent disability, life-threatening or fatal disease in otherwise healthy humans or animals”. Any specimen that might reasonably be considered to harbour such organisms should also be treated as Category A.

**Category B Pathogens**: any micro-organism that does not meet the criteria for category A. It includes human material such as, but not limited to, excreta, secreta, blood and its components, tissue and tissue fluids, and body parts being transported for purposes such as research, diagnosis, investigational activities, disease treatment or prevention.

**Responsibility:**
All those involved in specimen collection are responsible for ensuring the safe transport of the specimens to their intended destination.
All health care workers who handle or transfer specimens are responsible for doing so in a safe, appropriate and confidential manner.
Procedures designed during the process, for transfer of specimens, must be risk assessed formally by appropriate managers and recorded.
The policy document has been designed and edited by groups from the Laboratory Directorate, Procurement, Health & Safety Service, Transport Services and General Management.

**Applicability:**
The policy applies to collection of specimens within ward or community clinical areas, their transport to laboratories, and their final disposal after analysis.
While it is expected that everyone dealing with specimens will observe the policy it is also recognised that, from time to time, circumstances or geographic restrictions or peculiarities may make certain parts of the policy unworkable. There may also be methods of transfer of specimens, e.g. involving cryogenic materials, which will require special containers, heightened levels of difficulty or transfer conditions. Senior managers must assess risk of alternative procedures and make suitable, sufficient and safe adjustments to the policy at a
local level. Such alterations must be recorded and lodged with the Clinical Director for Laboratories, with Quality Managers for the areas concerned, with the senior Site Facilities Manager for the area and, if relevant, with the Manager of Transport Services.

**Traceability:**
On occasion, where exceptionally invasive or uncomfortable techniques have been used, e.g. biopsy specimens or where there is a legal requirement for “chain of custody” a system of traceability is required. This will involve a detailed method of tracking the history of specimen transfer from place to place and from person to person. Most of the manual transfer of specimens within Healthcare premises and to and from delivery/collection points is expected to be performed by porters who are under direct control of Facilities Managers. The organisation and delivery of the means of delivering this function will therefore be the responsibility of the local Site Facilities Managers who will co-operate with Transport Managers serving their areas.
Facilities Managers with a responsibility for community sites will ensure a consistent approach across all areas. The process may be carried out using either paper or electronic means or a combination of both and must take cognisance of the principal consignor, transfer and recipient parties concerned. The success of such an operating procedure is dependent on the inclusion and co-operation of all of these parties.

Specimens must be transported in such a way as to ensure the safety of the courier, the general public and the receiving laboratory:

**Courier**
Specimens must be packed for transport in a way that prevents cross contamination of forms or other specimens when a specimen leaks. As far as is possible, all specimens should be kept within a leakproof container and be separate to their own request form.

**General Public**
Members of the General Public are issued with guidelines on the collection and transport of specimens as required. Patients should be encouraged to use Hospital or Health Centre facilities for transport of specimens to laboratories. They should be discouraged from bringing specimens to the laboratories by their own means of transport.

**Receiving Laboratory**
Specimen containers that are visibly soiled will be dealt with as per departmental procedure. The source of origin will be notified should action be required.

**Transport of Biological Material and/or Specimens between Laboratories**

**Royal Mail**
Transport of W.H.O. Risk group 3 and 4 specimens/materials, by public mail systems, is prohibited. These materials must be transported, following appropriate packaging, by specialist courier/transport companies. W.H.O. Risk Group 1 and 2 materials/specimens can be sent by public postal systems provided they are wrapped properly and are labelled according to the instructions (following) in this policy.
Model Rules
Model rules for specific members of staff and others delivering directly to laboratories can be obtained within the Transport of Specimens policy